Medical Policy Updates

Highlights of recent medical policy revisions, as well as any new medical policies approved by WellFirst Health Medical Policy Committee, are listed below. The Medical Policy Committee meetings take place monthly. As always, we appreciate the expertise by medical and surgical specialists during the technology assessment of medical procedures and treatments.

To view WellFirst Health medical policies, visit wellfirstbenefits.com ➤ select the Providers link at the top of the web page ➤ Medical Management. From the Medical Management page, click the Medical policies link located under the WellFirst Health policies section. The document library is updated as the medical policies become effective. For questions regarding any medical policy or if you would like copies of a complete medical policy, please contact our Customer Care Center at **866-514-4194**.

All other WellFirst Health clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at **800-356-7344, ext. 4012**.

Medical policy updates are published alongside our quarterly newsletters. The Summer 2022 Provider News is published on the WellFirst Health Provider news page at wellfirstbenefits.com/providers/news. Please call the Customer Care Center at **866-514-4194** if you have questions about accessing our newsletters

General Information

Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and applicable state and/or federal laws. A verbal request for a prior authorization does not guarantee approval of the prior authorization or the services. After a prior authorization request has been reviewed in the Health Services Division, the requesting provider and member are notified. Note that prior authorization through the WellFirst Health Health Services Division is required for some treatments or procedures.

Prior authorization requirements for self-funded plans (also called ASO plans) may vary. Please refer to the member's Summary Plan Document or call the Customer Care Center number found on the member's card for specific prior authorization requirements.

For radiology, physical medicine (PT/OT) and musculoskeletal surgery prior authorizations, please contact National Imaging Associates (NIA) Magellan.

Radiology

Providers may contact NIA by phone at **866-307-9729**, Monday-Friday from 7 a.m. to 7 p.m. CST or via **RadMDSupport@MagellanHealth.com**. View details about the radiology prior authorization program.

Physical Medicine

Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 a.m. to 7 p.m. CST or by email at **RadMDSupport@MagellanHealth.com**. View details about the physical medicine prior authorization program.

Musculoskeletal

Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 a.m. to 7 p.m. CST or by email at **RadMDSupport@MagellanHealth.com**. View details about the musculoskeletal prior authorization program.

Newsletters are published on the WellFirst Health Provider news page at wellfirstbenefits.com/Providers/Provider-news. Please call the Customer Care Center at **866-514-4194** if you have questions about accessing the updates.

Links to online medical policy documents are provided when they are available. The online Document Library contains current medical policies and, at times, may also include those with future effective dates. Please go to the Document Library for the most up-to-date information regarding our medical policies. To verify when a policy is or will be in effect, please refer to the effective date listed at the end of policy documents.

Medical Policy Updates

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Medical Policies Retired

Effective July 1, 2023:

Traction for Cervical Pain, Home Use MP9302

Cranial Orthotic for Plagiocephaly MP9545

Effective Sept. 1, 2023:

Products for Wound Healing MP9287

Policy was replaced by **Skin and Soft Tissue-Engineered Substitutes for Wound and Surgical Care** MP9655.

Medical Policies Prior Authorization Removed

Effective Sept. 1, 2023:

Treatment of Obstructive Sleep Apnea and Related Conditions MP9239

Procedures and Devices – Experimental and Investigational – Non-covered

Effective June 1, 2023:

Non-covered Medical Procedures and Services MP9415

- Arthroscopy, shoulder with implantation of subacromial spacer for the treatment of rotator cuff tears and all other indications
- Implanted peripheral nerve stimulator (e.g., Stimwave) for the treatment of pain and all other indications
- Motion preserving interspinous interlaminar decompression/ stabilization distraction devices for all indications
- Nasal implants absorbable (e.g., Latera) for the treatment of nasal valve collapse and all other indications

Effective Sept. 1, 2023:

Non-covered Medical Procedures and Services MP9415

- Thermography for all indications
- Nebulized intranasal antibiotics/ antifungals for sinusitis and all other indications
- Radiofrequency bladder neck suspension, or transuretheral radiofrequency micro-remodeling for stress incontinence in woman and all other indications
- Upright magnetic resonance imaging (standing/seated/ weight bearing/positional) for all indications

New Medical Policies

Services listed for policies in this section may be covered (considered medically necessary) or noncovered (considered experimental and investigational).

Effective Sept. 1, 2023:

Mechanized Spinal Decompression Tables for Low Back Pain MP9644

Experimental and investigational, and therefore not medically necessary.

Powered-Robotic Lower-Limb Exoskeleton Devices MP9645

Powered exoskeleton orthotics devices, including but not limited to, ReWalk™ Personal and Indego® are considered experimental and investigational, and therefore not medically necessary.

