Updates to Medical Policies and Clinical UM Guidelines

Effective January 15, 2013

The major new policies and changes are summarized below. Please refer to the specific policy for coding, language, and rationale updates and changes that are not summarized below.

New Medical Policies effective January 15, 2013

- **DRUG.00050 Eculizumab (Soliris®):** This policy addresses the use of eculizumab in the treatment of individuals with paroxysmal nocturnal hemoglobinuria (PNH), atypical hemolytic uremic syndrome (aHUS) and other conditions.
  - Eculizumab is considered medically necessary for the treatment of paroxysmal nocturnal hemoglobinuria (PNH) when criteria are met
  - Eculizumab is considered medically necessary for the treatment of atypical hemolytic uremic syndrome (aHUS) when criteria are met
  - Eculizumab is considered investigational and not medically necessary when the criteria are not met and for all other indications

- **RAD.00063 Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance Imaging (MPRAGE MRI):** This policy addresses magnetization-prepared rapid acquisition gradient echo (MPRAGE) MRI for all indications including the assessment of carotid artery plaque.
  - The use of magnetization-prepared rapid acquisition gradient echo magnetic resonance imaging (MPRAGE MRI) is considered investigational and not medically necessary for all indications

- **SURG.00132 Devices for Maintaining Sinus Ostial Patency Following Sinus Surgery:** This policy addresses devices placed within the sinuses for the purpose of maintaining sinus ostial patency following functional endoscopic sinus surgery (e.g., Propel™ sinus implant and the Relieva Stratus™ MicroFlow Spacer).
  - The use of devices for maintaining sinus ostial patency following sinus surgery is considered investigational and not medically necessary for all indications

- **SURG.00133 Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy:** This policy addresses alcohol septal ablation for the treatment of hypertrophic cardiomyopathy (HCM). HCM has also been referred to in the published literature as hypertrophic obstructive cardiomyopathy (HOCM).
  - Alcohol septal ablation is considered medically necessary as a treatment of hypertrophic cardiomyopathy (HCM) in adults (age 21 and older) when all of the following criteria are met:
    - Severe heart failure symptoms (New York Heart Association [NYHA] class III or IV) or other exertional symptoms (such as syncope or near syncope) refractory to drug therapy; and
    - Left ventricular outflow tract (LVOT) gradient greater than or equal to 50 mm Hg at rest or with physiological provocation, including but not limited to: exercise, valsalva maneuver or amyl nitrate
  - Alcohol septal ablation is considered investigational and not medically necessary when all of the above criteria are not met
- **SURG.00134 Interspinous Fixation Devices**: This policy addresses non pedicle fixation devices.
  - Interspinous fixation devices are considered investigational and not medically necessary for all indications

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Revised Medical Policies and Adopted Clinical UM Guidelines Effective
January 15, 2013

- **ANC.00008 Cosmetic and Reconstructive Services of the Head and Neck**: This policy describes the cosmetic, reconstructive, and medically necessary uses of a selection of procedures addressing the treatment of abnormalities of the head and neck.
  - Facial Plastic Surgery: (including, but not limited to, submental lipectomy)
    - Revised section title
    - Revised cosmetic and not medically necessary statement
  - Otoplasty
    - Clarified reconstructive and cosmetic and not medically necessary statements
  - Updated Description, Background, Definition, Coding, Reference and Index sections

