AETNA BETTER HEALTH®

Clinical Policy Bulletin: Obsolete and Unreliable Tests and Procedures

Number: 0438

Policy

I. Aetna considers the following tests experimental and investigational because the Centers for Medicare & Medicaid Services (CMS) has determined that these diagnostic tests are obsolete or unreliable, have been replaced by more advanced procedures, or they are not recommended by professional specialty societies (e.g., the American College of Cardiology and the American Heart Association):

- Bendien’s test for cancer and tuberculosis
- Bolen’s test for cancer
- Cardiointegram (or omnicardiogram)
- Calcium, feces, 24-hour quantitative
- Capillary fragility test (Rumpel-Leede)
- Cephalin flocculation
- Chymotrypsin, duodenal content
- Circulation time, one test
- Colloidal gold
- Congo red, blood
- Gastric analysis, pepsin
- Gastric analysis, tubeless
- Guanase, blood
- Hormones, adrenocorticotropic quantitative bioassay
- Lupus erythematosus (LE) cell test (also known as LE prep, LE phenomenon or LE Cell Prep)
- Rehfuss test for gastric acidity
- Serum mucoprotein (seromucoid) assay for cancer and other diseases.
- Skin test, actinomycosis
- Skin test, brucellosis
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- Skin test, cat scratch fever
- Skin test, lymphopathia venerum
- Skin test, psittacosis
- Skin test, trichinosis
- Starch, feces, screening
- Thymol turbidity, blood
- Zinc sulphate turbidity, blood.

II. Aetna considers the following procedures experimental and investigational because they are obsolete:

- Colectomy to treat epilepsy
- Contrast or chain urethrocystography
- Diethylstilbestrol to improve pregnancy outcomes
- Gastric bubble for morbid obesity (See CPB 0157 - Obesity Surgery)
- Gastric freezing for peptic ulcer disease (See CPB 0527 - Intragastric Hypothermia)
- Heart catheterization by left ventricular puncture
- Mammary artery ligation for coronary artery disease
- Optic nerve decompression surgery for non-arteritic anterior ischemic optic neuropathy (See CPB 0415- Optic Nerve Decompression Surgery)
- Paraffin oil injection
- Quinidine for suppressing recurrences of atrial fibrillation
- Radiation therapy for acne
- Supplemental oxygen for healthy premature baby

III. Aetna Better Health will cover the following on a Case by Case Basis:

- Amylase, blood isoenzymes, electrophoretic
- Calcium saturation clotting time
- Chromium, blood
- Hormones, adrenocorticotropin quantitative animal tests
- Mechanical fragility test, red blood cells
- Serum glutamate dehydrogenase
- Cystotomy or cystostomy, with cryosurgery, fulguration and/or insertion of radioactive material
- Cystourethroscopy with insertion of radioactive substance
- Displacement therapy (Proetz type)
- Incisional biopsy of the prostate
- Prostatotomy for external drainage of prostate abscess

Background

This policy includes tests and procedures that have been deemed obsolete by the Centers for Medicare and Medicaid Services, McKesson Corporation ClaimCheck and other authorities. Obsolete tests and procedures are those that are outdated and are no longer standard of care.

Transrectal ultrasound-guided core needle biopsy has replaced incisional biopsy of the prostate for diagnosis of prostate cancer. In the core needle biopsy procedure, a needle is inserted into the wall of the rectum into the prostate gland and a core sample is removed for pathological analysis. Alternatively, the needle may be inserted through the perineum to the prostate gland. Typically, about a dozen cores of the prostate are taken.
Prostate abscesses may occur as a complication of prostatitis. Treatment involves appropriate antibiotics and drainage. Transurethral evacuation or transperineal aspiration have replaced a prostatotomy as the standard method of drainage of a prostatic abscess.

For many years, contrast or chain urethrocystography was used to evaluate the lower urinary tract. This procedure has been replaced by ultrasonography for imaging of the urethrostesical anatomy due to the radiation exposure from contrast or chain urethrocystography and due to the less invasive nature of ultrasonography.

Heart catheterization by left ventricular puncture has been made obsolete by catheterization through the femoral artery or through an upper extremity artery using percutaneous access methods. Right heart catheterization now is commonly performed from the femoral, internal jugular, or subclavian veins.

Cystourethroscopy has replaced cystotomy or cystostomy for cryosurgery or fulguration of bladder lesions. Although cystourethroscopy can be used to deliver radioactive substances to the bladder (intravesical brachytherapy), current evidence-based guidelines do not recommend brachytherapy as an established treatment for bladder cancer.

