WPS Medical Policy Updates

Updated Nov. 2015

Highlights from the Medical Policy Committee Sept. 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 Wisconsin Physicians Service (WPS) may not utilize WPS 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. WPS 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: (WPS) 1-800-333-5003. For general medical policy or MCG requests, email to medical.policies@wpsic.com.

Medical Policy Highlights

Medical Policies Changes Effective 1/1/2016:

- Magnetic Resonance Angiography (MRA):
  - MRA Head:
    - Removed the indication for carotid endarterectomy planning
    - Removed the indication for trigeminal neuralgia
  - MRA Neck:
    - Reaffirmed the indication for preoperative or pre-procedural planning for carotid endarterectomy or percutaneous intervention
    - Removed indication for routine use of MRA neck after carotid endarterectomy, as ultrasound is typically used for such
  - MRA Head/Neck:
    - Added an indication for trauma or suspected dissection
  - MRA Abdomen: Added an indication for pre-transplant evaluation of liver or kidneys
  - MRA abdomen/pelvis/lower extremities for evaluation of claudication: clarified this is indicated provided that Ultrasound ABI (ankle brachial index) is <0.9

- Magnetic Resonance Spectroscopy (MRS): MRS is considered medically necessary when MRI or CT imaging is inadequate for differentiating recurrent brain tumor from radiation necrosis following radiation treatment of a primary brain tumor. MRS is now considered experimental, investigational, unproven for all other indications including grading gliomas, differentiating cystic neoplasms from abscesses, or aiding in diagnosis of rare metabolic disorders (such as mitochondrial disorder).

- Sacroiliac Joint Treatments and Coccydynia injections: Added indications for coccydynia injections after failure of three months of conservative therapy, with a maximum of two injections per year. SI Joint ablation continues to be considered experimental/ investigational/ unproven.

- Stereotactic Radiosurgery (SRS and SBRT)
  - Expanded indications to include chordoma, cavernous hemangioma
  - Essential tremor indication changed to experimental / investigational / unproven
  - SBRT indications unchanged; primary resource for criteria will be MCG

- Wearable Cardiac Defibrillator (WCD) Vests: Added an indication for documented patient refusal of an implantable defibrillator.

- Microprocessor Controlled and Myoelectric Limb Prosthesis: Added indications and criteria for upper limb myoelectric prosthesis.

- Non-Covered Services and Procedures (NCS) Policy:

  Continued non-coverage was reaffirmed for:
  - Autologous chondrocyte Implantation (knee), Meniscal allogograft Transplant, Mosaicplasty, and Microfracture.
  - AMA Category III Codes (also known as "T codes")
  - Multi-gene genetic panel testing and risk prediction for multiple hereditary cancers and/or conditions as listed.
  - Obstructive Sleep apnea Surgical Treatments: Laser Assisted Uvuloplasty); Cold knife uvulectomy; Radiofrequency Volumetric Tissue Reduction; Somnoplasty ™; Coblation; Palatal Implants (Pillar® Palatal Implant System) now listed in the NCS policy.

  Added to the NCS Policy as non-covered:
  - Molecular Breast Imaging: Scinti-mammography, breast scintigraphy
  - Sacro-iliac (SI) Joint ablation for SI joint pain or dysfunction
  - Epilepsy NGS (multi-gene) Panel (Fulgent Diagnostics)
  - epiSEEK® Comprehensive Sequence Analysis for Epilepsy and Seizure Disorders
  - Breast Ultrasound Elastography

  The following were **removed** from the NCS policy:
  - Laparoscopic radiofrequency ablation of leiomyoma is covered when determined to be medically necessary (Requires Prior Authorization)
  - High Resolution Anoscopy for the Evaluation of Anal Lesions is covered
  - Shoulder Resurfacing is covered (Prior Authorization is required for inpatient)

- Effective 1/1/2016, The primary clinical references used for the following former medical policies are MCG 19th ed. guidelines.
  - Light Box Phototherapy for Depression with Seasonal Pattern. Check member's certificate of coverage for prior authorization requirements.
  - Obstructive Sleep Apnea-Surgical Treatments. Requires prior-authorization.