

Distribution Date: September 3, 2013

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. Two new protocols have been added and four have been archived.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, 2013, unless otherwise indicated:

Chelation Therapy

- Added a medical necessity statement for chronic iron overload due to nontransfusion-dependent thalassemia (NDTD); and
- Clarified the investigational use for atherosclerosis by adding “secondary prevention in patients with MI” in a parenthetical note.

Cochlear Implant

Added cochlear implant for unilateral hearing loss as investigational.

Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia

Added that allogeneic hematopoietic stem-cell transplantation (HSCT) may be medically necessary following a failed autologous HSCT in children and adult patients.

Interspinous and Interlaminar Stabilization/Distraktion Devices (Spacers) (Formerly Interspinous Distraktion Device [Spacers])

- Interlaminar stabilization added as investigational for all business; and
- Edited the Medicare Advantage medical necessity policy statement so that is not specific to only the X-STOP device.

Multigene Expression Assay for Predicting Recurrence in Colon Cancer

- Change made to the investigational policy statement so it does not limit the statement to just the 12-gene expression test-Oncotype DX; and
- Added the Oncotype DX® colon cancer test as medically necessary for Medicare Advantage.

Orthopedic Applications of Stem-Cell Therapy

Added allograft bone containing viable stem cells as investigational.

Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation (Formerly Percutaneous Vertebroplasty, Sacroplasty and Kyphoplasty)

Included a statement that all other percutaneous mechanical augmentation devices, including but not limited to

Kiva, are considered investigational; previously combined with the Protocol below, and now the two are separate protocols.

Percutaneous Vertebroplasty and Sacroplasty (Formerly Percutaneous Vertebroplasty, Sacroplasty and Kyphoplasty)

No change to policy statements; previously combined with the Protocol above, and now the two are separate protocols.

Posterior Tibial Nerve Stimulation for Voiding Dysfunction

Changed from investigational to not medically necessary for Medicare Advantage.

Prophylactic Mastectomy

Changes:

- Policy Guideline definition of high risk clarified;
- Medical necessity indication for those at moderately increased risk of breast cancer removed, except for women with extensive mammographic abnormalities;
- New investigational statement added regarding contralateral prophylactic mastectomy among women with cancer in the other breast who do not meet one of the medical necessity conditions.

Radioembolization for Primary and Metastatic Tumors of the Liver

Added intrahepatic cholangiocarcinoma as investigational.

Small Bowel/Liver and Multivisceral Transplant

Added a statement that retransplant is medically necessary after a failed primary small bowel/liver transplant or multivisceral transplant.

Surgical Treatment of Femoroacetabular Impingement

Removed the age restriction on older adults and clarified the age restriction for pediatric patients.

Transcatheter Pulmonary Valve Implantation

Medical necessity statement amended to include "when performed according to FDA-approved indications".

New Protocols

The effective date of these new protocols is October 1, 2013.

Genetic Testing for Lactase Insufficiency

- This is investigational;
- Preauthorization is not required but is recommended if, despite it being investigational, it is felt to be a necessity for a specific patient .

Human Leukocyte Antigen (HLA) Testing for Celiac Disease

- This may be medically necessary to rule out celiac disease in specific situations as detailed in the protocol;
- There are also investigational uses;
- Preauthorization is required.

Medical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Computer-Aided Evaluation of Malignancy with Magnetic Resonance Imaging of the Breast
- Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy
- Cryoablation of Prostate Cancer
- Endovascular Procedures (Angioplasty and/or Stenting) for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)
- Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions
- 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
- Hippotherapy
- Hip Resurfacing
- Homocysteine Testing in the Screening, Diagnosis, and Management of Cardiovascular Disease
- Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis
- Ingestible pH and Pressure Capsule
- Intensity-Modulated Radiation Therapy (IMRT): Central Nervous System Tumors
- Low-Level Laser Therapy
- Occipital Nerve Stimulation
- Optical Coherence Tomography (OCT) of the Anterior Eye Segment
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- PathfinderTG Molecular Testing
- Placental and Umbilical Cord Blood as a Source of Stem Cells (Formerly Placental/Umbilical Cord Blood as a Source of Stem Cells)
- Plugs for Fistula Repair
- Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia
- Stem-cell Therapy for Peripheral Arterial Disease
- Systems Pathology for Predicting Risk of Recurrence in Prostate Cancer
- Transcatheter Closure of Patent Ductus

Deleted Protocols

Effective immediately, the following protocols are archived:

- Auditory Brainstem Implant
- Signal-Averaged Electrocardiography
- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence
- T-Wave Alternans

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