- **DME.00004 Electrical Bone Growth Stimulation**: This policy addresses the use of invasive, noninvasive, and semi-invasive electrical bone growth stimulation devices for the treatment of orthopedic and neurosurgical conditions including fresh fractures, fracture nonunions, delayed unions, pseudoarthroses, and failed spinal fusions.
  - Revised medically necessary statement for Invasive and Noninvasive Electrical Stimulation of the Spine, adding nutritional deficiency, severe anemia, and steroid therapy to the list of risk factors for spinal fusion failure and removing "including, but not limited to"
  - Clarified medically necessary statement for Noninvasive Electrical Stimulation of the Appendicular Skeleton
  - Clarified not medically necessary statement to only address specific contraindications to noninvasive electrical stimulation
  - Clarified and revised the investigational and not medically necessary statement adding: as an adjunct to distraction osteogenesis procedures for any indication, patellar tendinopathy, pathological fracture due to bone pathology or tumor/malignancy, or stress fractures as INV/NMN indications
  - Clarified and revised the not medically necessary statements for invasive and semi-invasive electrical bone growth stimulation, moving them to the investigational and not medically necessary section
  - Updated Rationale, Background, Coding, Reference and Index sections

- **DME.00027 Ultrasound Bone Growth Stimulation**: This policy addresses the use of low-intensity pulsed ultrasound devices as a treatment to promote healing of some fresh fractures and to accelerate healing for nonunion of other fracture sites.
  - Removed "including, but not limited to" from medically necessary statement for closed fractures at high risk for nonunion due to a comorbidity
  - Clarified investigational and not medically necessary statement
  - Added osteogenesis distraction procedures and patellar tendinopathy as investigational and not medically necessary
  - Updated Rationale, Definition, Coding, Reference and Index sections

- **GENE.00026 DNA-Based Non-invasive Prenatal Diagnostic Testing for Fetal Aneuploidy**: This policy addresses non-invasive prenatal testing for fetal aneuploidies using sequence analysis of cell-free fetal DNA in maternal plasma. Previously titled: DNA-Based Noninvasive Diagnostic Testing for Trisomy 21.
  - Title revised
  - Revised position statement to address DNA-based non-invasive prenatal diagnostic testing for fetal aneuploidy (including but not limited to Trisomies 13, 18, 21 or X and Monosomy X) as investigational and not medically necessary
  - Updated Description, Rationale, Background, Definition, Coding, Reference and Index sections
• **RAD.00023 Single Photon Emission Computed Tomography (SPECT) Scans for Noncardiovascular Indications:** This policy addresses the use of SPECT for noncardiovascular indications.
  - Added Dimercaptosuccinic acid (DMSA) scan to assess the status of kidney for scarring and function as medically necessary
  - Added Dopamine transporter (DaT) scan as investigational and not medically necessary for all indications
  - Added Pervasive development disorders (PDD) as investigational and not medically necessary indication
  - Updated Description, Rationale, Definition, Coding, Reference and Index sections

• **SURG.00059 Recombinant Human Bone Morphogenetic Protein:** This policy addresses the use of recombinant human bone morphogenetic protein (rh-BMP) as an alternative to autologous bone graft in various orthopedic procedures.
  - Added CPT 20999 NOC and 20930 for graft procedure; may be subject to rebundling

• **SURG.00090 Radiofrequency and Pulsed Radiofrequency Neurolysis for Trigeminal Neuralgia (TGN):** This policy addresses radiofrequency neurolysis to relieve trigeminal pain.
  - Added CPT 61790 to pend for TGN diagnosis

• **SURG.00126 Irreversible Electroporation (IRE):** This policy addresses all uses of irreversible electroporation including the NanoKnife® Oncobionic System, which is classified by the FDA as a Class II electrosurgical cutting and coagulation device. Previously titled: Ablation of Soft Tissue using Irreversible Electroporation (IRE)
  - Title revised
  - Clarified that IRE is investigational and not medically necessary for all indications, including, but not limited to, ablation of soft tissue or solid organs, such as the liver and pancreas
  - Updated Description, Rationale and Reference sections

• **CG-SURG-24 Functional Endoscopic Sinus Surgery (FESS):** This guideline addresses the use of functional endoscopic sinus surgery (FESS), which is an endoscopic surgical procedure used to treat various conditions of the nasal sinuses, including but not limited to chronic sinusitis..
  - Clarified medically necessary criteria for mucocele
  - Added cavernous sinus thrombosis caused by chronic sinusitis as medically necessary indication
  - Updated Coding and Reference sections

WellPoint Medical Policies and Clinical UM Guidelines are developed by our national Medical Policy and Technology Assessment Committee. The Committee, which includes WellPoint medical directors and representatives from practicing physician groups, meets quarterly to review current scientific data and clinical developments. All coverage written or administered by UniCare excludes from coverage services or supplies that are investigational and/or not medically necessary. A member’s claim may not be eligible for payment if it was determined not to meet medical necessity criteria set in WellPoint’s medical policies. Review procedures have been refined to facilitate claim investigation.