The standard method of sinus irrigation in sinusitis involves placement of an instrument into the sinus and flushing the sinus with sterile water. This procedure is typically performed with local anesthesia (i.e., novocaine). The Proetz procedure (saline irrigation combined with suctioning) is an older method of sinus irrigation. With the patient in the supine position and the head hyperextended, the nose and nasopharynx are partially filled with a saline solution to which a topical decongestant may be added. Suction is then applied to one nostril while the other is occluded in order to remove the irrigating solution along with the secretions. These steps may be repeated in order to achieve irrigation and drainage of the sinuses. The effectiveness of this procedure in improving clinical outcomes of sinusitis and its advantages over the current standard method of sinus irrigation are not well documented in the peer-reviewed published medical literature.

Kadish and colleagues (2001) noted that cardiointegram (CIG)/omnicardiogram is a technique intended to detect abnormalities in the standard 12-lead electrocardiogram (ECG) that are beyond the standard, routine interpretation in patients at risk of cardiac ischemia. This additional technology consists of a microcomputer that receives output from a standard ECG and transforms it to produce a graphical representation of heart electrophysiological signals. This procedure is mainly used as a substitute for exercise tolerance testing with thallium imaging in patients for whom a resting ECG may be inadequate to identify changes compatible with coronary artery disease. These findings are based on theoretical assumption that poor exercise tolerance is related to electrophysiological signals; but this test does not consider the impact of other symptoms or blood flow. The American College of Cardiology and the American Heart Association do not recommend this test.

Gu et al (2005) stated that mechanical fragility of red blood cells (RBCs) is a critical variable for the hemolysis testing of many important clinical devices, such as pumps, valves, and cannulae, and gas exchange devices. Unfortunately, no standardized test for RBC mechanical fragility is currently well accepted. Although many test devices have been proposed for the study of mechanical fragility of RBCs, no one has ever shown that their results have any relevance to a blood pump. Thus, the fundamental objective of this study was to determine if one or more test devices could be validated as calibrators to document the fragility of the test blood used for any particular test blood. These investigators compared 5 mechanical fragility test systems to each other and to a Biopump, with respect to hemolysis. All 5 devices seem to measure the same parameter; the hemo-resistometer most closely matched the pump test results, but the stainless steel bead test may be the most practical for routine calibration purposes.
The Canadian Agency for Drugs and Technologies in Health’s report on "Re-assessment of health technologies: Obsolescence and waste" (Joshi et al, 2009) noted that the National Library of Medicine listed examples of health care technologies that were found “to be ineffective or harmful after being widely diffused”. Some of these obsolete technologies include the following (not an all-inclusive list):

- Colectomy to treat epilepsy
- Diethylstilbestrol to improve pregnancy outcomes
- Gastric bubble for morbid obesity
- Gastric freezing for peptic ulcer disease
- Mammary artery ligation for coronary artery disease
- Optic nerve decompression surgery for non-arteritic anterior ischemic optic neuropathy
- Quinidine for suppressing recurrences of atrial fibrillation
- Radiation therapy for acne
- Supplemental oxygen for healthy premature baby.

Conn (1994) stated that the lupus erythematosus (LE) cell test (also known as LE prep, LE phenomenon; CPT No. 85544, LE Cell Prep) is a diagnostic test for systemic lupus erythematosus (SLE) that is based on an in-vitro immunologic reaction between the patient's autoantibodies to nuclear antigens and damaged nuclei in the testing medium. It is subject to numerous experimental variables and dependent on subjective interpretation. The author concluded that it should be abandoned in favor of more definitive, quantitative immunologic tests for this condition.

An UpToDate review on “Diagnosis and differential diagnosis of systemic lupus erythematosus in adults” (Wallace, 2015) states that “Previously, most clinicians relied for the diagnosis of lupus upon the classification criteria that were developed by the American Rheumatism Association (ARA, now the ACR). The criteria were established by cluster analyses, primarily in academic centers and primarily in Caucasian patients. The patient is classified with SLE using the ACR criteria if four or more of the manifestations are present, either serially or simultaneously, during any interval of observations. A positive LE cell test, used in older criteria, was replaced by the presence of antiphospholipid antibodies”.

Di Benedetto et al (2002) noted that injection of foreign materials, such as paraffin oil, is an old and obsolete procedure. The authors described previous uses for this procedure that had been used since the 19th century and the treatment of patients affected by such a disease.

