



MEDICAL POLICIES

NOVEMBER 30, 2018



Medical Policies - November 2018

Revisions

Balloon Sinuplasty

- Added endoscopy as accepted chronic rhinosinusitis imaging modality.
- Added mucopurulence and edema to chronic rhinosinusitis findings list.

Cortical Stimulation for Epilepsy (NeuroPace®)

- Added clarification that cortical stimulation is considered medically necessary for members with disabling seizures despite surgical interventions.

Glaucoma Surgery

- Removed CyPass as a covered device due to Alcon recall Aug. 8, 2018.

Septoplasty

- Substituted language pertaining to “50 percent obstruction” for sinusitis and nasal deformity with “clinically significant obstruction”.

Carrier Screening for Parents or Prospective Parents

- Added to Limitations/Exclusions that if one parent screens negative for an autosomal recessive disorder then testing the other parent is not medically necessary.

Application of Bioengineered Skin Substitutes

- Changed guideline title from “Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds” to “Application of Bioengineered Skin Substitutes” to convey that positive coverage is not confined to lower extremities.
- Added “burns” to positive coverage statement listing ulcers and wounds.

Gene Expression Profiling

- Removed Corus® CAD Medicare coverage effective Dec. 12, 2018.

Mechanical Stretching Devices

- Updated to reflect positive coverage uniformity of all members for the ankle (previously Medicare only), elbow, finger, forearm, knee (previously Medicare only), toe, and wrist.

Epidermal Growth Factor Receptor (EGFR) Mutation Analysis for Patients with Non-Small-Cell Lung Cancer

- Added dacomitinib (Vizimpro) to list of drugs covered for EGFR companion diagnostic testing.

Stereotactic Radiosurgery and Proton Beam Therapy

- Added covered indications for malignant primary tumors of the adrenal gland, kidney, liver, and pancreas.
- Added covered indication for Medicare members (only) presenting with 1–3 kidney or pancreas metastases in the metachronous setting.

Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions

- Added allergic contact dermatitis and nummular dermatitis as covered indications for phototherapy.

Pharmacy Guidelines

Clinical Trials

New Clinical Trials Guidelines - Commercial/Medicaid

New Clinical Trials Guidelines - Medicare

All:

The [Medical Technologies Database](#) has posted to emblemhealth.com. Dispositions apply to all LOBs unless otherwise indicated.

Rejected

1. Brainsway Deep Transcranial Magnetic Stimulation System for obsessive compulsive disorder

2. Tenex Health TX Procedure (formerly known as the FAST [Focused Aspiration of Scar Tissue] procedure) for the treatment of tendinopathies
3. Corus® CAD test (Medicare; currently rejected Commercial and Medicaid)

Approved

1. Gene expression profiling — ASXL1 for myelodysplastic syndrome, myeloproliferative neoplasms, and chronic myelomonocytic leukemia **(Medicare)**
2. Gene expression profiling — NPM1 (nucleophosmin) (e.g. acute myeloid leukemia) **(Medicare)**
3. Gene expression profiling — RUNX1 (runt related transcription factor 1) (e.g. acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) **(Medicare)**
4. Gene Rearrangement Testing — T-Cell Antigen Receptor (TCR) **(Medicare)**
5. Genetic testing — acute promyclocytic leukemia
6. Genetic testing — Bloom Syndrome
7. Collagen cross-linking for keratoconus **(Commercial and Medicaid)**
8. Optical coherence tomography — optic nerve, retina

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