

Arise Medical Policy Updates: November 2016

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

Medical Policy Highlights

New Medical Policy: Glaucoma Surgical Treatments Became Effective 10/1/16

The I-stent was the first of several new surgical bypass micro-stents being developed to be FDA-approved. These micro-stents help treat glaucoma refractory to pharmacologic treatment and/or traditional trabeculectomy surgery. The I-stent is indicated for treatment of mild to moderate Open Angle Glaucoma in the context of cataract surgery.

Note: Any stent or shunt device used must be FDA-approved. It is the responsibility of the surgeon to choose an FDA-approved device.

Medical Policies Effective 1/1/2017

Microprocessor Controlled + Myoelectric Limb Prosthetics

For requests to upgrade to a more advanced model, documentation (medical, physical therapy (rehabilitation) and prosthetist records) of specific activities/difficulties with current prosthetic that can be addressed with the new prosthetic must be provided.

Stereotactic Radiotherapy

Clarified medical necessity indications for treatment of epilepsy.

Non-Covered Services and Procedures Highlights

Reminder: Non-Covered Services typically are not prior authorized. However, a request for prior authorization will be honored if clarification is requested.

Additions:

- Hybrid Total (Artificial) Disc Replacement with ACDF surgery
Note: All spinal surgery requires prior authorization. Some indications are available for artificial cervical disc when medical necessity criteria are met.
- Guardant360 multi-gene blood test to assess solid tumors
- TAADNext multi-gene panel
Note: Some gene-specific tests for Familial Thoracic Aortic Aneurysm and Aortic Dissection (TAAD) are covered when medical necessity criteria are met. Prior authorization is required.



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Continued non-coverage:

- 3-D mammography (breast tomosynthesis)
- Piriformis injection for treatment of piriformis syndrome-related pain
- Dry needling

Note: This is also identified as experimental/investigational in the Arise Chiropractic Services Policy.

Deleted:

- Knee walker (durable medical equipment)

Note: Health Plan limitations and prior authorization requirements may apply. Contact member services (phone number on the back of the member ID card) to verify.

Clarification Regarding Back Pain Procedures—Radiofrequency Ablation, Facet Joint, and Other Injections Effective 10/1/16:

Diagnostic facet and medial branch block injections are considered medically necessary *only in the context of preparation* for treatment of spine pain using neuroablation, and only after conservative treatment and evaluation. Therapeutic facet, medial branch, and sacroiliac joint (SI joint) injections are considered experimental, investigational, and unproven to affect health outcomes in all other situations.

