Arise Medical Policy Updates

The Medical Affairs Medical Policy Committee recently approved medical policies that will become effective June 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

Ankle Arthroplasty, Total (Total Ankle Replacement)

Prior authorization is required.

- Decreased required NSAID trial from six weeks to 30 days

Added to **Limitations of Coverage:**

- 3D printed orthopedic implants
- Zilretta (triamcinolone acetonide extended-release injectable suspension) injections

Artificial Disc Replacement

Prior authorization is required.

Added to **Indications of Coverage:**

- Coverage criteria for single-level lumbar artificial disc

Added to **Limitations of Coverage:**

- Section related to lumbar artificial disc

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Added to **Documentation Required:**

- Evidence (therapy/treatment notes) of at least six weeks of participation in physical therapy or chiropractic treatment directed at the spinal area/level(s) of concern
- Documentation of specific prosthesis/implant to be used
- History of previous spinal procedures

Bariatric Surgery

Prior authorization is required. Note: Bariatric surgery may be an exclusion of some plans. Verify available benefits.

Added to **Limitations of Coverage:**

- Bariatric embolization of arteries for treatment of obesity
- Transpyloric Shuttle
- OverStitch Endoscopic Suturing System
- Endoluminal Functional Lumen Imaging Probe (EndoFLIP)

Added section addressing inpatient lengths of stay

Bone Growth Stimulators

Prior authorization is required.

Added to **Indications of Coverage:**

- No indication of infection or malignancy
- No evidence of hardware loosening or failure (if present)

Removed from **Limitations of Coverage:**

- Presence of joint arthrodesis

Chiropractic Services

Prior authorization is required.

Removed mechanical traction from allowed modalities

Added to **Active Care Documentation Requirements:**

- Time component
- Number of repetitions and sets for each exercise
- Name of doctor or trained staff person who supervised the exercise(s) or activity(ies) session

Added to **Limitations of Coverage:**

- Services for work-related injuries
- Any type of spinal mechanical traction device

Meniscal Allograft Transplantation

Prior authorization is required.

Added to **Indications of Coverage:**

- Meniscal loss after prior surgery or injury is equivalent to complete (total) meniscal deficiency

Added to **Limitations of Coverage:**

- Zilretta (triamcinolone acetonide extended-release injectable suspension) injections

Neuropsychological Testing

Prior authorization is required.

Added requirement that more than 10 hours of testing and requests for repeated ImPACT and neuropsychological testing require review by the Health Plan's Medical Director

Noncovered Services and Procedures

Additions:

- Amniotic Membrane Injections for Chronic Plantar Fasciitis
- Zilretta (triamcinolone acetonide extended release injectable suspension) injections
- MyTaiHEART test
- 3-MCC Deficiency (3-Methylcrotonyl-CoA Carboxylase Deficiency) Genetic Testing
- 3-M Syndrome Genetic Testing
- Alpha-Mannosidosis Genetic Testing
- Genetic Screening of Newborns for Risk of Hearing Loss
- Hypokalemic Periodic Paralysis Genetic Testing
- Oncotype DX AR-V7 Nucleus Detect Test
- Pharmacogenetic Testing for Opioid Treatment for Pain in Adults: Single-gene Variants and Panels
- Pharmacogenetic Testing for Opioid Treatment for Pain- OPRM1 and COMT Variants
- Prenatal and Preimplantation Genetic Testing for Risk of Hearing Loss
- Percepta Genomic Sequencing Classifier; Percepta GSC
- Apos Therapy System
- C-Brace lower extremity microprocessor stance and swing phase controlled orthosis
- JACO Assistive Robotic Arm
- NightBalance® System (also called Lunoa System)
- Added Cancer-related or Cancer Treatment-related Pain to Indications for the already existing Scrambler/Calmare Electrical Stimulation Pain Therapy section
- Added additional names for Intense Pulsed Light Therapy to that already existing section (Thermal Pulsation, Vectored Thermal Pulsation [VTP], and the LipiFlow® system)
- HPV (Human Papillomavirus Virus Vaccine) for treatment of anogenital warts

- Percutaneous Ultrasound-guided Tenotomy (including, but not limited to Tenex System) for all indications
- Subtalar Arthrodesis for treatment of pediatric flatfoot
- Cell Free Microdeletion Testing for DiGeorge Sydrome or Cri-du-Chat
- Pharmacogenetic testing to guide codeine or tramadol prescribing for pain in pediatric patients
- Temporal Lobe Epilepsy indication was added to the already present Laser Interstitial Thermotherapy (LITT) section

Removed:

- Amnisure ROM Test (for detection of fetal membrane rupture)
- BreastNext®
- Oncotype Dx Prostate Cancer Assay
- Oncotype Dx Genomic Prostate Score (GPS) Assay
- Decipher® Prostate Cancer Classifier
- Prolaris®
- Prolaris Biopsy Test®
- ProMark® Proteomic Biomarker Prognostic test

Notes

- The 24th Edition of MCG Guidelines was approved for use
- Shoulder Replacement Surgery: Typo in Indication of Coverage A was corrected
- The following two new medical policies (approved Oct. 25, 2019, with effective date of April 1, 2020) will not be implemented:
  - Breast Cancer: Gene Expression Profiling (such as MammaPrint®, BluePrint®, Oncotype Dx®, Oncotype DX Breast DCIS Score®, Prosigna®, EndoPredict®, Breast Cancer Index®, Mammostrat®, IHC4, DCISionRT®, Genomic Grade Index)
  - Breast Cancer: Hereditary Breast Cancer and Tumor Profiling

Reminder

All genetic, genomic, pharmacogenetic, pharmacogenomic, molecular genetic, mRNA, DNA, chromosome, telomere, single nucleotide polymorphism (SNP), gene sequencing, gene expression profiles, and gene-related panels, tests, and analyses require prior authorization BEFORE the testing is completed.

Determination of genetic panel coverage is based on assessment of the test's analytical and clinical validity, the clinical utility of the test, and evidence demonstrating a positive impact of the test panel on the care of individuals with, or at risk for, the conditions being tested. The Medical Policy Committee (MPC) considers multi-gene test panels experimental, investigational, and unproven to affect health outcomes unless otherwise determined during prior authorization review.

The complete library of our medical policies and the quarterly Medical Policy Update reports can be found online at Arise Coverage Policy Bulletins.
No password required!

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