Arise Health Plan Medical Policy Updates

The Medical Affairs Medical Policy Committee recently approved medical policies that will become effective Jan. 1, 2019, unless specified below.

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 the organization may not utilize Medical Affairs medical policy in all their coverage determinations. Contact Customer Service as listed on the customer ID 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. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG to assist in administering health benefits. Medical Policies and MCG 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, call Medical Affairs at 920-490-6901 or toll-free at 888-711-1444.
- For general medical policy or MCG requests, email medical.policies@wpsic.com.
- If you have specific questions or comments regarding development of policy content, contact the Medical Policy Editor at medical.policies@wpsic.com or 800-333-5003, ext. 78993.
- For questions regarding medical coding related to Medical Policy Committee policies, contact the Code Governance Committee at codegovernance@wpsic.com.

Medical Policy Highlights

Glaucoma Surgical Treatments

Micro-bypass Stents, Filtration Devices, and Shunts

Prior authorization is required.

Indications of Coverage:

- Added: Compliance with ocular hypotensive medication therapy must be documented.
- Clarified: Failure of one of the following surgical techniques or contraindications to both of the following surgical techniques:
  - Laser trabeculoplasty
  - Trabeculectomy

Limitations of Coverage:

- Removed: iStent-Inject®

Arise HEALTH PLAN

Magnetic Resonance Spectroscopy (MRS), Nuclear Magnetic Resonance Spectroscopy (NMRS)

Prior authorization is required.

Indications of Coverage:

- Changed: MRI or CT imaging is inadequate to assess progress after intracranial surgery (changed from intracranial and extracranial).

Limitations of Coverage:

- Changed: Evaluation of cancer in any organ or body site, other than the brain (removed: except to assess progress after surgery).

Microprocessor-Controlled and Myoelectric Limb Prosthesis

Prior authorization is required.

Limitations of Coverage:

- Added: The LUKE Arm (DEKA® Arm) for upper extremity amputation is considered experimental, investigational, and unproven to affect health outcomes.
- Added: Osseointegrated Prosthesis/Osseoanchored Prostheses are considered experimental, investigational, and unproven to affect health outcomes.

PET (Positron Emission Topography) Scan

Prior authorization is required.

Limitations of Coverage:

- Added: PET scan with fluociclovine (Axumin) or Gallium 68 PET/CT (Ga-68 PSMA) for prostate cancer is considered experimental, investigational, and unproven to affect health outcomes

Sleep Disorder Testing

Prior authorization is required.

Indications of Coverage:

- Clarified/Added: Stroke (added: with residual weakness).
- Clarified/Added: Requests for reevaluation sleep study must include device download demonstrating compliance with PAP device use.

Sleep Disorder Treatment

Positive Airway Pressure Devices and Oral Appliances

Prior authorization is required.

Limitations of Coverage:

- Added: The Morning Repositioner® (Sonomed) is considered experimental, investigational, and unproven to affect health outcomes.

Varicose Vein Treatments

Prior authorization is required.

Limitations of Coverage:

- Added: Treatment with cyanoacrylate-based adhesive (vein glue, VenaSeal®) is considered experimental, investigational, and unproven to affect health outcomes.

Wearable Cardiac Defibrillator

Prior authorization is required.

Indications of Coverage:

- Changed: If criteria are met, the initial rental of the vest may be approved for eight weeks (changed from 12 weeks).
- Changed: Requests for rentals beyond the initial two months (changed from three months) require documentation of continued need and may require review by the Health Plan's Medical Director.

Non-Covered Services and Procedures

We do not advise providers to submit prior authorization requests for items on our Non-Covered Services and Procedures Medical Policy, as they are not covered.

- Added: Vision Therapy (Orthoptic Training, Orthoptics, Pleoptics) for conditions other than strabismus or convergence insufficiency.

New Medical Policy

- Gastrointestinal (GI) Pathogen Testing Using Multiplex Polymerase Chain Reaction (mPCR). Prior authorization required for testing of greater than 5 GI pathogens.

Retiring Medical Policies

- Intraoperative Neurophysiologic Monitoring (IONM, Multimodal Intraoperative Neuromonitoring).
- Vision Therapy: Please note, vision therapy for conditions other than strabismus or convergence insufficiency has been added to our Non-covered Services and Procedures policy.

Prior Authorization Updates and Reminders

- Capsule Endoscopy requires prior authorization.
- Cell Free Fetal DNA testing: Will be denied for non-high-risk pregnancies. Must be prior authorized for any high-risk pregnancies.
- All genetic testing requires prior authorization with documentation from the ordering health care provider showing that the results of such testing will directly impact the individual's future treatment. The health care provider must describe how and why, based on the genetic testing results, the individual's treatment plan would be different than the current or expected treatment plan based on a clinical assessment without genetic testing. Upon request, the ordering health care provider must submit information regarding the genetic testing's clinical validity and clinical utility. Genetic testing that we consider experimental, investigational, and unproven will not be covered.

The complete library of our medical policies and the quarterly Medical Policy Update reports can be found online at https://secure.wecareforwisconsin.com/providers/policies/coverage_policy_bulletins.
No password required!

Arise HEALTH PLAN