“What’s New” Medical Policy Updates March 2018

Listed below are the recent changes made to policies within the Geisinger Health Plan Medical Policy Portfolio during the month of February that will become **effective April 15, 2018** (unless otherwise specified). The Plan uses medical policies as guidelines for coverage decisions made within the insured individuals written benefit documents. Coverage may vary by line of business and providers and members are encouraged to verify benefit questions regarding eligibility before applying the terms of the policy.

MP147 Artificial Intervertebral Disc – REVISED – (clarified Indication Language)

B Artificial Cervical Discs

The Plan considers the use of artificial cervical discs medically necessary in members when **ALL** the following criteria are met:

1. Disc has the approval of the U.S. Food and Drug Administration (FDA);
2. ~~Member is between 18-60 years of age;~~ Member has achieved skeletal maturity.
3. Replacement on a single or multiple levels* level between C3 and C7
4. Documented evidence of symptomatic cervical degenerative disc disease (Intractable radiculopathy and/or myelopathy) with at least one of the following items producing nerve root and/or spinal cord compression:
    a. Herniated disc
    b. Osteophyte formation
5. Documented evidence of least 6 weeks of unsuccessful conservative treatment, signs of progression or spinal cord/nerve compression with continued non-operative procedure;
6. Documented evidence of a Neck Disability Index** Score greater than or equal to 30;
7. Documented evidence of a Neck Pain Score of greater than or equal to 20.

MP171 Clinical Guideline Development, Implementation, and Review Process – REVISED – (clarified Language)

Proposal of New Guideline

Clinical practice guidelines are the clinical basis for the disease management programs. An area of clinical care deemed appropriate for support by a Guideline can be proposed by any Clinical Practice Guidelines Committee member, Plan Medical Director, Director or Manager of Population Management Operations, the Vice President of Health Services or a provider credentialed by the Plan. The proposal is submitted by email or in writing to the Director of Medical Policy ~~and Appeals~~. The proposal is placed on the agenda for the next available meeting of the Clinical Practice Guidelines Committee

The Clinical Practice Guideline Committee (GC)

The CPG Committee is chaired by designated Geisinger Health Plan (GHP) Medical Director or designee. At a minimum, the committee is composed of a physician board-certified in appropriate specialties; a GHP medical director; the GHP Director of Medical Policy~~ies~~; and the GHP Manager of Accreditation.

MP237 Transurethral Radiofrequency Tissue Remodeling – REVISED – (Revised Title and Policy Language)

I. Policy: Transurethral/Transvaginal Radiofrequency Tissue Remodeling

II. Purpose/Objective:

To provide a policy of coverage regarding Transurethral/Transvaginal radiofrequency tissue remodeling

DESCRIPTION:
Transurethral and transvaginal radiofrequency tissue remodeling has been proposed as a treatment of urinary stress incontinence. Unlike traditional radiofrequency which causes tissue necrosis, this procedure utilizes lower temperatures and has been proposed to shrink and stabilize the endopelvic fascia, thus improving the support for the urethra and bladder neck.

EXCLUSIONS: The Plan does **NOT** provide coverage for the use of transurethral or transvaginal radiofrequency tissue remodeling as a treatment of urinary stress incontinence because it is considered **experimental, investigational or unproven.** There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or technologies.

MP252 Colon Motility Testing – REVISED – (clarified Exclusion Language)

EXCLUSIONS:
The Plan does **NOT** provide coverage for the use of Colon Motility Tests for any indication because it is considered experimental, investigational or unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this modality on health outcomes when compared to established tests or technologies.

The Plan does **NOT** provide coverage for the use of a wireless capsule for measuring gastric emptying **(SmartPill® GI Monitoring System)** for all indications including but not limited to gastroparesis because it is considered **experimental, investigational or unproven.** Although the device is FDA approved, there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this testing on health outcomes when compared to established technologies**. (See MP112 Wireless Capsule Endoscopy)**

MP275 Speech Generating Devices – REVISED – (clarified Exclusion Language)

EXCLUSIONS:
The following are considered to be not reasonable and necessary as a medical device and/or service, and are not covered:

- Devices not specifically dedicated as speech devices (e.g., personal laptop or desktop computers, personal digital assistants (PDA's), word processing or accounting packages and programs)
- Communications boards
- Multilingual modules.
- Use of a speech generating device in a member without a documented severe speech impairment.
- Internet connection or other phone services

MP316 High Intensity Focused Ultrasound – NEW POLICY

DESCRIPTION: High intensity focused ultrasound (HIFU) uses an acoustic lens to concentrate multiple intersecting beams of ultrasound on a target. High intensity ultrasound energy is focused at a specific location. At the focal point where the beams converge, HIFU destroys tissue with rapid heat elevation. HIFU is typically performed with real-time imaging via ultrasound or MRI to enable treatment targeting and monitoring. HIFU has been applied to treat a variety of solid malignant tumors, including the pancreas, liver, prostate, breast, uterine fibroids, and soft-tissue sarcomas

MEDICARE BUSINESS SEGMENT:
According to CMS coding updates, C9747 Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance is considered reimbursable in a hospital or ASC setting.

EXCLUSIONS: The long-term safety and efficacy data regarding the use of high intensity focused ultrasound (HIFU) in the treatment of various conditions is insufficient to show comparable or superior efficacy when compared to standard therapies. Therefore, unless mandated, high intensity focused ultrasound (HIFU) is considered **experimental, investigational or unproven** and **NOT COVERED** for all indications including but not limited to:

- Prostate cancer
- Benign prostatic hypertrophy
- Thyroid nodules and primary hyperparathyroidism
- Breast fibroadenoma
- Breast cancer
- Primary and secondary liver cancer
- Renal cell carcinoma
- Pancreatic cancer
- Brain cancer
- Osteosarcoma

The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.

MP184 Intracranial Percutaneous Transluminal Angioplasty
MP192 Intensity Modulated Radiation Therapy
MP207 Corneal Hysteresis
MP211 Endovascular Repair of Intracranial Aneurysms
MP220 Epiretinal Radiation Therapy
MP222 Intradiscal Biacuplasty
MP223 Functional Anesthetic Discography
MP231 Facet or Sacroiliac Joint Denervation
MP235 Total Facet Arthroplasty
MP238 Ocular Blood Flow Tonometer
MP248 SNP's To Predict Risk of Non-Familial Breast CA
MP249 Bioimpedance Spectroscopy
MP254 Tinnitus Treatment
MP255 Comparative Genomic Hybridization for Evaluation of Developmental Delay
MP264 Ventricular Assist Device (VAD)
MP281 Bone Morphogenetic Protein
MP282 Termination of Pregnancy
MP285 Tonsillectomy
MP286 Cholecystectomy
MP303 Molecular Markers to Predict Thyroid FNA (Fine-Needle Aspiration)
MP313 Environmental Lead Testing