Onate Celdran et al (2012) reported a rare case of penile paraffinoma caused by the subcutaneous or intra-urethral injection of foreign substances containing long-chain saturated hydrocarbons. These were injected in order to increase the penis size which generated a chronic granulomatous inflammatory reaction. These investigators presented the case of a 32-year old Bulgarian male who presented with a 2-year history of elastic, slightly painful penis swelling after subcutaneous liquid paraffin injection. The proposed treatment was excision of the affected tissue and penile reconstruction in a 2-stage procedure. The operative procedure was successful and the patient had good aesthetic and functional results. Paraffin and other materials injected into the penis can produce many complications. Foreign body granuloma, skin necrosis, penile deformity, chronic and unhealed ulcer, painful erection, and the inability to achieve a satisfactory sexual relationship are some of the resulting complications. Intra-lesional or systemic steroids have been used in primary sclerosing lipogranuloma resulting in the disappearance of the granuloma, but in the authors’ opinion the treatment of choice should be radical excision, and, if necessary, secondary reconstruction of the penis. The authors concluded that injection of foreign substances to enhance penis size is currently an unjustifiable practice. However, it is still carried out, especially in Eastern Europe and Asia. In most cases surgical treatment is needed to treat the complications and the best modality seems to be radical excision together with follow-up.
CPT Codes / HCPCS Codes / ICD-9 Codes

CPT codes not covered for indications listed in the CPB:

51605  Injection procedure and placement of chain for contrast and/or chain urethrocytography
86185  Counterimmunoelectrophoresis, each antigen [amylase]

HCPCS codes not covered for indications listed in the CPB:

P2028  Cephalin floculation, blood
P2029  Congo red, blood
P2033  Thymol turbidity, blood
P2038  Mucoprotein, blood (seromucoid) (medical necessity procedure)
S9025  Omnicardiogram/cardiointegram

Colectomy to treat Epilepsy:

CPT codes not covered for indications listed in the CPB:

44139  Mobilization (take-down) of splenic flexure
44140 - 44147  Colectomy, partial
44150  Colectomy, total
44160  Colectomy, partial, with removal of terminal ileum with ileocolostomy

ICD-9 codes not covered for indications listed in the CPB:

345.00 - 345.91  Epilepsy and recurrent seizures

Diethylstilbestrol to improve pregnancy outcomes:

HCPCS codes not covered for indications listed:

J9165  Injection, diethylstilbestrol diphosphate, 250 mg

ICD-9 codes not covered for indications listed in the CPB:

630 - 679.14  Complications of pregnancy, childbirth, and the puerperium
V22.0 - V23.9  Supervision of pregnancy

Gastric bubble to treat morbid obesity:

There is no specific code for gastric bubble:

ICD-9 codes not covered for indications listed in the CPB:

278.01  Morbid obesity
V85.35 -  V85.45  Body mass index 35.0 - 70 and over, adult
Gastric freezing for peptic ulcer disease:
HCPCS codes not covered for indications listed in the CPB:
M0100  Intragastric hypothermia using gastric freezing

ICD-9 codes not covered for indications listed in the CPB (not all-inclusive):
530.00 - 533.91  Gastric ulcer [peptic ulcer disease]

Mammary artery ligation for coronary artery disease:
CPT codes not covered for indications listed in the CPB:
37616  Ligation, major artery; chest [mammary artery]

ICD-9 codes not covered for indications listed in the CPB:
414.0 - 414.07  Coronary atherosclerosis

Optic nerve decompression surgery for non-arteritic anterior ischemic optic neuropathy:
CPT codes not covered for indications listed in the CPB:
67570  Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)

ICD-9 codes not covered for indications listed in the CPB:
377.41  Ischemic optic neuropathy

Quinidine for suppressing recurrences of atrial fibrillation:
There is no specific code for Quinidine:

ICD-9 codes not covered for indications listed in the CPB:
427.31  Atrial fibrillation

Radiation Therapy for acne:
CPT codes covered for indications listed in the CPB:
77401  Radiation treatment delivery, superficial and/or ortho voltage, per day

ICD-9 codes not covered for indications listed in the CPB:
706.0 - 706.1  Acne

Supplemental oxygen for healthy premature baby:
There is no specific code to identify supplemental oxygen for a healthy premature baby:

Aetna Better Health will cover on a case by case basis:
30210  Displacement therapy (Proetz type)
51020  Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030  with cryosurgical destruction of intravesical lesion
52250  Cystourethreoscopy with insertion of radioactive substance, with or without biopsy or fulguration
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55705 Biopsy, prostate; incisional, any approach

55720 Prostatotomy, external drainage of prostatic abscess, any approach; simple

55725 complicated

82024 Adrenocorticotropic hormone (ACTH) [animal tests]

82150 Amylase [electrophoretic]

82495 Chromium [blood]

82965 Glutamate dehydrogenase [serum]

85345 Coagulation time; Lee and White [calcium saturation clotting time]

85347 activated [calcium saturation clotting time]

85348 other methods [calcium saturation clotting time]

85547 Mechanical fragility, RBC

The above policy is based on the following references:


8. Gu L, Smith WA, Chatzimavroudis GP. Mechanical fragility calibration of red blood