

Medical Policy Updates

Highlights of recent medical policy revisions, as well as any new medical policies approved by WellFirst Health's Medical Policy Committee, are shown 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**.

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) 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](#) on wellfirstbenefits.com.

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](#) on wellfirstbenefits.com.

Musculoskeletal Surgery

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](#) on wellfirstbenefits.com.

Click here for the Spring 2022 Newsletter.

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.

Procedures and Devices Policy Updates

Medically Necessary - Covered:

- Drug assays to measure serum levels and/or antibodies to adalimumab or vedolizumab

Experimental and Investigational - Non-Covered:

- Affirma Xpression Atlas
- Body surface-activation mapping of pacemaker or pacing cardio-defibrillator
- CustomFlex artificial iris
- Envisa Genomic Classifier
- Interleukin-6 (IL-6)
- Kinetic motion analysis (e.g. DARI Motion)
- Laser interstitial thermal therapy (LITT) intracranial lesion
- Percepta Bronchial Genomic Classifier

New Medical Policies

Intensive Outpatient - Behavioral Health MP9556

Effective July 1, 2022, a medical policy for admission and continued stay for Intensive Outpatient services will be available on [wellfirstbenefits.com](https://www.wellfirstbenefits.com). The policy replaces Milliman Care Guidelines. The policy includes criteria for treatment related to substance abuse (alcohol and other drug abuse, AODA). Prior authorization is required.

Medical Policy Revisions

Effective December 1, 2021 LINX Reflux Management System MP9471

The LINX Reflux Management System is considered medically necessary for members with chronic gastroesophageal reflux disease (GERD). Medically necessary criteria includes significant reflux or erosive esophagitis as demonstrated on endoscopy. Prior authorization is required.

Effective January 1, 2022 Genetic Testing for High- Penetrance Breast and/or Epithelial Ovarian Cancer MP9478

Members under the care of an oncologist are not required to pursue pre- and post-test genetic counseling if the oncologist will be providing results counseling.

Effective February 1, 2022 Treatment of Obstructive Sleep Apnea (OSA) MP9239

Respiratory Event Index (REI) may be substituted for Apnea-Hypopnea Index (AHI) if AHI measurements are not available.

Micra Permanent Leadless Pacemaker MP9518

Prior authorization requirements removed

Effective March 1, 2022 Bone Anchored Hearing Aid Systems (BAHS) MP9018

Initial surgery requires prior authorization for members five (5) years of age and older. Prior authorization is not required for replacement or removal.

Effective April 1, 2022 Engineered Products for Wound Healing MP9287

Prior authorization is required for the use of EpiFix and PuraPly. EpiFix and PuraPly are considered medically necessary when the member has tried and failed standard wound therapy. EpiFix is indicated for diabetic or venous insufficiency ulcers. PuraPly is considered medically necessary for any of the following indications:

- Partial- and full-thickness wounds
- Pressure ulcers
- Venous ulcers
- Diabetic ulcers
- Chronic vascular ulcers
- Tunneling or undermined wounds
- Surgical wounds
- Traumatic wounds
- Draining wounds

Effective June 1, 2022 Electroretinogram or Electroretinography (ERG) MP9542

ERG is considered medically necessary as an acceptable alternative adjunctive modality useful for establishing loss of retinal function and distinguishing retinal from optic nerve lesions. Claims will deny in the absence of an appropriate diagnosis code. Prior authorization is not required.

Effective July 1, 2022 Genetic Testing for Ehlers-Danlos Syndrome (EDS) and Ankylosing Spondylitis MP9505

HLA-B27 testing is considered medically necessary when a member has a diagnosis of ankylosing spondylitis and sacroiliitis is absent on imaging. HLA-B27 testing is also considered medically necessary when a member has a diagnosis of ankylosing spondylitis and sacroiliitis is present on imaging (e.g., MRI, X-Ray). Prior authorization is required.