

“What’s New” Medical Policy Updates November 2017

Listed below are the recent changes made to policies within the Geisinger Health Plan Medical Policy Portfolio during the month of October that will become **effective December 15, 2017** (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.

MP029 Bone Growth Stim - REVISED – (clarified Exclusion Language)

EXCLUSIONS: (Apply to both invasive and non-invasive stimulators)

- Non-union fractures of short bones
- Treatment of delayed union (a decelerating fracture healing process, as identified by serial x-rays)
- Fresh fractures (other than when using ultrasound bone stimulation for the tibia or radius)
- Phalanx fractures
- Sesamoid fractures **without evidence of nonunion**
- Avulsion fractures
- Osteochondral lesions
- Stress fractures **without evidence of nonunion and** in the absence of a minimum of 90 days of non-surgical management including continued non-weight-bearing
- Displaced fractures
- Synovial pseudoarthrosis
- The bone gap is either greater than 1 cm or greater than **one-half** the diameter of the bone
- Treatment of Charcot foot, avascular necrosis of the hip and fractures of the scapula or pelvis
- To speed recovery based on convenience or athletic status and non-surgical management has not been in place for 90 days included continued non-weight bearing

MP170 Gene Expression Profiling for Breast Cancer Treatment - REVISED – (Added EndoPredict test)

DESCRIPTION:

Conventionally, the prognosis of breast cancer patients is determined by age, tumor size, histology, status of axillary lymph nodes, histologic type and hormone receptor status. More recently, investigation has focused on examining the gene expression in tumor tissue as a prognostic factor to predict a patient's chance of recurrence. Examples of this type of testing include Oncotype Dx®, Prosigna® Breast Cancer Assay, **EndoPredict®**, MammaPrint®, and a 76-gene signature.

CRITERIA FOR COVERAGE: Requires Prior Medical Director or designee Authorization

Oncotype DX™ Breast Assay: **EndoPredict®**

MP243 Anorectal Fistula Repair Using an Acellular Plug - **REVISED – (Added Medicaid Section)**

FOR MEDICAID BUSINESS SEGMENT:

Repair of anorectal fistula with plug may be considered as a program exception on a per-case basis.

MP244 Pelvic Floor Stimulation - **REVISED – (Revised member language)**

INDICATIONS: Requires Prior Medical Director or Designee Authorization. Consideration for coverage is limited to the Medicare and Medicaid Business Segment, in compliance with CMS mandates.

Electrical Stimulation of the pelvic floor muscles with a non-implantable stimulator may be considered *medically necessary* for the treatment of urinary incontinence in **members** insured individuals when ALL of the following criteria are met:

1. Insured Individual **Member** is diagnosed with stress, urge or mixed incontinence; **and**
2. Insured Individual **Member** must be cognitively competent
3. Insured individual **Member** has tried and failed a documented trial of pelvic muscle exercise (PME) training with no clinically significant improvement in urinary continence after completing 4 weeks of exercises.

MP258 Hyperhidrosis - **REVISED – (Added Exclusion)**

EXCLUSIONS:

The Plan does not cover surgical treatment of secondary hyperhidrosis. Appropriate therapy involves treatment of the underlying condition.

The Plan does **NOT** provide coverage for the use of any of the following treatments of hyperhidrosis because they are considered **experimental, investigational or unproven** for that indication:

- alternative therapies, including but not limited to, homeopathy, massage, acupuncture and herbal drugs (**see MP136**)
- axillary liposuction, including ultrasound-assisted lipoplasty, retrodermal curettage and tumescent suction curettage
- acupuncture (**see MP63**)
- biofeedback (**see MP04**)
- hypnosis
- subdermal Nd-YAG laser
- percutaneous thoracic phenol sympathectomy
- psychotherapy
- repeat/reversal of ETS
- sympathectomy for craniofacial hyperhidrosis
- sympathectomy for plantar hyperhidrosis
- **microwave therapy**

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.

MP020 Transplant Services

MP047 Hyperbaric Oxygen Therapy

MP050 Surgical Correction of Chest Wall Deformities

MP058 Negative Pressure Wound Therapy

MP091 Sacral Nerve Stimulation

MP159 Voice Therapy

MP187 Cryoablation

MP197 Janus Kinase 2 (JAK 2) Gene Mutation Analysis

MP214 Iontophoresis

MP265 Proteomic Serum Analysis

MP278 Hyperthermia in Cancer Therapy

MP307 Gender Dysphoria and Gender Confirmation Treatment

MP311 Genotyping or Phenotyping for Thiopurine Methyltransferase