

Arise Medical Policy Updates

(Updated Sept. 2015)

The Medical Policy Committee met June 12, 2015 to discuss the state of the scientific evidence and approve the medical policies due for annual review.

Please be sure all doctors, other clinical staff, and office staff are aware of these changes before submitting requests for coverage. Please also share these policy changes with providers who may be ordering or performing services and clinicians who may be referring patients for services.

Website access to the complete library of our medical policy [coverage policy bulletins](#) is unrestricted. **No password required!**

If you have specific questions or comments regarding development of policy content, contact the Medical Policy Editor by email medical.policies@wpsic.com or call 1-800-333-5003 ext. 64133.

Medical Policy Highlights

New Medical Policies Effective 10/1/15:

- Chiropractic Services: For medical necessity criteria see [Arise Chiropractic Policy](#)
- Total Ankle Arthroplasty (TAA):
Coverage for TAA: for medical necessity criteria, [see coverage policies](#)

Non Covered Services (NCS) Effective 7/1/15:

NCS Policy Additions:

- Explanation of Arise definitions of Experimental, Investigational, Unproven (E+I) added
- Explanation of temporary "T" Codes added
- Added Superior Interspinous Spacer System (interspinous distraction device)
- Added MRI Guided Focused Ultrasound- MURgFUS (Exablate) for ablation of leiomyoma
- Added the following brand name multi-gene panels:
 1. Caris Molecular Intelligence
 2. Foundation One
 3. GYNPlus
 4. PanC Next Generation Cancer Panel

NCS Policy Changes:

- Cold Laser: May be covered for the following conditions when determined to be medically necessary:
 1. Carpel Tunnel syndrome
 2. Lateral Epicondylitis
 3. Rheumatoid ArthritisCold Laser for all other conditions is considered E+I
- Laparoscopic radiofrequency ablation of leiomyoma be covered when determined to be medically necessary (Requires Prior Authorization)



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Changes in Pain Policies Effective 10/1/15:

Note: many member certificates now have limitations in the number of services allowed per calendar year.

Epidural Injection:

- If a limit is not specified in the member's certificate of coverage:
 - A maximum of three epidural injections regardless of location and level (including therapeutic and diagnostic) in a 12-month period may be considered medically necessary when criteria are met.
 - A bilateral injection will count as two (2) injections
 - There must be a minimum of 6 weeks between injections to allow for full benefit of the steroid.
- Conservative treatment: The one month trial of physical therapy or chiropractic manipulations must be performed at some point after the onset of the **current** episode of symptoms
- MRI confirmation of spinal pathology is no longer required. **This change was implemented 7/1/15.**

Facet Joint Injection:

- If a limit is not specified in the member's certificate of coverage, more than a total of four (4) diagnostic facet, MBB, zygapophysial joint, paravertebral facet joint, dorsal ramus or posterior ramus **injections**, regardless of location/level, in a 12 month period is considered not medically necessary.
- Conservative treatment: The one month trial of physical therapy or chiropractic manipulations must be performed at some point after the onset of the **current** episode of symptoms

Medial Branch Neuroablation

- Many member certificates limit neuroablation procedures to one service per calendar year. If a limit is not specified in the member's certificate of coverage, neuroablation done at the same level on the same side can be repeated after 6 months if there is documentation of at least a 50% reduction in pain sustained over at least 6 months. Repeat diagnostic facet/Medical Branch Block (MBB) injections for repeat neuroablation are considered not medically necessary.

Cochlear Implant and Bone Anchored Hearing Aids (BAHA)

For all cochlear implants: A requirement was added that the provider has discussed the Center for Disease Control & Prevention (CDC) recommendations for immunization of individuals with cochlear implant with the member. The requirement was added as pneumococcal meningitis risk is increased in individuals with cochlear implant.

Reviewed Policies with no changes to criteria Effective 7/15/15:

- Hyperbaric Oxygen Therapy (HBOT)
- Infertility Testing and Treatment. Check member certificate for specific benefits and exclusions

