Highlights from the Medical Policy Committee Sept. 11, 2015 Meeting

Disclaimer: Medical Policies are for informational purposes only and do not constitute medical advice, plan authorization, an explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may not provide coverage for all services listed in a policy. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by Arise Health Plan (Arise) may not utilize Arise medical policy in all their coverage determinations. Contact customer services as listed on the member card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science and are reviewed annually and subject to change. Arise uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG Health© to assist in administering health benefits. Medical Policies and MCG Health© guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider.

To obtain a referenced MCG guideline specific to your patient’s review, contact: Medical Affairs: (Arise) 920-490-6901, or toll free: 1-888-711-1444 x76901. For general medical policy or MCG requests, email to medical.policies@wpsic.com.

Medical Policy Highlights
Medical Policies Changes Effective 1/1/2016:

• Sacroiliac Joint Treatments and Coccydynia injections: Added indications for coccydynia injections after failure of three months of conservative therapy, with a maximum of two injections per year. SI Joint ablation continues to be considered experimental/ investigational/ unproven.

• Stereotactic Radiosurgery (SRS and SBRT)
  ◦ Expanded indications to include chordoma, cavernous hemangioma
  ◦ Essential tremor indication changed to experimental / investigational / unproven
  ◦ SBRT indications unchanged; primary resource for criteria will be MCG

• Wearable Cardiac Defibrillator (WCD) Vests: Added an indication for documented patient refusal of an implantable defibrillator.

• Microprocessor Controlled and Myoelectric Limb Prosthesis: Added indications and criteria for upper limb myoelectric prosthesis.

• Non-Covered Services and Procedures (NCS) Policy :
  Continued non-coverage was reaffirmed for:
  ◦ Autologous chondrocyte Implantation (knee), Meniscal allograft Transplant, Mosaicplasty, and Microfracture.
  ◦ AMA Category III Codes ( also known as “T codes”)

Arise Medical Policy Updates
Updated Nov. 2015
Multi-gene genetic panel testing and risk prediction for multiple hereditary cancers and/or conditions as listed.

Obstructive Sleep apnea Surgical Treatments: Laser Assisted Uvuloplasty; Cold knife uvulectomy; Radiofrequency Volumetric Tissue Reduction; Somnoplasty ™; Coblation; Palatal Implants (Pillar® Palatal Implant System) now listed in the NCS policy.

**Added** to the NCS Policy as non-covered:
- Molecular Breast Imaging: Scinti-mammography, breast scintigraphy
- Sacro-iliac (SI) Joint ablation for SI joint pain or dysfunction
- Epilepsy NGS (multi-gene) Panel (Fulgent Diagnostics)
- epiSEEK® Comprehensive Sequence Analysis for Epilepsy and Seizure Disorders
- Breast Ultrasound Elastography

The following were **removed** from the NCS policy:
- Laparoscopic radiofrequency ablation of leiomyoma is covered when determined to be medically necessary (Requires Prior Authorization)
- High Resolution Anoscopy for the Evaluation of Anal Lesions is covered
- Shoulder Resurfacing is covered (Prior Authorization is required for inpatient)

**Effective 1/1/2016,** The primary clinical references used for the following former medical policies are MCG 19th ed. guidelines.
- Light Box Phototherapy for Depression with Seasonal Pattern. Check member’s certificate of coverage for prior authorization requirements.
- Obstructive Sleep Apnea-Surgical Treatments. Requires prior-authorization.