

Distribution Date: September 2, 2014

The following Medical Protocol update includes information on protocols that have undergone a review over the last several months for annual review, 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. Six new protocols have been added and two have been archived.

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

Protocol Revision Summary

The effective date of these changes is October 1, 2014 unless otherwise indicated:

Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

Osteochondral autografting for patellar lesions was changed from investigational to medically necessary.

Cardiac Rehabilitation in the Outpatient Setting

Effective July 1, 2014

Changes:

- Policy Guidelines for general business: “...It is preferable that programs start within 90 days...” was changed to “...Programs should start within 90 days...”
- Medicare Advantage Policy statement: Added as a medically necessary indication “stable, chronic heart failure, defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks. Stable patients are also those who have not had recent (\leq six weeks) or planned (\leq six months) major cardiovascular hospitalizations or procedures.”

Cochlear Implant

For general business, a policy statement was added indicating cochlear implantation with a hybrid cochlear implant/hearing aid system is considered investigational.

Cryoablation of Prostate Cancer

For Medicare Advantage: Added a medical necessity statement regarding use for initial treatment.

Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome

Changes:

- General business: In the diagnosis policy statement section, the order of the diagnostic tests used has been changed with home sleep studies being discussed first.
- Medicare Advantage: Preauthorization is now not required for home sleep studies.

Gene Expression Testing to Predict Coronary Artery Disease

For general business, the investigational statement was clarified to not be all inclusive of all potential investigational uses by the addition of “all indications, including but not limited to.”

Hematopoietic Stem Cell Transplantation (HSCT) for Acute Lymphoblastic Leukemia

Allogeneic HSCT was added as medically necessary following a failed autologous HSCT for children.

Hip Resurfacing

Patient selection information was added to the Policy Guidelines section.

Image-Guided Minimally Invasive Lumbar Decompression for Spinal Stenosis

For Medicare Advantage, a statement was added as a reminder that services provided in a clinical trial would be billed to original Medicare.

PathFinderTG® Molecular Testing

For general business, Barrett's esophagus was added to the investigational policy statement.

For Medicare Advantage:

- Policy statement was updated to indicate there may be potential for coverage for pancreatic cyst/mass, but only through a (valid) clinical trial.
- All other uses are investigational.

Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation

For general business, vertebral body stenting was added to the last investigational policy statement.

Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux

"Duplicated ureter" was removed from the list of contraindications in the Policy Guidelines section.

Plasma Exchange

For general business, there were editorial changes made to the bullets in both the medically necessary and investigational indications for multiple sclerosis.

Radioembolization for Primary and Metastatic Tumors of the Liver

A policy statement was added indicating that all other indications not described as medically necessary are investigational.

Real-Time Intra-Fraction Motion Management During Radiation Therapy (formerly Real-Time Intra-Fraction Target Tracking During Radiation Therapy)

Changes:

- An investigational statement was added for respiratory gating techniques for the delivery of radiotherapy.
- The remaining not medically necessary statement on target tracking was changed to investigational.
- Title changed from "Target Tracking" to "Motion Management."
- In the Benefit Application section, the words "not medically necessary" were changed to "investigational."

Systems Pathology in Prostate Cancer (formerly Systems Pathology for Predicting Risk of Recurrence in Prostate Cancer)

Title changed from Systems Pathology for Predicting Risk of Recurrence in Prostate Cancer.

Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders

Added:

- A medical necessity policy statement for use for depression when specific identified situations are met;

- If medical necessity criteria related to depression are not met, TMS is investigational;
- It is investigational for maintenance and other disorders; and
- *Preauthorization is required through the behavioral health services vendor.*

Reminder: Medicare Advantage remains not medically necessary.

Transcutaneous Electrical Nerve Stimulation (TENS)

Changes:

- The recently approved Cefaly® device was added to the description.
- *Preauthorization will not be required for TENS.*
- For general business, the last policy statement was revised to an “including, but not limited to” statement and now includes migraine headaches as investigational.
- For Medicare Advantage, there were format changes.

New Protocols

The effective date of these new protocols is October 1, 2014.

Bronchial Thermoplasty

- Bronchial thermoplasty is considered investigational.
- *Preauthorization is not required* but recommended if, despite this Protocol position, you feel this service is medically necessary.

Fecal Microbiota Transplantation

This procedure is medically necessary for patients with recurrent *Clostridium difficile* if they have had three episodes and those episodes are refractory to appropriate antibiotic, including pulsed vancomycin at least once.

- All other situations are investigational.
- *Preauthorization is required.*

Genetic Testing for Li-Fraumeni Syndrome (LFS)

- There are medically necessary indications as well as not medically necessary indications.
- A policy guideline section explains diagnostic criteria for LFS (classic LFS, Chompret criteria, and early breast cancer) as well as the strategy for confirming the mutation.
- *Preauthorization is required.*

Genetic Testing for Mental Health Conditions

- This is investigational.
- *Preauthorization is not required but recommended if, despite this Protocol position, you feel this service is medically necessary. Preauthorization is through the behavioral health services vendor.*

Genetic Testing of Mitochondrial Disorders

This testing is medically necessary to confirm diagnosis as an alternative to muscle biopsy for those meeting criteria, and for at-risk relatives for preconceptual evaluation.

- It is investigational in all other situations, including but not limited to expanded panel testing.
- *Preauthorization is required.*

Serum Biomarker Tests for Multiple Sclerosis

- These tests are considered investigational.

- *Preauthorization is not required but recommended if, despite this Protocol position, you feel this service is medically necessary.*

Medical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
- Automated Percutaneous and Endoscopic Discectomy
- Computer-Aided Evaluation of Malignancy With Magnetic Resonance Imaging of the Breast
- Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy
- Enhanced External Counterpulsation (EECP)
- Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions
- Fecal Analysis in the Diagnosis of Intestinal Dysbiosis
- Genetic Testing for Lactase Insufficiency
- Genetic Testing for Lipoprotein(a) Variant(s) as a Decision Aid for Aspirin Treatment
- Genetic Testing for Tamoxifen Treatment
- Genotyping for 9p21 Single Nucleotide Polymorphisms to Predict Risk of Cardiovascular Disease or Aneurysm
- Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis
- Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia
- Hippotherapy
- Homocysteine Testing in the Screening, Diagnosis, and Management of Cardiovascular Disease
- Human Leukocyte Antigen Testing for Celiac Disease
- Ingestible pH and Pressure Capsule
- Interspinous and Interlaminar Stabilization/Distractor Devices (Spacers)
- Keratoprosthesis
- KIF6 Genotyping for Predicting Cardiovascular Risk and/or Effectiveness of Statin Therapy
- Low-Level Laser Therapy
- Multigene Expression Assay for Predicting Recurrence in Colon Cancer
- Myoelectric Prosthetic Components for the Upper Limb
- Occipital Nerve Stimulation
- Orthopedic Applications of Stem Cell Therapy
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- Percutaneous Vertebroplasty and Sacroplasty
- Placental and Umbilical Cord Blood as a Source of Stem Cells
- Plugs for Fistula Repair
- Posterior Tibial Nerve Stimulation for Voiding Dysfunction
- Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia
- Prophylactic Mastectomy
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Stem-Cell Therapy for Peripheral Arterial Disease
- Surgical Treatment of Femoroacetabular Impingement
- Transcatheter Pulmonary Valve Implantation

Deleted Protocols

Effective immediately, the following protocols are archived:

- Esophageal pH Monitoring
- Transcatheter Closure of Patent Ductus

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.