“What’s New” Medical Policy Updates March 2019

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, 2019 (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.

MP226 Proton Beam Radiation – (Revised) – (Added Indication)

INDICATIONS: Requires Prior Authorization by a Plan Medical Director or Designee
Requests for proton beam radiation will be evaluated on a per-case basis for the following indications:

- Treatment of melanoma of the uveal tract (including iris, choroids and ciliary body); or
- Postoperative therapy in patients who have biopsy proven chordomas or chondrosarcomas in the skull base region or sphenoid spine; or
- Treatment of arteriovenous malformations (AVMs) of the brain adjacent to critical structures such as the optic nerve, brain stem or spinal cord not amenable to surgical excision or stereotactic radiation; or
- Pituitary Neoplasms; or
- Central nervous system lesions including but not limited to, primary or metastatic malignancies adjacent to critical structures such as the optic nerve, brain stem or spinal cord not amenable to surgical excision or stereotactic radiation

Proton beam radiation therapy may be evaluated for coverage on a per-case basis for a diagnosis that is not listed above when documentation is if avoidance of the surrounding normal tissue cannot be adequately achieved with standard radiation therapy techniques including intensity modulated radiation therapy (IMRT)* and stereotactic body radiation therapy (SBRT)**.

* Please refer to MP192 for a description of coverage regarding Intensity Modulated Radiation Therapy

**Please refer to MP084 for a description of coverage regarding Stereotactic Radiosurgery

MP252 Colon Motility Testing – (Revised) – (Added Covered Services)

INDICATIONS:
The following procedures are considered to be medically necessary:
- Defacography when one or more of the following conditions are being evaluated:
  - Chronic constipation
  - Anterior rectocele
  - Enterocoele
  - Pelvic floor dysfunction
- Anorectal manometry
- Rectal sensation, tone and compliance testing

MEDICAID BUSINESS SEGMENT:
Colon motility may be considered medically necessary.

EXCLUSIONS:
Unless mandated, The Plan does NOT provide coverage for the use of Colon Motility Tests not listed above (e.g., electrogastrography, electroenterography, colonic manometry, MRI defecography), 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.

MP264 Ventricular Assist Device (VAD) – (Revised) – (Added Indication)

FACILITY CRITERIA FOR DESTINATION VAD THERAPY:

- Facilities must have
  - at least one member of the VAD team with experience implanting at least 10 VADs (as bridge to transplant or destination therapy) or artificial hearts over the course of the previous 36 months;
  - At least one cardiologist trained in advanced heart failure with clinical competence in medical and device-based management including VADs, and clinical competence in the management of patients before and after heart transplant.
  - A VAD program coordinator.
  - A social worker.
  - A palliative care specialist
- Facilities must be credentialed by an organization approved by the Centers for Medicare & Medicaid Services

*Note*: All approved facilities are found on the CMS website at: https://www.cms.gov/MedicareApprovedFacilities/VAD/list.asp

The Plan considers a FDA-approved percutaneous left ventricular assist device (LVAD) (e.g., the TandemHeart and the Impella Recover LP 2.5) medically necessary for:

- providing short-term circulatory support in cardiogenic shock; or
- as an adjunct to percutaneous coronary intervention (PCI) in the following high-risk patients:
  - members with left main stenosis with ejection fraction less than 35%; or
  - Persons with three vessel disease and ejection fraction less than 30%
  - or last-remaining-conduit vessel that supplies 40% or more of the myocardium

MP316 High Intensity Focused Ultrasound – (Revised) – (Added Indication)

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. Magnetic Resonance Guided Focused Ultrasound (MRgFUS) combines focused ultrasound and magnetic resonance imaging to target and treat affected tissue.

INDICATIONS: MRI-guided focused ultrasound (MRgFUS) is considered medically necessary if the following are met:

- Diagnosis of metastatic bone cancer if ALL the following are met:
  - Treatment is for palliation of cancer pain
  - Member is eighteen years or older
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.

MP147 Artificial Intervertebral Disc
MP171 Clinical Guideline Development, Implementation, and Review Process
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
MP236 Immune Cell Function Assay for Transplant Rejection
MP237 Transurethral Radiofrequency Tissue Remodeling
MP238 Ocular Blood Flow Tonometer
MP245 Helicobacter pylori Testing
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
MP275 Speech Generating Devices
MP281 Bone Morphogenetic Protein
MP282 Termination of Pregnancy
MP285 Tonsillectomy
MP286 Cholecystectomy
MP303 Molecular Markers to Predict Thyroid FNA (Fine-Needle Aspiration)