

PRACTICE GUIDELINES

**GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE JANUARY 1, 2012 PRIORITIZED LIST
OF HEALTH SERVICES**

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE JANUARY 1, 2012 PRIORITIZED LIST
OF HEALTH SERVICES

PREVENTION TABLES

ANCILLARY GUIDELINE A1, NEGATIVE PRESSURE WOUND THERAPY

Negative pressure wound therapy (97605, 97606) is a covered benefit only for patients who:

- A) Have wounds that are refractory to or have failed standard therapies;
- B) Are not suitable candidates for surgical wound closure; or,
- C) Are at high risk for delayed or non-healing wounds due to factors such as compromised blood flow, diabetic complications, wounds with high risk of fecal contamination, extremely exudative wounds, and similar situations.

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure C.1 unless otherwise specified below.

- D) Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer suspected to be hereditary, or patients at increased risk to due to family history.
 - 1) Services are provided according to the Comprehensive Cancer Network Guidelines.
 - a) NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.2.2011 (10/22/10). www.nccn.org
 - b) BRCA1/BRCA2 testing services for women without a personal history of breast and/or ovarian cancer should be provided to high risk women as defined by the US Preventive Services Task Force definition given in the Prevention Tables (see "Interventions for High Risk Populations" in the tables for ages 11 and above).
 - c) BRCA1/BRCA2 testing services for women with a personal history of breast and/or ovarian cancer and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2011 (4/7/11). www.nccn.org
 - 2) Genetic counseling should precede genetic testing for hereditary cancer. Very rarely, it may be appropriate for a genetic test to be performed prior to genetic counseling for a patient with cancer. If this is done, genetic counseling should be provided as soon as practical.
 - a) Pre and post-test genetic counseling by the following providers should be covered.
 - i) Medical Geneticist (M.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics
 - ii) Clinical Geneticist (Ph.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics.
 - iii) Genetic Counselor - Board Certified or Active Candidate Status from the American Board of Genetic Counseling, or Board Certified by the American Board of Medical Genetics.
 - iv) Advance Practice Nurse in Genetics - Credential from the Genetic Nursing Credentialing Commission.
 - 3) If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 or 2 has been identified in a family, a single site mutation analysis for that mutation is covered, while a full sequence BRCA 1 and 2 analyses is not. There is one exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered.
 - 4) Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.
- E) Related to diagnostic evaluation of individuals with intellectual disability (defined as a full scale or verbal IQ < 70 in an individual > age 5), developmental delay (defined as a cognitive index <70 on a standardized test appropriate for children < 5 years of age), Autism Spectrum Disorder, or multiple congenital anomalies:
 - 1) Molecular Chromosome Analysis (also called Cytogenetic Microarray, Chromosome Microarray, Molecular Karyotyping, or Array CGH) is covered for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder.
 - 2) Fragile X genetic testing is covered for individuals with intellectual disability/developmental delay. Although the yield for Fragile X is 3.5-10%, this is included because of additional reproductive implications.
 - 3) A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.

DIAGNOSTIC GUIDELINE D2, TUBERCULOSIS TESTING GUIDELINE

Quanti-FERON TB Gold (QFT-G), a blood test for detecting infection with *Mycobacterium tuberculosis*, may be used in the following circumstances:

- A) Instead of Tuberculin Skin Test (TST) for investigation of contacts to confirmed cases of active tuberculosis (TB) disease.
- B) Instead of TST for screening for latent TB in persons with definitive history of BCG or who have immigrated from countries with high prevalence (>10%) of latent TB where BCG is commonly given.
- C) As a supplementary test to TST in foreign-born persons with a positive TST, history of BCG vaccination against tuberculosis, and no clinical evidence of current TB disease.
- D) As a supplementary test in persons with a positive TST who are members of otherwise low-risk populations (e.g., U.S.-born persons and others who have immigrated to the U.S. > 5 years previously or more recently from low TB prevalence countries; absence of immunosuppressive conditions such as HIV infection, renal failure, diabetes mellitus or alcoholism; homelessness; known exposure to someone with active TB), and no clinical evidence of current TB disease.
- E) In populations that need rapid (within 24 hours) diagnosis in order to guide appropriate public health interventions such as isolation for infectious tuberculosis or contact evaluation.
- F) In a high-risk patient (e.g. homelessness, immune suppression or deficiency, recent immigrant) who the treating clinician believes is unlikely to return on time for the TST reading.

