# Provider Press

Provider information

December 2014 / Vol. 18, No. 4


BlueCross BlueShield Minnesota

## ICD-10 UPDATE: IMPACT TO NETWORK PROVIDERS

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) continue to march toward the October 1, 2015, federal compliance date for ICD-10 based on the final rule published by the Health and Human Services Department (HHS) in July, 2014. As of October 1, 2015, ICD-10 is the mandated code set for diagnoses and inpatient procedures. Blue Cross is prepared and ready for ICD-10. All business and technical processes impacted by ICD-10 will be compliant and ready to accept and adjudicate ICD-10 claims.

### Providers need to prepare and submit compliant transactions timely

As of October 1, 2015, Blue Cross will only accept ICD-10 codes for claims with dates of service on or after October 1, 2015. Blue Cross will return any claims with ICD-9 codes for dates of service on or after October 1, 2015. Blue Cross will not extend the timely filing deadlines or advance payments to any providers who fail to comply with the ICD-10 mandate.

Blue Cross has been ICD-10 testing with providers since October, 2013, and Blue Cross will support Minnesota based providers with additional ICD-10 partner testing from March through June, 2015. Blue Cross published detailed information on that process in an October 7, 2014, Provider Quick Points entitled "Provider ICD-10 testing with Blue Cross."

### Resources

In the future, Blue Cross will provide additional informational materials to assist providers in their transition to ICD-10. Currently, providers may also access ICD-10 training materials at **providers.bluecrossmn.com** under the ICD-10 compliance link.

In addition, the Centers for Medicare & Medicaid Services (CMS) has numerous ICD-10 resources available at www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html.

For further ICD-10 information, providers may also consult the Minnesota Department of Health website at www.health.state.mn.us/auc/icd10/icd10index.html.

Providers may also subscribe to the Minnesota Administrative Uniformity Committee (AUC) website for ICD-10 information, events, and testing shared learnings.

### Provider Press

Provider Press is a quarterly newsletter available online at **providers.bluecrossmn.com**. Issues are published in March, June, September and December.

### Inside preview

# FYI

## PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from September 2014 to November 2014 that are available online at **providers.bluecrossmn.com**. As a reminder, Bulletins are mailed to all participating providers affected by the information. Quick Points are available only on our website unless noted otherwise in the bottom left corner of the publication.

| QUICK POINTS | TITLE |
|---|---|
| QP32-14 | Home Care Authorization Clarification for MSHO and MSC+ Subscribers |
| QP33-14 | Disclosure of Ownership and Management Information, Business Transactions & Exclusions Statement for Providers |
| QP34-14 | New Group Value Network for Local and National Large Group Market |
| QP35-14 | Provider Billing of Admission Date and Statement Covers Period for MSHO |
| QP36-14 | Provider ICD-10 testing with Blue Cross |
| QP37-14 | Missing Information on Secondary Claims |
| QP38-14 | Blue Essentials (HMO-POS) Non-Renewal Notification |
| QP39-14 | ICD-10 Update: Impact to Network Providers |
| QP40-14 | Billing Oxygen Contents in Conjunction with the Rental of the Stationary and/or Portable Machines |
| QP41-14 | Information Available in Quarterly Provider Press Publication |
| QP42-14 | Availity Remittance Viewer Enhancements |
| QP43-14 | Reminder: Special Transportation Services Trip Sheet Documentation |
| QP44-14 | Clear Claim Connection Tool on Availity |
| **BULLETINS** | **TITLE** |
| P23-14 | Medical Necessity Criteria and Prior Authorization Updates for MHCP Subscribers |
| P24-14 | Expansion of Drug-related Prior Authorization to Include Compounded Medications |
| P25-14 | Policy Criteria Revision for Commercial Medical Policy II-62: RSV Prophylaxis |
| P26-14 | October 2014 HCPCS Code Updates |
| P27-14 | Update to Attachment B: Definition of Outpatient Health Services Categories |
| P28-14 | Change in Documentation Requirements for Replacement Claims |
| P29-14 | Medical Necessity Criteria Update for MHCP Subscribers |
| P30-14 | Universal Pharmacy Policy for Minnesota Health Care Programs Subscribers |
| P31-14 | 2015 Subscriber Insulin Coverage Changes |
| P31R1-14 | Update: 2015 Subscriber Insulin Coverage Changes |
| P32-14 | Medicare Training and Education Requirements |
| P33-14 | Special Transportation Services and Common Carrier Network Participation Insurance Requirements |
| P34-14 | Changes in Care Coordination and Case Management Billing Process for SecureBlue (MSHO) and MSC+ Subscribers |
| P35-14 | Update: Change to Apogee Employer Group |

### Provider Demographic Change Form

The Provider Demographic Change form needs to be completed when your address, phone number, hospital affiliation or office hours change. Go to **providers.bluecrossmn.com** and enter "provider demographic change form" in the search window to obtain the form. Completed forms can be:

Emailed to: Provider_Data@bluecrossmn.com

Faxed to **(651) 662-6684**

Mailed to:
Blue Cross and Blue Shield of Minnesota
PDO, R316
P.O. Box 64560
St. Paul, MN 55164-0560

