"What's New" Medical Policy Updates October 2017

Listed below are the recent changes made to policies within the Geisinger Health Plan Medical Policy Portfolio during the month of September that will become **effective November 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.

MP080 Cardiac Rehab - REVISED – (clarified limited Ornish Cardiac program coverage)

Medicare and Medicaid Business Segments Only:

Cardiac rehabilitation is also covered for stable chronic heart failure.

Intensive Cardiac rehabilitation sessions are limited to 72 one hour sessions, up to 6 sessions per day for up to 18 weeks.

The Centers for Medicare and Medicaid Services (CMS) has determined that the Ornish Program for Reversing Heart Disease meets the intensive cardiac rehabilitation (ICR) program requirements.

MP239 Pharmacogenetic Testing for Warfarin Metabolism - REVISED – (Added Indications and Exclusions)

INDICATIONS:
Pharmacogenetic testing is considered to be medically necessary when the identification of a specific gene marker is noted to be clinically necessary before initiation of therapy by the U.S. Food and Drug Administration as noted in the Indications section of the prescribing information. Examples include, but are not limited to any of the following:

- K-RAS for cetuximab (Erbitux) and/or panitumumab (vectibix)
- BRAF for vemurafenib (Zelboraf)
- CTFR for ivacaftor (Kalydeco) or lumacaftor/ivacaftor (Orkambi)
- EGFR for cetuximab (Erbitux) and/or afatinib dimaleate (Gilotrif)
- HER2/neu for traztuzumab (Herceptin) and/or lapitinib (Tykerb)
- Genotype 1 chronic hepatits C for teleprevir (Incivik)
- ER for fulvestarnt (Faslodex)
- GBA for velaglucerase alfa
- BCR/ABL1 for dasatnib, imatinib, nilotinib, ponatinib and/or bosutinib
- PDL1 for pembrolizumab (Keytruda)
- HLA-B*5701 for Abacavir (Ziagen)
- HLA-B*1502 for persons of Asian ancestry prior to carbamazepine (Tegretol)
- ALK for crizotinib (Xalkori)
- TPMT gene mutation or phenotypic assay for 6-mercaptopurine or azathioprine therapy (**See MP311 for additional information)**
- MGMT gene methylation assay for temozolomide (Temodar)
- NS3 Q80K for simeprevir (Olysio)

Generally, pharmacogenetic testing such as mutation analysis or genotyping is considered to be medical necessary when:

- The member is a candidate for a targeted therapy as noted above; and

- The testing methodology used to investigate and identify the genetic mutation or biomarker has been proven to be clinically valid and analytically valid; and
- The test result has been proven to have clinical utility and will have a direct impact on the decision making and/or the member's clinical outcome.

EXCLUSIONS:
Unless otherwise mandated, the Plan does NOT provide coverage for the use of any of the following pharmacogenetic testing panels because they are considered experimental, investigational or unproven:

- AIBioTech CardioloGene Genetic Panel
- AIBioTech Pain Management Panel
- AIBioTech PsychiaGene Genetic Panel
- AIBioTech Urologene Panel
- GeneSight ADHD
- GeneSight Psychotropic
- GeneSight Analgesic
- Genecept Assay
- SureGene Test for Antipsychotic and Antidepressant Response
- Millenium Pharmacogenetic Testing
- Proove Drug Metabolism Panel
- Proove Narcotic Risk Assay
- YouScript Panel
- PharmaRisk Basic
- PharmaRisk Psychiatric Panel
- Molecular Testing Labs Psychotropic Medication Panel
- Physicians Choice Laboratory Services Pharmacogenetic Testing

MP302 Percutaneous Tibial Nerve Stimulation - REVISED – (Revised Title)

I. Policy: Percutaneous Posterior Tibial Nerve Stimulation (PTNS)

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.

MP069 Ultrafiltration
MP116 Hippotherapy
MP117 Dry Hydrotherapy
MP118 Quantitative Sensory Testing
MP120 Intracavitary Balloon Brachytherapy for Breast Cancer
MP161 Thermal Capsulorraphy
MP166 MR Ultrasound Ablation of Uterine Fibroids
MP181 Suit Therapy
MP233 Injectable Blood Products for Orthopedic Conditions
MP251 Percutaneous Heart Valve Replacement
MP274 Diapers and Incontinence Supplies
MP284 Bone Mineral Density Measurement