DIAGNOSTIC GUIDELINE D3, ECHOCARDIOGRAMS WITH CONTRAST FOR CARDIAC CONDITIONS OTHER THAN CARDIAC ANOMALIES

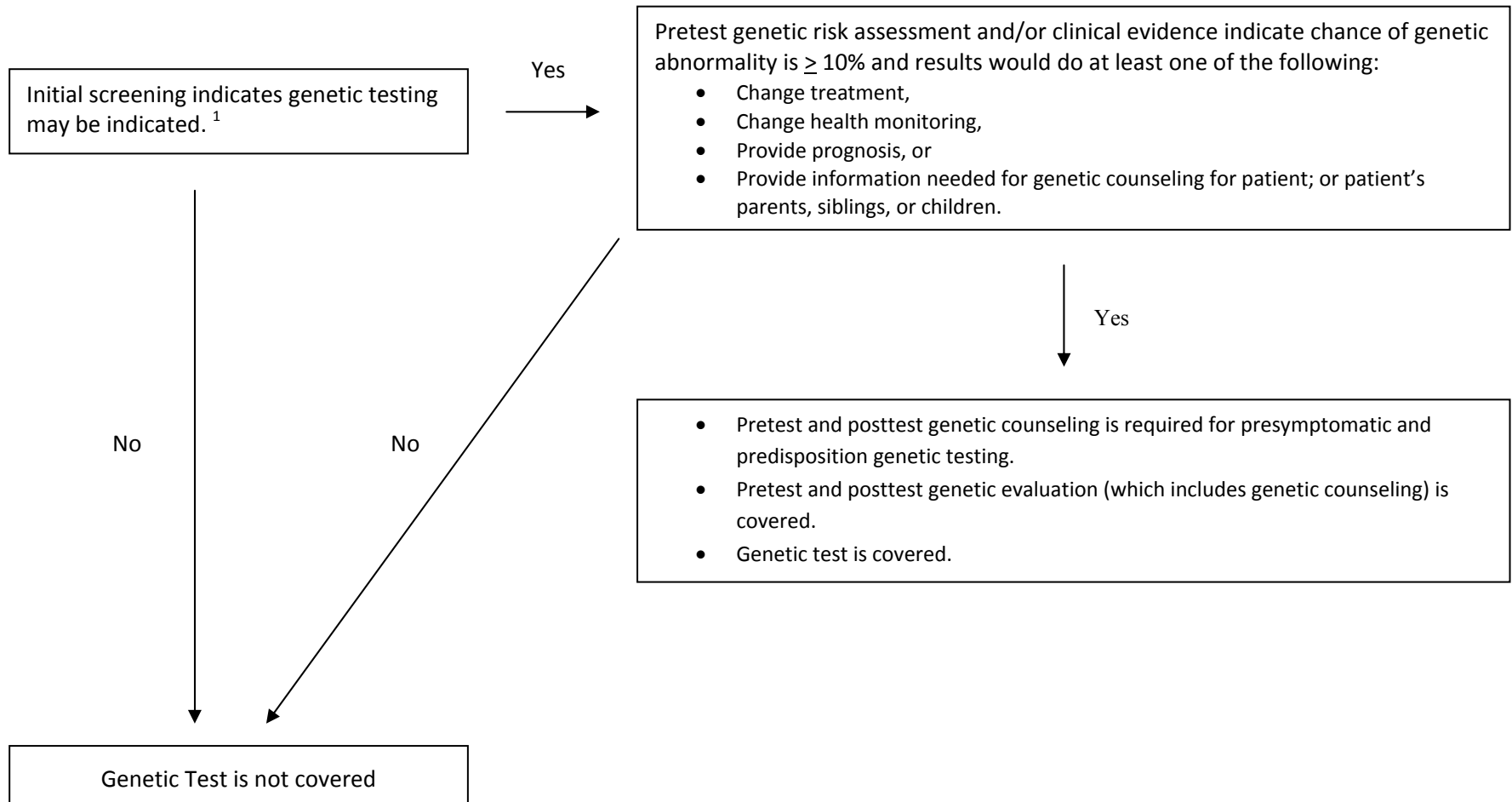
Need for contrast with an echocardiogram should be assessed and, if indicated, implemented at the time of the original ECHO and not as a separate procedure.

DIAGNOSTIC GUIDELINE D4, MRI OF THE SPINE

MRI of the spine is covered in the following situations:

9. Recent onset of major or progressive neurologic deficit (objective evidence of reflex loss, dermatomal muscle weakness, dermatomal sensory loss, EMG or NCV evidence of nerve root impingement), suspected cauda equine syndrome (loss of bowel or bladder control or saddle anesthesia), or neurogenic claudication in patients who are potential candidates for surgery;
10. Clinical or radiological suspicion of neoplasm; or,
11. Clinical or radiological suspicion of infection.

FIGURE C.1
NON-PRENATAL GENETIC TESTING ALGORITHM (See Guideline Note D1)



1. Examples of initial screening: physical exam, medical history, family history, laboratory studies, imaging studies.