

Arise Medical Policy Updates

Highlights from the Medical Policy Committee Dec. 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 medical.policies@wpsic.com.

Medical Policy Highlights

Medical Policies Changes Effective 4/1/2016:

- Intraoperative Neurophysiologic Monitoring (IONM)
 - Reminder: This service requires prior authorization when provided during spinal surgery.
 - Significant changes:
 - The indications and examples of procedures list was expanded to include: spinal arteriography, chordoma, and carotid endarterectomy.
 - Expanded the limitations to include: disc and lumbar surgery below L1/L2 levels.
 - Nerve integrity monitoring systems, such as the "NIM 3.0" device, will not be reimbursed separately.

- Sleep Disorder Testing
 - Reminder:
 - This service requires prior authorization.
 - Home sleep study location is required unless contraindicated.
 - Significant changes:
 - The list of comorbidities that would contraindicate home study was expanded and BMI, as a contraindication to home study, was lowered from 45 to 40.
 - Home sleep study does not require a sleep medicine specialist to order. For purposes of this policy, a sleep medicine specialist is a pulmonologist, diplomat of the American Board of Sleep Medicine, or any of the following board-certified specialists provided that the specialist has a sleep medicine certification: pediatrician, internist, family medicine physician, otolaryngologist, psychiatrist, or neurologist.



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- Sleep Disorder Treatment (Oral Appliances and PAP Devices)
 - Reminder:
 - All PAP devices and oral appliances require prior authorization. For all approved PAP devices, a rental of three months may be approved. Documentation (device download) of a minimum of four hours of use per night for 70% of the nights of the trial must be submitted with a prior authorization for purchase of the CPAP prior to the end of the three-month rental. Continued rental beyond three months will not be covered.
 - Significant changes:
 - A primary care provider can order a home study and treat Obstructive Sleep Apnea (OSA) with AutoPAP provided the documentation meets necessary medical criteria.
 - CPAP titration, BPAP, and higher-level devices require sleep medicine specialist (as defined above) involvement.
 - Indications for AutoPap were expanded.
 - Indications for Auto Servo Ventilation (ASV) devices were clarified, including: ASV devices to treat central sleep apnea in patients with symptomatic chronic heart failure with reduced Left Ventricular Ejection Fraction (LVEF) less than 45% and moderate to severe central sleep apnea is contraindicated per the [AASM Special Safety Notice](#) (Aug. 2015).
- Varicose Vein Treatments
 - Reminder:
 - This service requires prior authorization.
 - Please refer to the policy regarding clarification of the number of treatment dates of service, approved vein nomenclature, and indications for treatment.
- Vision Therapy (Orthoptics and Pleoptics)
 - Reminder: These services are often an exclusion to the member's health plan.
 - Significant changes:
 - The indications for convergence excess and anomalies of divergence were deleted. Science evidence has not accumulated to continue coverage.
 - Due to the accumulated science evidence, treatment of convergence insufficiency is now limited to individuals up to age 18.
- Reduction Mammoplasty
 - Reminder: This service requires prior authorization unless related to mastectomy.
 - Significant changes: Arm numbness consistent with brachial plexus compression was added to the symptom list under Indications of Coverage.
- Non-covered Services and Procedures Quarterly Updates
 - Reminder:
 - Computer Aided Detection (CAD) with MRI is not covered and often a direct exclusion of the member's health plan.
 - Non-coverage was reaffirmed for Cologuard, breast tomosynthesis (3D mammography), and genetic panels.
 - Added: Breast cancer brachytherapy (includes SAVI device for breast brachytherapy) and several genetic tests.
 - Please refer to the Non-Covered Services policy for the full listing.