You can access the complete list of WellPoint Medical Policies and Clinical UM Guidelines from unicarestateplan.com > Providers > WellPoint Medical Policies > adopted clinical UM guidelines.
The revised medical policies listed below will become effective for services rendered on or after January 15, 2013.

<table>
<thead>
<tr>
<th>Medical Policy Number</th>
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| ANC.00007             | Cosmetic and Reconstructive Services; Skin Related | Updated system edits to match policy position statement and coding section for the following codes:  
  - **17106** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm  
  - **17107** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm  
  - **17108** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm |
| DRUG.00031            | Implant hormone pellet | Updated the coding section and system edits to pend the following codes for medical necessity review for additional diagnosis:  
  - **11980** Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)  
  - **50180** Testosterone pellet, 75 mg |
| SURG.00023            | Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures | Updated system edits to match policy position statement and coding section for the following codes:  
  - **19316** Mastopexy  
  - **19324** Mammaplasty, augmentation; without prosthetic implant  
  - **19325** Mammaplasty, augmentation; with prosthetic implant  
  - **19340** Immediate insertion of breast prosthesis following mastectomy, mastectomy or in reconstruction  
  - **19342** Delayed insertion of breast prosthesis following mastectomy, mastectomy or in reconstruction  
  - **19350** Nipple/areola reconstruction  
  - **S9340** Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem  
  - **19357** Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion  
  - **19361** Breast reconstruction with latissimus dorsi flap, without prosthetic implant  
  - **19364** Breast reconstruction with free flap  
  - **19366** Breast reconstruction with other technique  
  - **19367** Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site |
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<td>SURG.00023 (Continued)</td>
<td>Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</td>
<td>Updated system edits to match policy position statement and coding section for the following codes:</td>
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<td><strong>19368</strong> Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)</td>
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<td><strong>19380</strong> Revision of reconstructed breast</td>
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<td><strong>19396</strong> Preparation of moulage for custom breast implant</td>
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<td><strong>C1789</strong> Prosthesis, breast (implantable)</td>
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<td><strong>L8600</strong> Implantable breast prosthesis, silicone or equal</td>
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<td><strong>S2066</strong> Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral</td>
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<td><strong>S2067</strong> Breast reconstruction of a single breast with &quot;stacked&quot; deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral</td>
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<td><strong>S2068</strong> Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral</td>
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| SURG.00054            | Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection | Updated the coding section and system edits to pend the following codes for medical necessity review for additional diagnosis:  
  - **33880** Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin  
  - **33881** Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin  
  - **33883** Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension  
  - **33884** Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure) |
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| SURG.00054 (continued) | Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection | Updated the coding section and system edits to pend the following codes for medical necessity review for additional diagnosis:  
  - 33886 Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta  
  - 33889 Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral  
  - 33891 Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision  
  - 75956 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation  
  - 75957 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation  
  - 75958 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation  
  - 75959 Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation  
  - 34800 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis  
  - 34802 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)  
  - 34803 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)  
  - 34804 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis  
  - 34805 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis |
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<td>Updated the coding section and system edits to pend the following codes for medical necessity review for additional diagnosis: • 75952 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation</td>
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<tr>
<td>SURG.00117</td>
<td>Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence; Urinary Retention [Interstim]</td>
<td>Updated the coding section and system edits to pend the following codes for medical necessity review for additional diagnosis: • 64566 Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming</td>
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