WPS Medical Policy Updates

The Medical Affairs Medical Policy Committee approved medical policies on Dec. 1, 2017, and providers were notified of changes to those policies in late January. The policies become effective April 1, 2018, unless otherwise noted 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 use 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, contact Medical Affairs toll-free at 800-333-5003.
- 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

Intraoperative Neurophysiologic Monitoring (IONM)

Prior authorization is no longer required, effective Jan. 1, 2018.

Magnetic Resonance Angiography (MRA)

Prior authorization is required.

- Indications for MRA of neck includes ultrasound. For evaluation of carotid stenosis or occlusion after an abnormal doppler ultrasound showing:
  - Stenosis (≥ 60%) of the ICA or CCA; or
  - Reversal of flow in the carotid or vertebral artery; or
  - An inconclusive or technically inadequate study
- Indications for abdominal/pelvic MRA include ultrasound:
  - To further evaluate hepatic vascular abnormalities (e.g., aneurysm, venous thrombosis, stenosis) or obstruction in the portal or hepatic veins (portal venous thrombosis or Budd-Chiari syndrome) or systemic veins, such as inferior vena cava, renal veins, or iliac veins after indeterminate or equivocal ultrasound.

    - To evaluate hepatic vasculature prior to transjugular intrahepatic portosystemic shunt (TIPS) procedure after indeterminate or equivocal ultrasound.
- Indications for upper and lower extremities were expanded to include pre-operative evaluation for known vascular disease or condition-with indeterminate ultrasound.

Magnetic Resonance Spectroscopy (MRS)

Prior authorization is required.

- An indication was added to assess progress after surgery.
- Added that MRS is considered unproven for evaluation of liver disease, multiple sclerosis, or prostate cancer.

PET Scan

Prior authorization is required.

- PET for surveillance or remission is considered not medically necessary.
- Reminder: Providers should specify the tracer being used. For some indications, the medical necessity of the PET/CT study is dependent upon the choice of radiopharmaceutical that will be used. Tracers such as Choline C-11 and Gallium Ga-68 dotatate (NETSPOT) require prior authorization along with the PET request.
- PET scan with fluoclovine (Axumin) for recurrent prostate cancer is considered experimental, investigational, and unproven to affect health outcomes.
- An omission (serum thyroglobin level) in the criteria for thyroid cancer was corrected:

1. Thyroid cancer provided **all** the following are met:

    a. Cell type is papillary, follicular, or Hurthle cell origin

    b. Patient had thyroidectomy AND radioiodine ablation initially

    c. Current whole body I-131 scan is negative

    d. Current serum thryoglobulin > 10ng/mL

Omnibus Pharmacy Policy for Treatments Reviewed by Medical Affairs

Prior authorization is required.

- Criteria for pharmacologic treatment of gender dysphoria was added.
- Products, administration routes, and indications for progesterones and hydroxyprogesterone caproate were clarified.

Reduction Mammoplasty for Symptomatic Macromastia

Prior authorization is required, provided there is a benefit.

Many health plans exclude coverage for reduction mammoplasty, except after mastectomy. We strongly recommend that you verify health plan coverage before submitting prior authorization.

- A requirement was added for mammogram: negative for cancer within the two years prior to the date of the planned reduction mammoplasty if member is ≥ 40 years of age.

Sleep Disorder Testing

Prior authorization is required.

- Opioid use was added as a comorbidity and as a contra-indication to home study.
- The list of symptoms suggestive of sleep apnea was clarified and expanded. Note: snoring alone is not considered an indication for sleep study.
- In-lab studies require a Sleep Medicine Specialist order. For the purpose of this policy, a sleep medicine specialist is one of the following:
  - A diplomate of the American Board of Sleep Medicine or
  - A practitioner with certification in sleep medicine and one of the following board-certified specialties: pulmonologist, otolaryngologist, neurologist, pediatrician, internist, family medicine physician, or psychiatrist; or nurse practitioner or physician assistant working in collaboration with one of the listed specialists.
- Added an indication for in-lab study when a home sleep study identifies unanticipated central apnea, is inconclusive, or is negative; AND a sleep medicine specialist assesses and recommends an in-lab study. A repeat home study under these circumstances is not recommended by the American Academy of Sleep Medicine.

Sleep Disorder Treatment

Prior authorization is required.

Reminders: A three-month trial of a Positive Airway Pressure (e.g., CPAP) device is required to ensure compliance prior to purchase. The health plan does not allow for rental costs beyond the purchase price. Submit repair/replacement estimates for determination of device replacement versus repair of PAP devices.

- The indication for cognitive dysfunction attributed to sleep requires diagnosis using a clinically recognized cognitive assessment tool (listed below) or current use of medication for dementia.
  - California Verbal Learning Test
  - Digit Span (from the Wechsler Adult Intelligence Scale-Revised)
  - Informant Questionnaire on Cognitive Decline in the Elderly
  - Mini-Mental State Examination (MMSE)
  - Montreal Cognitive Assessment (MoCA) test
  - Trials A or B
- Evaluation by a sleep medicine specialist (as defined above in Sleep Disorder Testing) is required for approval of an oral appliance.
- Hypoglossal nerve stimulation and unilateral phrenic nerve stimulation are considered experimental, investigational, and unproven to affect health outcomes.

Varicose Vein Treatments

Prior authorization is required.

Varithena continues to be considered unproven and therefore not covered for sclerotherapy.

Reminder: When medical necessity criteria are met, one Treatment Day of Service for each leg is approved. A Treatment Day of Service can consist of treatment (e.g., ablations, stab phlebectomies) of as many veins as have been approved, done during that one date of service. Multiple dates of service in the office setting will be considered not medically necessary unless there is documentation of the medical need for repeated visits AND review/approval by our 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:

- Eustachian Tube Balloon Dilation devices
- Color Hereditary Cancer Direct To Consumer test (Color Genomics)
- ThyraGenX and ThyraMir molecular diagnostic tests for indeterminate FNA of thyroid nodules
  Note: prior authorization coverage indications are available for the Afirma Thyroid FNA Analysis.

Reconfirmed continued non-coverage:

- Confocal Endomicroscopy and Endocytoscopy
- Multi-condition gene panels
- Thread Carpel Tunnel Procedure

Removed from non-coverage:

- Cartilage procedures for the knee do not require prior authorization (e.g., autologous chondrocyte implantation; meniscal allograft transplant; mosaicplasty; microfracture; Osteochondral Autograft Transplant System (OATS) procedure; osteochondral allograft).
  Note: Collagen meniscus implant (CMI, Menaflex), DeNovo NT Natural Tissue Graft, juvenile cartilage allograft implantation, and BioCartilage (Arthrex) continue to be considered unproven.
- IPEX genetic testing *requires prior authorization* with progress notes from the ordering provider.
- SAVI brachytherapy device now *requires prior authorization*.

The complete library of our medical policies and the quarterly Medical Policy Update reports can be found online at wpsic.com/providers/medical-policies/index.shtml.
No password required!

WPS HEALTH INSURANCE