

WPS Medical Policy Updates

The Medical Affairs Medical Policy Committee recently approved medical policies that will become effective April 1, 2019, unless specified 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 utilize 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

NEW—Knee Replacement Surgery

Total Knee Arthroplasty, Patellofemoral Arthroplasty, Bicompartamental Knee Arthroplasty, and Unicompartamental Knee Arthroplasty

NEW—Hip Replacement Surgery

Total Hip Arthroplasty, Hip Resurfacing Arthroplasty, Revision or Replacement of Total Hip Arthroplasty

Positron Emission Tomography (PET) Scan

Customer health plan requirements vary regarding imaging services that require prior authorization. Contact Customer Service to verify requirements.

Subsequent Treatment Strategy section:

- Added:
 - Additional indication when primary cancer is brain cancer/tumor: Short-term follow-up adjunct to brain MRI to distinguish scarring/fibrosis from residual tumor.
 - Additional indications when primary cancer is thyroid: Medullary thyroid cancer and anaplastic thyroid cancer.
 - Primary cancer indications for vaginal/vulvar cancer and soft tissue sarcoma.

Non-Oncologic PET Scan section:

- Added:
 - Indications under Coronary Disease for preoperative/preprocedural evaluation, ischemia, or comorbidity-related evaluation, sarcoidosis, and infective endocarditis.
 - Cognitive impairment indication.

Limitations of Coverage section:

- Added:
 - To acute lymphoblastic leukemia limitation: unless prior CT/MRI suggest lymphomatous involvement.
 - To acute myelogenous leukemia limitation: unless clinical suspicion of extramedullary disease.

Magnetic Resonance Angiography (MRA) and Magnetic Resonance Venography (MRV)

Customer health plan requirements vary regarding imaging services that require prior authorization. Contact Customer Service to verify requirements.

MRA of Neck:

- Indications added for evaluation of carotid stenosis in symptomatic and asymptomatic individuals, blunt head trauma, and new onset stroke or transient ischemic attack.

MRA of Chest:

- Indications added for evaluation of thoracic mass, primary or secondary pulmonary hypertension, suspected pulmonary sequestration, and central venous thrombosis.

MRA of Abdomen and/or Pelvis:

- Added:
 - Indications to evaluate for renal artery stenosis for onset hypertension at age greater than 50 years old or hypertension with bruit heard over renal artery.
 - Indications to evaluate for ischemic colitis when CTA is contraindicated or results are indeterminate.
 - Indications to evaluate suspected pelvic vascular disease (such as pelvic congestion syndrome) when findings on ultrasound are indeterminate.
 - Postoperative surveillance after endovascular repair of abdominal aortic aneurysm in an asymptomatic individual changed to: every six months until one year after the procedure, then annually.
 - Postoperative evaluation indications for individual less than or equal to 35 years old with significant hypertension suggestive of fibromuscular dysplasia.
 - Postoperative evaluation indications for individual with known diagnosis of neurofibromatosis, tuberous sclerosis, or Williams Syndrome with associated higher incidence of vascular disease.

MRA of Spinal Canal:

- Added:
 - Indications for evaluation of disc herniation, venous thrombosis, or infection when there is concern for vascular injury or compromise.
 - Indications for preoperative evaluation in which localization of the spinal arteries is essential.

MRA of Upper Extremities:

- Added:
 - Indications for evaluation of fibromuscular dysplasia.
 - Indications to assess luminal patency/restenosis or complication (such as pseudoaneurysm) after a surgical or vascular interventional procedure.

Repeat MRA/MRV:

- Added to required documentation: Documentation of the medical need for the type and location of additional testing.

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:

- Amniotic allografts for tendon and/or ligament injuries
- Amniotic fluid epidural injections (injection of amniotic fluid)
- Artificial pancreas
- Autologous blood injection
- BostonSight Prosthetic Replacement of the Ocular Surface Ecosystem (PROSE)[®]
- Bovine collagen implants for rotator cuff injuries
- Computer-assisted musculoskeletal surgical navigation
- Cranial electrical stimulation (CES) for treatment of chronic pain, headaches, or fibromyalgia
- Custom joint implants and imaging related to custom joint implants
- Eclipse[®] vaginal insert for bowel control
- His bundle pacing (HPB)
- Knotless TightRope[®] syndesmosis implant system for syndesmotic injury
- Lipiscan[®] Dynamic Meibomian Imager
- Medial femoral articular autograft for lunate reconstruction
- Microcurrent electrical therapy for treatment of musculoskeletal or post-operative pain
- Microwave ablation for all indications except liver or lung cancer tumors
- MyoPro[®] orthosis
- Percutaneous epidural adhesiolysis
- Photodynamic therapy with Verteporfin (Visudyne[®]) for choroidal hemangiomas
- Phrenic nerve stimulation for treatment of central sleep apnea
- PRECICE[®] intramedullary limb lengthening system
- Sonography-guided transcervical fibroid ablation system (e.g., Sonata[®])

Added to the Genetic Testing section of the Non-Covered Services Policy:

- Alpha-1 antitrypsin deficiency genetic testing associated with chronic liver disease or lung disease
- Genetic testing for autism to assist in the evaluation of Syndromic, Complex, or Idiopathic Autism Spectrum Disorder or for primary diagnosis of Autism Spectrum Disorder
- Prenatal genetic testing for Autism Spectrum Disorder
- BBDRisk DX[®]
- Brugada Syndrome genetic testing for individual or family member of individual
- CancerNext Expanded[®]
- CancerTYPE ID[®]
- clonoSEQ[®]
- Colvera[®] circulating tumor DNA liquid biopsy test for residual disease or recurrence of colorectal cancer
- Counsyl Reliant[®] cancer screen
- DecisionDX Melanoma[®]
- ExoDx Prostate[®]
- Foundation One CDx[®]
- HLA-DQ2/DQ8 genotyping
- Inflammatory bowel disease genetic testing
- Invitae Aortopathy Comprehensive Panel[®]

- Invitae Comprehensive Neuromuscular Disorders Panel®
- MNG Transcriptome®
- ProstateNext®
- Rapid Heme Panel testing for hematologic malignancies
- Whole genome/exome sequencing

Added to the Durable Medical Equipment (DME) section of the Non-Covered Services Policy:

- Clarifix®
- Eversense® continuous glucose monitor
- Monarch® Devices and indication of Attention Deficit Hyperactivity Disorder (ADHD) added to the External Trigeminal Nerve Stimulator subsection
- H-Wave® for treatment of low back or lower extremity pain
- Morning Repositioner®
- Negative Pressure Wound Therapy (NPWT)—Single-use, Disposable (e.g., PICO®)
- The following items are often specific exclusions of most customer plans and considered convenience items. In the absence of specific health plan language, these are considered experimental, investigational, or unproven to affect health outcomes and do not meet the definition of medically necessary. These items have historically not been covered and have been added to this policy to provide additional clarification/information:
 - Automobile modifications/lifts
 - Basket for wheelchairs and walkers
 - Bath benches/bath or shower chairs
 - Bath system/lifts, including sitz systems
 - Car seats
 - Cervical pillow (neck pillow)
 - Compression sleeves
 - Diapers (for children or adults)
 - Disposable gloves
 - Disposable undergarments
 - Dressing sticks/dressing aids
 - Eating utensils
 - Egg crate mattress pad and other mattress overlays
 - Electric/powerd patient lifts
 - Ergonomic chairs
 - Feeding aids
 - Grab bars
 - Grooming aids
 - Heating or cooling pads
 - High-intensity heat pads
 - Home bathtub spas (built-in or portable)
 - Home lumbar traction devices
 - Home massage equipment
 - Incontinence pads and incontinence briefs
 - Intense physical therapy suits
 - Lamb's wool/sheepskin padding
 - Lumbar roll/cushion
 - Massagers/Thera-Cane
 - Miscellaneous therapeutic items and supplies, retail purchases not otherwise classified
 - Neoprene or elastic sleeves
 - Occipital release board
 - Oral hygiene products
 - Oral nutritional supplements and infant formula available over the counter, such as, but not limited to, Ensure®, Pedialyte®, Enfamil®, Similac®, etc.
 - Pillows
 - Portable nebulizer (car/travel nebulizer)
 - Raised toilet seat
 - Reachers and grabbers
 - Safety equipment
 - Scales (for measuring body weight or food)
 - Seasonal Affective Disorder light units
 - Strassburg® socks
 - Strollers
 - Stroller/wheelchair canopy
 - Toileting systems/lifts
 - Tongue depressors
 - Vaporizers or cool mist humidifiers
 - Vehicle travel safety/tie-down restraints
 - Wheelchair attendant controls
 - Wheelchair backpack/clips
 - Wheelchair lights
 - Wheelchair swing-away, retractable, or removable hardware (when not needed for slide transfers)
 - Wheelchair work trays or cutout trays

Added to the Skin Substitute and Wound Products subsection of the Non-Covered Services Policy:

- Restrata Wound Matrix®
- Surgigraft®
- Cellesta®
- Epifix®
- Epicord®
- Amnioarmor®
- Artacent AC®
- Restorigin®
- Coll-E-Derm®
- Novachor®
- Puraply®
- Genesis Amniotic Membrane®
- Keroxx®
- Xwrap®

Added to the Interspinous and Interlaminar Distraction Devices, Spacers, and Stabilization Devices subsection of the Non-Covered Services Policy:

- OsteoAMP®

Added to the Nerve Ablation for Pain subsection of the Non-Covered Services Policy:

- Added to “including but not limited to” list: sural nerves
- Added indications of ankle pain and sacroiliac pain

Added to the Peripheral Field/Peripheral Nerve Stimulation subsection of the Non-Covered Services Policy:

- StimQ® PNS System and StimRouter®
- Indication of shoulder pain

Removed from the Non-Covered Services Policy:

- Meniscal transplant

The complete library of our medical policies and the quarterly Medical Policy Update reports can be found online at [WPS Medical Policies](#).
No password required!

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