

WPS Medical Policy Updates

Highlights from the Medical Policy Committee Dec. 11, 2015 Meeting

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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 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, contact WPS Medical Affairs at 1-800-333-5003. For general medical policy or MCG requests, email medical.policies@wpsic.com.

Medical Policy Highlights

Medical Policies Changes Effective 4/1/2016:

- Intraoperative Neurophysiologic Monitoring (IONM)
 - Reminder: This service requires prior authorization when provided during spinal surgery.
 - Significant changes:
 - The indications and examples of procedures list was expanded to include: spinal arteriography, chordoma, and carotid endarterectomy.
 - Expanded the limitations to include: disc and lumbar surgery below L1/L2 levels.
 - Nerve integrity monitoring systems will not be reimbursed separately, such as the "NIM 3.0" device.

- Sleep Disorder Testing
 - Reminder:
 - This service requires prior authorization.
 - Home sleep study location is required unless contraindicated.
 - Significant changes:
 - The list of comorbidities that would contraindicate home study was expanded and BMI, as a contraindication to home study, was lowered from 45 to 40.
 - Home sleep study does not require a sleep medicine specialist to order. For purposes of this policy, a sleep medicine specialist is a pulmonologist, diplomat of the American Board of Sleep Medicine, or any of the following board-certified specialists provided that the specialist has a sleep medicine certification: pediatrician, internist, family medicine physician, otolaryngologist, psychiatrist, or neurologist.

- Sleep Disorder Treatment (Oral Appliances and PAP Devices)
 - Reminder:
 - All PAP devices and oral appliances require prior authorization. For all approved PAP devices, a rental of three months may be approved. Documentation (device download) of a minimum of four hours of use per night for 70% of the nights of the trial must be submitted with a prior authorization for purchase of the CPAP prior to the end of the three-month rental. Continued rental beyond three months will not be covered.
 - Significant changes:
 - A primary care provider can order a home study and treat Obstructive Sleep Apnea (OSA) with AutoPAP provided the documentation meets necessary medical criteria.
 - CPAP titration, BPAP, and higher-level devices require sleep medicine specialist (as defined above) involvement.
 - Indications for AutoPap were expanded.
 - Indications for Auto Servo Ventilation (ASV) devices were clarified, including: ASV devices to treat central sleep apnea in patients with symptomatic chronic heart failure with reduced Left Ventricular Ejection Fraction (LVEF) less than 45% and moderate to severe central sleep apnea is contraindicated per the [AASM Special Safety Notice](#) (Aug. 2015).
- Varicose Vein Treatments
 - Reminder:
 - This service requires prior authorization.
 - Please refer to the policy regarding clarification of the number of treatment dates of service, approved vein nomenclature, and indications for treatment.
- Vision Therapy (Orthoptics and Pleoptics)
 - Reminder: These services are often an exclusion to the member's health plan.
 - Significant changes:
 - The indications for convergence excess and anomalies of divergence were deleted. Science evidence has not accumulated to continue coverage.
 - Due to the accumulated science evidence, treatment of convergence insufficiency is now limited to individuals up to age 18.
- Reduction Mammoplasty
 - Reminder: This service requires prior authorization unless related to mastectomy.
 - Significant changes: Arm numbness consistent with brachial plexus compression was added to the symptom list under Indications of Coverage.
- Non-covered Services and Procedures Quarterly Updates
 - Reminder:
 - Computer Aided Detection (CAD) with MRI is not covered and often a direct exclusion of the member's health plan.
 - Non-coverage was reaffirmed for Cologuard, breast tomosynthesis (3D mammography), and genetic panels.
 - Added: Breast cancer brachytherapy (includes SAVI device for breast brachytherapy) and several genetic tests.
 - Please refer to the Non-Covered Services policy for the full listing.
- Low-Dose CT Screening for Lung Cancer: The Medical policy was retired. Coverage indications are unchanged and remain consistent with the USPSTF Grade B recommendations. Patient must be age 55-79 years old, a current smoker, has quit smoking cigarettes within the last 15 years with a history of smoking 30 packs of cigarettes a year, or who has smoked 30 years or more.