

Distribution Date: July 1, 2019

The following medical protocol updates include information on protocols that have undergone an annual review over the last several months, or an additional review in order to make changes. The annual review may have resulted in a revision to the guidelines or no changes at all. Three new protocols have been added and none have been archived.

Please note that portions of this protocol update may not pertain to the members to whom you provide care.

Protocol Revision Summary

The effective date of these changes is August 1, 2019, unless otherwise indicated:

Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry

- One investigational policy statement was expanded to include mobile applications in addition to outpatient cardiac telemetry, and the same statement was expanded to include the application of monitoring asymptomatic patients with risk factors for arrhythmia.

Gene Expression Profiling for Cutaneous Melanoma

Medicare Advantage:

- A new medically necessary policy statement was added stating that there is medically necessary criteria for DecisionDx-melanoma testing if certain criteria are met.
- The effective date for this protocol change is June 1, 2019.

General Approach to Genetic Testing

- One investigational statement added addressing genetic testing for plasminogen inhibitor.

Hematopoietic Cell Transplantation for Acute Myeloid Leukemia

- An investigational policy statement has been added pertaining to allogeneic and autologous hematopoietic cell therapy.
- One medically necessary policy statement was clarified pertaining to autologous hematopoietic cell therapy.

Protein and Genetic Testing for Prostate Cancer

- One medication was added to the medically necessary criteria addressing the Oncotype DX AR-V7 Nuclear Detect test.

New Protocols

The effective date of these new protocols is August 1, 2019:

Genetic Testing for Idiopathic Dilated Cardiomyopathy (DCM)

- The position of the protocol is medically necessary and investigational.
- One medically necessary statement addresses comprehensive genetic testing for individuals with signs or symptoms of DCM which is considered idiopathic after negative workup for secondary causes. The

second medically necessary statement addresses targeted genetic testing for asymptomatic individuals with a first degree relative who has DCM and a known familial variant. One investigational statement address the genetic testing for DCM, stating that it is considered investigational in all other situations.

- Preauthorization is required.

Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients With Cancer

- The position of the protocol is investigational.
- This protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended.
- There are two investigational policy statements stating: the My5-FU assay testing or other types of assays for determining 5-fluorouracil (5-FU) area under the curve in order to adjust 5-FU dose for colorectal cancer patients or other cancer patients is investigational. Testing for genetic variants in dipyrimidine dehydrogenase (DPYD) or thymidylate synthase (TYMS) genes to guide 5-FU dosing and or treatment choice in patients with cancer is considered investigational.

Myocardial Strain Imaging

- The position of the protocol is investigational.
- This protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended.
- There is one investigational policy statement which states that myocardial strain imaging is investigational.

Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Allogeneic Pancreas Transplant
- Biofeedback as a Treatment of Chronic Pain
- Biofeedback as a Treatment of Headache
- Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure
- Blepharoplasty
- Cardiac Rehabilitation in the Outpatient Setting
- Cognitive Rehabilitation
- Cooling Devices Used in the Outpatient Setting
- Deep Brain Stimulation
- Endovascular Therapies for Extracranial Vertebral Artery Disease
- Extracranial Carotid Artery Stenting
- Functional Neuromuscular Electrical Stimulation
- Genetic Testing for Duchenne and Becker Muscular Dystrophy
- Genetic Testing for Hereditary Hemochromatosis
- Genetic Testing for Marfan Syndrome, Thoracic Aortic Aneurysms and Dissections, and Related Disorders
- Genetic Testing for PTEN Hamartoma Tumor Syndrome
- Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma
- Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas
- Hematopoietic Cell Transplantation for Solid Tumors of Childhood
- Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors

- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence
- Intraoperative Neurophysiologic Monitoring
- Islet Transplantation
- KRAS, NRAS, and BRAF Mutation Analysis in Metastatic Colorectal Cancer
- Manipulation Under Anesthesia
- Microprocessor-Controlled Prostheses for the Lower Limb
- Negative Pressure Wound Therapy in the Outpatient Setting
- Neurofeedback
- Oncologic Applications of Photodynamic Therapy, Including Barrett Esophagus
- Optical Coherence Tomography of the Anterior Eye Segment
- Orthognathic Surgery
- Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence
- Photodynamic Therapy for Choroidal Neovascularization
- Small Bowel/Liver and Multivisceral Transplant
- Targeted Phototherapy and Psoralen with Ultraviolet A for Vitiligo (Formerly Light Therapy for Vitiligo)
- Technology Assessment
- Temporomandibular Joint Dysfunction
- Thermography
- Total Artificial Hearts and Implantable Ventricular Assist Devices
- Treatment of Tinnitus
- Treatment of Varicose Veins/Venous Insufficiency
- Vestibular Function Testing
- Wearable Cardioverter Defibrillators

The above are brief summaries. Please refer to the protocols posted on our provider website, for the details of the updated and new protocols that affect your practice. If you need help finding a specific protocol update, please contact Provider Service.