

Distribution Date: November 30, 2012

The following Medical Protocol update includes information on Protocols that have recently undergone an annual review. The review may have resulted in a revision to the guidelines or no changes at all. Eight new Protocols have been added and two existing Protocols have been deleted.

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 January 1, 2013 unless otherwise indicated:

Aqueous Shunts and Stents for Glaucoma

Added:

- Stents to the title.
- Use of a micro-stents is investigational.
- For Medicare Advantage, an aqueous drainage device performed with cataract surgery may be medically necessary for members with mild to moderate glaucoma on medication.

Bariatric Surgery

Changes:

- Vertical banded gastroplasty is removed from list of medically necessary procedures.
- Two-stage procedures added as investigational.
- Policy statement added regarding bariatric surgery in adolescents as medically necessary, with special considerations towards psychosocial and informed consent issues.
- For Medicare Advantage, added stand-alone laparoscopic sleeve gastrectomy as medically necessary.

Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure

Cardiac resynchronization as a treatment of heart failure in patients with atrial fibrillation has been added as investigational.

Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy

Removed the separate Medicare Advantage statement; the general business policy statement will be applicable to Medicare Advantage members.

Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors

Treatment of lung tumors was added to the investigational statement.

Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Multiple Chemical Sensitivities)

“Clinical Ecology” was removed from the title and replaced with “Multiple Chemical Sensitivities”.

Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions

Removed the separate Medicare Advantage statement; the general business policy statement will be applicable to Medicare Advantage members.

Genetic Testing for Inherited Disorders

Disorders for which there are separate Protocols have been removed from this Protocol; disorders not previously included have been added to the medically necessary statement.

Intensity-Modulated Radiation Therapy (IMRT): Cancer of the Head and Neck or Thyroid

Changed treatment of thyroid tumors from investigational to medically necessary.

Removed:

- Separate Medicare Advantage policy statement and the general business policy statements will be applicable to Medicare Advantage members.
- Asterisks and footnote

Meniscal Allografts and Collagen Meniscus Implants

- Changed the fourth bullet under the medically necessary criteria from > 50 percent joint space narrowing to < 50 percent joint space narrowing.
- Added to the Policy Guidelines Section:
 - Procedures that might be performed at the same time.
 - A statement that meniscal allografts is generally for younger, more active patients who are too young for a total knee arthroplasty.

Myoelectric Prosthesis for the Upper Limb

Individual digit control was added as investigational.

Occlusion of Uterine Arteries Using Transcatheter Embolization

Several changes:

- This treatment may be medically necessary to treat postpartum hemorrhage.
- Use for cervical ectopic pregnancy is investigational.
- Patient selection criteria were added to the Policy Guidelines Section.
- The repeat procedure statement was changed from investigational to state that one repeat procedure may be medically necessary.

Preimplantation Genetic Testing

- A parent with a documented history of aneuploidy in a previous pregnancy was added as an example of an embryo at an identified elevated risk of chromosomal abnormality in the medically necessary policy statement.
- **Reminder:** Most of our members continue to not have the benefit for this service due to contract language exclusion.

Sacral Nerve Neuromodulation/Stimulation

The title was modified and the medically necessary policy statement for urinary incontinence was changed to a two-part statement, including criteria for test stimulation and permanent implantation.

Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy

Several changes:

- Stereotactic Radiosurgery (SRS) may be medically necessary for craniopharyngiomas and glomus tumors.
- Stereotactic Body Radiation Therapy (SBRT) may be medically necessary for spinal or vertebral metastases that are radioresistant (e.g., renal cell carcinoma, melanoma and sarcoma).
- When stereotactic radiosurgery or stereotactic body radiation therapy are performed using fractionation for the medically necessary indications described, it is considered medically necessary.

- SBRT is considered investigational for primary and metastatic tumors of the liver, pancreas, kidney, and adrenal glands.
- Added Policy Guidelines Section.
- **Reminder:** This Protocol does not address lung, breast, prostate, or colon/rectal cancers.

Temporomandibular Joint Dysfunction

Low-level laser therapy was added as investigational and a separate statement was added for Medicare Advantage stating that there is no coverage for oral appliances for Medicare Advantage.

Transcutaneous Electrical Nerve Stimulation (TENS)

Added to the Medicare Advantage policy statement that TENS use for chronic low back pain, per definition, is only available through clinical trials (billed to original Medicare fee-for-service, not Medicare Advantage); also included other examples of chronic pain not medically necessary for Medicare Advantage.

Treatment of Tinnitus

Three more examples added to the investigational policy statement: tinnitus coping therapy, transcutaneous electrical stimulation, or sound therapy.

Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus and Colon

Changes:

- Updated the second medically necessary bullet to indicate it applies to a “current episode of bleeding”.
- Removed the separate Medicare Advantage policy statement and the general business policy statements will be applicable to Medicare Advantage.

New Protocols

The effective date of these new Protocols is January 1, 2013:

- Blepharoplasty: *Preauthorization required for reconstructive cases*
 - Fecal Analysis in the Diagnosis of Intestinal Dysbiosis: *Investigational*
 - Genetic Testing for Alpha-1 Antitrypsin Deficiency*
 - Genetic Testing for FMR1 Mutations (including Fragile X Syndrome)*
 - Genetic Testing for Hereditary Hemochromatosis*
 - Genetic Testing for Inherited Thrombophilia*: *Investigational (this was also separately communicated in a STAT Bulletin)*
 - Genetic Testing for Rett Syndrome*
 - Urinary Tumor Markers for Bladder Cancer: *Investigational*
- * Requires preauthorization

Clinical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Analysis of Proteomic Patterns for Early Detection of Cancer
- Autologous Chondrocyte Implantation and Other Cell-based Treatments of Focal Articular Cartilage Lesions
- Biofeedback as a Treatment of Urinary Incontinence in Adults
- Computer-Aided Evaluation of Malignancy with Magnetic Resonance Imaging of the Breast

- Continuous Passive Motion (CPM) in the Home Setting
- Cryoablation of Prostate Cancer
- Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)
- Digital Breast Tomosynthesis
- DNA-Based Testing for Adolescent Idiopathic Scoliosis
- Facet Arthroplasty
- Gene Expression Testing to Predict Coronary Artery Disease
- Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia
- Implantable Cardioverter Defibrillator (ICD)
- KIF6 Genotyping for Predicting Cardiovascular Risk and/or Effectiveness of Statin Therapy
- Lung Volume Reduction Surgery for Severe Emphysema
- Neurofeedback
- Non-BRCA Breast Cancer Risk Assessment (OncoVue)
- Novel Lipid Risk Factors in Risk Assessment and Management of Cardiovascular Disease
- Orthognathic Surgery
- Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
- Percutaneous Intradiscal Electrothermal (IDET) Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty
- Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux
- Periurethral Bulking Agents for the Treatment of Urinary Incontinence
- Prolotherapy
- Radiofrequency Ablation of Primary or Metastatic Liver Tumors
- Signal-Averaged Electrocardiography
- Total Ankle Replacement
- Transmyocardial Revascularization
- T-Wave Alternans
- Use of Common Genetic Variants to Predict Risk of Nonfamilial Breast Cancer
- Wireless Pressure Sensors in Endovascular Aneurysm Repair

Deleted Protocols

Effective immediately, the following Protocols are archived:

- Anti-CCP Testing for Rheumatoid Arthritis
- Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma

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