

Arise Medical Policy Updates

The Medical Affairs Medical Policy Committee recently approved medical policies that will become effective April 1, 2020, 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

Gender Dysphoria Treatment

Prior authorization is required.

- Added breast augmentation to covered services for male-to-female individuals meeting medical necessity criteria; medical necessity criteria listed in the policy
- Breast augmentation was removed from the Limitations of Coverage section

Magnetic Resonance Angiography (MRA) and Magnetic Resonance Venography (MRV)

Prior authorization is required. Medical policy applies to groups that do not utilize NIA (National Imaging Associates, Inc.) for high-tech radiology reviews.

Added to **Indications of Coverage:**

- Stroke/TIA indication (in section for combined neck MRA and head/brain MRA) changed from stroke/TIA within past two weeks to *recent* stroke/TIA



Removed from **abdomen/pelvis post-op evaluation:**

- To evaluate individual less than or equal to 35 years old with significant hypertension (diastolic blood pressure of greater than 110 mmHg) suggestive of fibromuscular dysplasia
- To evaluate individual with known diagnosis of neurofibromatosis or tuberous sclerosis, or Williams syndrome, with associated higher incidence of vascular disease

Pediatric section:

- Separate pediatric indications section was removed; pediatric indications are now integrated into sections throughout the policy

Removed from **Limitations of Coverage:**

- (For MRA of head) pre-operative or pre-procedural carotid endarterectomy planning

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

Prior authorization is required. Medical policy applies to groups that do not utilize NIA (National Imaging Associates, Inc.) for high-tech radiology reviews.

Removed from **Indications of Coverage:**

- MRI or CT imaging is inadequate to assess progress after intracranial surgery

PET Scan (Positron Emission Tomography)

Prior authorization is required. Medical policy applies to groups that do not utilize NIA (National Imaging Associates, Inc.) for high-tech radiology reviews.

Cognitive Impairment or Dementia:

- Changed requirement that cognitive decline must be for at least six months to cognitive decline *over time*
- Added requirement that vascular or traumatic causes of cognitive impairment must be ruled out

Added to **Limitations of Coverage:**

- Surveillance PET scanning of neuroendocrine tumors

Removed from **Limitations of Coverage:**

- PET imaging, whole body (for non-covered indications)

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:

- Altis single incision sling system for female urinary incontinence
- Cxbladder Triage added to genetic testing section already listing Cxbladder Detect and Cxbladder Monitor
- Glioblastoma Treatment added as Indication to the Laser Interstitial Thermotherapy (LITT) section
- Hybrid ACI and OATS procedure added to Cartilage and Osteochondral Treatments section
- Hydrodissection for the treatment of neuropathic pain
- MED-EL Cochlear Implant System with Synchrony/Synchrony2 for treatment of adults with unilateral sensorineural hearing loss
- Metabolic testing for autism, such as NPDX ASD test from NeuroPointDX
- MI Profile
- MitoMetPlus added to the genetic testing section already listing MitoMet
- Nodify XL2 (also called Nodify BDX-XL2 and BDX-XL2)
- OmniSeq Advanced added to the genetic testing section already listing OmniSeq Target and OmniSeq Comprehensive
- Pigmented Lesion Assay
- Refractory Epilepsy added as Indication to the Deep Brain Stimulation section

The complete library of our medical policies and the quarterly Medical Policy Update reports can be found online at arisehealthplan.com.

No password required!

