

Distribution Date: December 1, 2016

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. Four new protocols have been added and fourteen have been archived.

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

Protocol Revision Summary

The effective date of these changes is January 1, 2017:

Artificial Intervertebral Disc: Cervical Spine

Changes:

- One medically necessary policy statement was added to address simultaneous cervical artificial intervertebral disc implantation at a second contiguous level;
- One medically necessary policy statement was added to address subsequent cervical artificial intervertebral disc implantation at an adjacent level;
- The investigational policy statement was adjusted to accommodate the medically necessary changes.

Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients With Breast Cancer

Changes:

- The title was changed to *Genetic Testing for Breast Cancer Gene Expression Prognosis Assay*;
- Two medically necessary policy statements were added;
- One investigational policy statement was added.

Bariatric Surgery

Change:

- One procedure was added to those listed in the investigational policy statement.

Bioengineered Skin and Soft Tissue Substitutes

Change:

- The list of skin and soft tissue substitutes considered investigational was updated with both additions and deletions.

Medicare Advantage change:

- New York state guidance has been retired; only one medically necessary policy statement addressing porcine dressings remains in the Medicare Advantage section.

Cardiac Rehabilitation in the Outpatient Setting

Medicare Advantage change:

- Session limits will no longer be included in the policy statements.

Cochlear Implant

Change:

- Cochlear implantation with a hybrid cochlear implant/hearing aid system is now considered medically necessary with criteria provided (previously investigational).

Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis

Medicare Advantage change:

- A new investigational policy statement was added for venous angioplasty (with or without stent placement) for any of the jugular veins, azygos veins, or other thoracic veins for the treatment of multiple sclerosis.

Diagnosis and Treatment of Sacroiliac Joint Pain

Medicare Advantage change:

- Medically necessary criteria for minimally-invasive surgical (MIS) fusion of the sacroiliac (SI) joint have been added.

General Approach to Evaluating the Utility of Genetic Panels

Change:

- The indication of preimplantation genetic testing was added under the heading of reproductive panels in the medically necessary policy statement.

General Approach to Genetic Testing

Change:

- One investigational policy statement was added addressing genetic testing for mutations in the MTHFR gene in all situations.

Genetic Testing for Developmental Delay and Autism Spectrum Disorder

Changes:

- These three related protocols are condensed under this title: *Genetic Testing for FMR1 Mutations [Including Fragile X Syndrome], Genetic Testing for Rett Syndrome and Genetic Testing, Including Chromosomal Microarray Analysis and Next-Generation Sequencing Panels, for the Evaluation of Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, and/or Congenital Anomalies Protocols*;
- The medically necessary policy statement addressing evaluation of developmental delay/intellectual disorder/autism spectrum disorder (DD/ID/ASD) by chromosomal microarray analysis has been reworked;
- Two investigational policy statements have been added which address testing by chromosomal microarray analysis and whole genome, whole exome or multigene panel analysis by next-generation sequencing.

Genetic Testing for Hereditary Breast and Ovarian Cancer Syndrome

Changes:

- These three related protocols are condensed under this title: *Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome [BRCA1/BRCA2], Genetic Testing for CHEK2 Mutations for Breast Cancer and Genetic Testing for PALB2 Mutations Protocols*;
- Medically necessary criteria has been reworked;
- Investigational policy statements including those addressing multi-gene panels and next generation sequencing have been added.

Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes

Changes:

- The title was changed to *Genetic Testing for FAP and Lynch Syndrome*;
- The existing medically necessary policy statements were reworked and one was added;
- One not medically necessary and one investigational policy statement were added.

Genetic Testing for Noninvasive Prenatal Testing

Changes:

- Content was previously contained in *Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions Using Cell-Free DNA*;
- Testing for sex chromosomal aneuploidy ([SCA] i.e. Turner Syndrome, Klinefelter Syndrome) may be considered medically necessary when criteria is met.