Access Techniques for Lumbar Interbody Fusion (LIF) MP9652

Access techniques considered medically necessary: Anterior LIF, including lateral approaches, direct lateral interbody fusion, and oblique lumbar interbody fusion. Posterior LIF, including transforaminal lumbar interbody fusion. Prior authorization is not required.

Inhaled Nitric Oxide Therapy MP9654

Medically necessary for the treatment of hypoxic respiratory failure in term and near-term (born at 34 or more weeks of gestation) neonates. Prior authorization is not required.

Skin and Soft Tissue-Engineered Substitutes for Wound and Surgical Care MP9655

Prior authorization is not required. Policy lists products considered medically necessary for the following: postmastectomy breast reconstructive surgery; treatment of non-infected wounds or non-infected chronic ulcers (diabetic or venous insufficiency) of the lower-extremity, which have not adequately responded to conventional therapy; treatment of deep dermal or full thickness burns; Stevens-Johnson syndrome and toxic epidermal necrolysis; and dystrophic epidermolysis bullosa. Refer to the policy for a list of covered products.

Home Use of Bilevel Positive Airway Pressure (BiPAP) and CPAP for Conditions Other Than Obstructive Sleep Apnea MP9658

Standard BiPAP devices with or without a backup rate are considered medically necessary for sleep-associated hypoventilation, including: restrictive thoracic disorders/ neuromuscular disorders; severe chronic obstructive pulmonary disease; central apnea; and complex, mixed sleep apnea when central apnea persists following correction of the accompanying obstructive component. BiPAP with average volume assured pressure support is considered medically necessary for members with confirmed, severe, chronic hypoventilation due to inadequate breath-to-breath tidal volume maintenance with standard BiPAP, includes: advanced chronic obstructive pulmonary disease; advanced thoracic/ neuromuscular disorders; advanced mobility restrictions; and obesity hypoventilation syndrome.

Medical Policy Revisions

Services listed for policies in this section may be covered (considered medically necessary) or noncovered (considered experimental and investigational).

Effective June 1, 2023:

Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057

In-home ultraviolet light units do not require prior authorization. The following requirements were removed: dermatologist providing supporting documentation and improvement has been seen in a physician's office or clinic.

Effective July 1, 2023

Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies MP9608

Comprehensive molecular profiling panels for hematologic and myeloid malignancy panels in bone marrow or peripheral blood are considered medically necessary when member has a suspected myelodysplastic syndrome and other causes of cytopenia(s) have been ruled out.

Effective Sept. 1, 2023:

Vagus Nerve Stimulation MP9232

Revision or replacement of a vagus nerve stimulator does not require prior authorization.

High Frequency Chest Compression Devices MP9235

Indications removed: lung transplant recipients, within the first six months post-operatively, who are unable to tolerate standard chest physiotherapy; and members with chronic neuromuscular disease characterized by excessive mucous production, infection, and difficulty clearing secretions. Prior authorization is required.

Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239

Prior authorization is not required for the initial two-month rental period. In month three, the device is required to be purchased or returned to the supplier. Purchase without a prior authorization may occur any time prior to the third month. A physician is required to order CPAP and BiPAP (pulmonologist order not required). Prior authorization is not required for device repair or replacement. Criteria removed for oral appliances and prior authorization is no longer required.

Varicose Veins and Venous Insufficiency Treatments of Lower Extremities MP9241

Prior authorization is required. Cyanoacrylate adhesive (e.g., VenaSeal) is considered medically necessary for the treatment of symptomatic superficial truncal varicose veins. Subfascial endoscopic perforator surgery (SEPS) is non-covered.

Amino Acid Based Formulas and Human Breast Milk MP9355

Considered medically necessary for the following diagnosis: cystic fibrosis, amino acid, organic acid, fatty acid, metabolic and malabsorption disorders. Prior authorization is not required for amino acid-based formulas. Pasteurized donated human breast milk nutritional support requires prior authorization.

Laboratory Testing MP9539

Individual tests or panels which are self-referred/submitted by the member are non-covered. Testing considered to be experimental and investigational, and therefore not medically necessary (not an all-inclusive list): neutralizing antibodies to interferon beta in the management of Multiple Sclerosis; Vitamin D for general population screening; lipoprotein subclass for screening, evaluation, and monitoring of cardiovascular disease and all other indications; and salivary estriol test for preterm labor.

Bone, Cartilage, Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications MP9545

Bone graft materials/substitutes/fillers, including stem cell and cellular bone matrix products for orthopedic applications are considered experimental and investigational, and therefore not medically necessary, including but not limited to: synthetic ceramic-based or bioactive glass bone substitutes or fillers used singly or in combination with other grafts. Prior authorization is not required.