

Distribution Date: November 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. Two new protocols have been added and one has been archived.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 December 1, 2019:

#### Cosmetic vs. Reconstructive Surgery or Services

Change:

- Medically necessary criteria for skin tags added to policy guidelines section.

#### Electrical Bone Growth Stimulation of the Appendicular Skeleton

Medicare Advantage change:

- One medically necessary statement was expanded for Medicare Advantage to include failed fusion, where a minimum of nine months has elapsed since the last surgery as an indication for noninvasive stimulator device.

#### Electromagnetic Navigation Bronchoscopy

Changes:

- This was a local protocol but has now been changed to a tracked protocol following Blue Cross and Blue Shield Association (BCBSA) policy statements.
- Medically necessary statement reworked with criteria changes.
- Investigational statement reworked with criteria changes.

#### Genetic Testing for Alpha<sub>1</sub>-Antitrypsin Deficiency

Change:

- Minor edits to the wording in the medically necessary policy statement to include either conditions instead of both conditions.

#### Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies

Medicare Advantage change:

- One medically necessary statement was removed.

#### KRAS, NRAS, BRAF and Variant Analysis (Including Liquid Biopsy) in Metastatic Colorectal Cancer (Formerly KRAS, NRAS, and BRAF Variant Analysis in Metastatic Colorectal Cancer)

Change:

- An investigational statement was added.

**Protein and Genetic Testing for Prostate Cancer**

Medicare Advantage change:

- The medically necessary statement will include the ExoDx Prostate IntelliScore (EPI) biomarker test.

**Stereotactic Radiosurgery and Stereotactic Body Radiotherapy**

Change:

- The medically necessary and investigational policy statements were expanded to include criteria for indications including cancers of the prostate, breast, lung, and metastasis to the brain/spine or bone.

Medicare Advantage change:

- The medically necessary and not medically necessary policy statements were expanded to include criteria for indications including cancers of the prostate, breast, lung, and metastasis to the brain/spine or bone.

**Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome**

Change:

- Minor edits to the wording in the medically necessary policy statements.

**Tumor Treating Fields Therapy**

Change:

- Malignant pleural mesothelioma added to list of conditions for which the therapy is considered investigational.

**New Protocols**

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

**Sphenopalatine Ganglion Block for Headache**

- The policy position is investigational.
- Sphenopalatine ganglion blocks are considered investigational for all indications, including but not limited to the treatment of migraines and non-migraine headaches.
- Preauthorization is not required but is recommended if, despite this Protocol position, you feel this service is medically necessary.

**Transurethral Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia**

- The policy position is investigational. There is one medically necessary policy statement for patients who meet criteria for Medicare Advantage.
- Transurethral water vapor thermal therapy is considered investigational as a treatment of benign prostatic hyperplasia.
- Preauthorization is required.

**Protocols Reviewed Without Change**

Previous effective dates indicated remain accurate for the following:

- Ambulance (Emergency)
- Balloon Dilation of the Eustachian Tube
- Biofeedback as a Treatment of Urinary Incontinence in Adults
- Buprenorphine Implant for Treatment of Opioid Dependence
- Computer-Assisted Navigation for Orthopedic Procedure

- Continuous Passive Motion in the Home Setting
- Cranial Electrotherapy Stimulation and Auricular Electrostimulation
- Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors
- Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)
- Diagnosis and Management of Idiopathic Environmental Intolerance and Intracellular Micronutrient Analysis
- DNA-Based Testing for Adolescent Idiopathic Scoliosis
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus
- Endovascular Stent Grafts for Abdominal Aortic Aneurysms
- Extracorporeal Photophoresis
- Facet Arthroplasty
- General Approach to Evaluating the Utility of Genetic Panels
- Genetic Cancer Susceptibility Panels Using Next-Generation Sequencing
- Genetic Testing for Developmental Delay and Autism Spectrum Disorder
- Genetic Testing for Statin-Induced Myopathy
- Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome
- Implantable Bone-Conduction and Bone-Anchored Hearing Aids
- Intradialytic Parenteral Nutrition
- Lung Volume Reduction Surgery for Severe Emphysema
- Magnetic Resonance Imaging–Targeted Biopsy of the Prostate
- Magnetic Resonance-Guided Focused Ultrasound
- Meniscal Allografts and Other Meniscal Implants
- Multibiomarker Disease Activity Blood Test for Rheumatoid Arthritis
- Occlusion of Uterine Arteries Using Transcatheter Embolization
- Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)
- Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty
- Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
- Preimplantation Genetic Testing
- Prolotherapy
- Radiofrequency Ablation of Primary or Metastatic Liver Tumors
- Sacral Nerve Neuromodulation/Stimulation
- Transcutaneous Electrical Nerve Stimulation
- Transmyocardial Revascularization
- Ultrasound Accelerated Fracture Healing Device
- Urinary Biomarkers for Cancer Screening, Diagnosis, and Surveillance
- Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer
- Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon

**Deleted Protocol**

Effective immediately, the following protocol is archived:

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

**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.