Implantable Bone-Conduction and Bone-Anchored Hearing Aids

Changes:

- The medically necessary policy statement addressing unilateral or bilateral implantable bone-conduction (bone-anchored) hearing aid(s) has been expanded to include partially implantable bone-conduction (bone-anchored) hearing aid(s);
- In conjunction with the preceding change, the investigational policy statement addressing partially implantable magnetic bone conduction hearing systems has been eliminated.

Molecular Markers in Fine Needle Aspirates of the Thyroid

Changes:

- Medically necessary criteria has been added for the Afirma test;
- There is a new investigational policy statement for situations not meeting the medically necessary criteria;
- There is a new investigational policy statement addressing the use of any other gene expression classifier.

Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers

Medicare Advantage change:

- New medically necessary policy statements were added for pneumatic compression devices when treating lymphedema, chronic venous insufficiency with venous stasis ulcers and lymphedema extending onto the chest, trunk and/or abdomen.

Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis

Changes:

- The title was changed to *Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis*;
- Terminology throughout was clarified from “outpatient use” to “home use”;
- All policy statements were reworked to provide additional clarity.

Scintimammography and Gamma Imaging of the Breast and Axilla

Changes:

- One new medically necessary policy statement was added addressing the use of gamma detection following radiopharmaceutical administration for localization of sentinel lymph nodes in patients with breast cancer;
- One investigational policy statement was eliminated.

Temporomandibular Joint Dysfunction

Medicare Advantage Change:

- The policy statement addressing the use of oral occlusal appliances to treat temporomandibular joint dysfunction was removed.

New Protocols

The effective date of these new protocols is January 1, 2017:

Genetic Testing for Cystic Fibrosis

- This protocol contains both medically necessary and not medically necessary policy statements;
- There is one Medicare Advantage not medically necessary statement;
- Preauthorization is not required.

Genetic Testing for Human Leukocyte Genes (HLA)

- This protocol contains medically necessary criteria addressing multiple individual scenarios related to HLA testing;
- There is no Medicare Advantage section;
- Preauthorization is required for ankylosing spondylosis and carbamazepine testing.

Genetic Testing for Leukemia and Lymphoma

- This protocol contains medically necessary criteria addressing multiple specific disease states under leukemia and lymphoma;
- The Medicare Advantage section has additional medically necessary criteria;
- Preauthorization is required for testing for acute lymphocytic leukemia, acute myeloid leukemia, myelodysplastic syndrome and myeloproliferative neoplasms.

Vectra® DA Blood Test for Rheumatoid Arthritis

- The protocol contains one investigational policy statement for all indications;
- There is no Medicare Advantage section;
- This protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended.

Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Allogeneic Hematopoietic Stem Cell Transplantation for Genetic Diseases and Acquired Anemias
- Ambulance (Emergency)
- Aqueous Shunts and Stents for Glaucoma
- Balloon Ostial Dilation for Treatment of Chronic Sinusitis
- Biofeedback as a Treatment of Urinary Incontinence in Adults
- Blepharoplasty
- Carrier Testing for Genetic Diseases
- Chelation Therapy for Off-Label Uses
- Chromosomal Microarray Analysis for the Evaluation of Pregnancy Loss

- Closure Devices for Patent Foramen Ovale and Atrial Septal Defects
- Computed Tomography Perfusion Imaging of the Brain
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
- Continuous Passive Motion in the Home Setting
- 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
- Dopamine Transporter Single-Photon Emission Computed Tomography (Formerly Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography)
- Electrostimulation and Electromagnetic Therapy for Treating Wounds
- Endometrial Ablation
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus
- Endothelial Keratoplasty
- Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)
- Endovascular Stent Grafts for Abdominal Aortic Aneurysms (Formerly Endovascular Grafts for Abdominal Aortic Aneurysms)
- Extracorporeal Photopheresis
- Facet Arthroplasty
- Facet Joint Denervation
- Gastric Electrical Stimulation
- Genetic Cancer Susceptibility Panels Using Next-Generation Sequencing
- Genetic Testing for Alpha1-Antitrypsin Deficiency
- Genetic Testing for Cardiac Ion Channelopathies
- Genetic Testing for Epilepsy
- Genetic Testing for Familial Cutaneous Malignant Melanoma
- Genetic Testing for Hereditary Hearing Loss
- Genetic Testing for Hereditary Hemochromatosis
- Genetic Testing for Statin-Induced Myopathy
- Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies
- Genetic Testing of CADASIL Syndrome
- Hematopoietic Stem Cell Transplantation for Autoimmune Diseases
- Hematopoietic Stem Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome
- Hip Resurfacing
- Hyperbaric Oxygen Therapy
- Implantable Cardioverter Defibrillator
- Implantation of Intrastromal Corneal Ring Segments
- In Vitro Chemoresistance and Chemosensitivity Assays
- Interspinous Fixation (Fusion) Devices
- Intradialytic Parenteral Nutrition
- Isolated Small Bowel Transplant
- Kidney Transplant
- Lipid Apheresis

- Lung Volume Reduction Surgery for Severe Emphysema
- Magnetoencephalography/Magnetic Source Imaging
- Measurement of Serum Antibodies to Infliximab and Adalimumab
- Meniscal Allografts and Other Meniscal Implants
- Neurofeedback
- Occlusion of Uterine Arteries Using Transcatheter Embolization
- Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)
- Orthognathic Surgery
- Panniculectomy and Abdominoplasty
- Percutaneous Intradiscal Electrothermal Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty
- Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux
- Pharmacogenomic and Metabolite Markers for Patients Treated With Thiopurines
- Photodynamic Therapy for Choroidal Neovascularization
- Placental and Umbilical Cord Blood as a Source of Stem Cells
- Plasma Exchange
- Plugs for Anal Fistula Repair
- Preimplantation Genetic Testing
- Prolotherapy
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Radiofrequency Ablation of Primary or Metastatic Liver Tumors
- Radioimmunoscintigraphy (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer (Formerly Radioimmunoscintigraphy Imaging [Monoclonal Antibody Imaging] With Indium-111 Capromab Pendetide [ProstaScint®] for Prostate Cancer)
- Reconstructive Breast Surgery/Management of Breast Implants
- Sacral Nerve Neuromodulation/Stimulation
- Saturation Biopsy for Diagnosis, Staging and Management of Prostate Cancer (Formerly Saturation Biopsy for Diagnosis and Staging of Prostate Cancer)
- Semi-Implantable and Fully Implantable Middle Ear Hearing Aids
- Subtalar Arthroereisis
- Surgical Treatment of Bilateral Gynecomastia
- Transanal Radiofrequency Treatment of Fecal Incontinence
- Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders
- Transcutaneous Electrical Nerve Stimulation
- Transmyocardial Revascularization
- Treatment of Hyperhidrosis
- Treatment of Tinnitus
- Tumor-Treatment Fields Therapy for Glioblastoma
- Urinary Tumor Markers for Bladder Cancer
- Use of Common Genetic Variants (Single Nucleotide Polymorphisms) to Predict Risk of Nonfamilial Breast Cancer
- Vagus Nerve Stimulation
- Viscocanalostomy and Canaloplasty
- Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon

Deleted Protocols

Unless otherwise noted the following protocols are archived effective immediately:

- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening (11/01/16)
- Arthroscopic Débridement and Lavage as Treatment for Osteoarthritis of the Knee
- BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia (01/01/17)
- Genetic Testing for CHEK2 Mutations for Breast Cancer (01/01/17)
- Genetic Testing for FMR1 Mutations (Including Fragile X Syndrome) (01/01/17)
- Genetic Testing for Inherited Thrombophilia (09/01/16)
- Genetic Testing for PALB2 Mutations (01/01/17)
- Genetic Testing for Rett Syndrome (01/01/17)
- Hematopoietic Stem Cell Transplantation for Breast Cancer
- Human Leukocyte Antigen Testing for Celiac Disease (01/01/17)
- JAK2 and MPL Mutation Analysis in Myeloproliferative Neoplasms (01/01/17)
- Optical Coherence Tomography for Imaging of Coronary Arteries
- Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea
- Wireless Pressure Sensors in Endovascular Aneurysm Repair

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.