# FYI

## PROVIDER MANUAL UPDATES

The following is a list of Blue Cross and Blue Shield of Minnesota provider manuals that have been updated from September 2014 to November 2014. As a reminder, provider manuals are available online at **providers.bluecrossmn.com**. To view the manuals, select "Forms & publications," then "manuals." Updates to the manuals are documented in the "Summary of changes" section of the online manuals.

| MANUAL NAME | CHAPTER NUMBER AND TITLE | CHANGE |
|---|---|---|
| Provider Policy and Procedure Manual | Chapter 11, Coding Policies and Guidelines, DME section | Various updates within the chapter |
| Blue Plus Manual | Chapter 3, Government Programs | Updated the following documents:<br>• SecureBlue-MSHO Care Coordination Guidelines Community Members<br>• SecureBlue-MSHO Care Coordination Nursing Facility<br>• Blue Advantage-MSC+ Care Coordination Guidelines Community Members<br>• Blue Advantage-MSC+ Care Coordination Guidelines Nursing Facility |

## REALLY SIMPLE SYNDICATION

Not all provider publications are mailed out to providers. The majority of our informational Quick Points and the quarterly Provider Press are posted to our website for providers to view. Providers frequently ask us how they can be advised when new publications are added to the website at **providers.bluecrossmn.com**.

Providers can sign up to get RSS (really simple syndication) feeds of our latest news releases and updates to provider-related forms and publications. A sample of the feeds that can be requested includes:

- Bulletins
- Forms: admin updates and contracting
- Forms: credentialing
- Forms: pre-certification and pre-authorization
- Manuals
- Provider Press
- Quick Points

Go to **providers.bluecrossmn.com** and enter "RSS" in the search window to learn more about RSS. Questions about RSS feeds specific to your internal systems should be directed to your IT support area.

## 2015 HOLIDAY SCHEDULE

Provider services will be closed on the following days in 2015:

Thursday, January 1

Monday, May 25

Friday, July 3

Monday, September 7

Thursday, November 26

Friday, November 27

Thursday, December 24

Friday, December 25

With the exception of the dates stated above, representatives answering the provider services numbers are available to assist you 8 a.m. to 5 p.m. Monday through Thursday, and 9 a.m. to 5 p.m. on Friday.

# CODING CORNER

## ANOTHER HCPCS UPDATE

*- There is no harm in repeating a good thing – Plato*

On January 1, 2015, we will again be accepting the HCPCS (Level I/CPT and Level II) medical code adds and revisions effective for that date. Likewise, we will reject all discontinued codes with a date of service of January 1, 2015, or after. A provider bulletin will be issued before the effective date to reiterate this information but sorry, we can't include the codes.

## MODIFIERS AND HIPAA

Just a reminder that those two character code marvels, also known as modifiers, are part of the HCPCS medical codes set and subject to same rules as other HIPAA medical codes. We will accept all medical code sets based on date of service.

## HOW MANY UNITS ARE A MONTH?

If durable medical equipment (DME) rental is being billed that unit would be one. DME is allowed on a monthly basis only and must be submitted as one (1) service or unit per month. Do not submit daily units (30 units or services). Units in excess of one will not be considered and the item may deny for inaccurate unit submission.

*- Is there an exception?*

Yes, for one DME item only. Continuous passive motion devices are usually only used for a short period of time during a patient's recovery period. Therefore, the HCPCS code E0935 (continuous passive motion exercise device for use on knee only) is assigned a daily rental allowance and it limited to 21 days of rental. Submit one unit for each day of rental. For example, if the device is rented for 14 days, indicate 14 in the unit field.

# FYI

| HELPFUL PHONE NUMBERS | |
|---|---|
| BLUELINE (voice response unit) | **(651) 662-5200 or 1-800-262-0820** |
| BlueCard® member benefits or eligibility | **1-800-676-BLUE (2583)** |
| FEP® (voice response unit) | **(651) 662-5044 or 1-800-859-2128** |
| Availity | **1-800-282-4548** |
| Provider services | **(651) 662-5200 or 1-800-262-0820** |
| Please verify these numbers are correctly programmed into your office phones. | |

# FYI

## DISEASE MANAGEMENT PROGRAM

Integrated Health Management includes a process for Disease Management (DM). This program is intended to increase advocacy, support and education for our subscribers.

Disease management is a multidisciplinary, continuum-based approach to health care delivery that proactively identifies populations who have or are at risk for, chronic medical and behavioral health conditions. Disease management supports the practitioner-patient relationship and plan of care, emphasizes the prevention of exacerbation and complications using cost-effective, evidence-based practice guidelines and patient empowerment strategies such as education and self-management.

The process of disease management evaluates clinical, social/humanistic and economic outcomes with the goal of improving overall health of the whole person. Subscribers who receive disease management services receive support from a dedicated clinician, who assists in facilitating the health of the whole person, not just their individual condition.

Disease Management clinicians may call the provider when the subscriber triggers for DM and meets our provider call criteria such as:

- Concerns about subscriber's compliance with the treatment plan
- Invalid subscriber phone number or
- Inability to reach a subscriber

Providers may also receive a letter including the subscriber's goals and/or gaps in care to inform the provider on what Blue Cross is working on with the subscriber to advance their health care needs. Blue Cross looks forward to working with its Subscriber's Health Care Practitioners to make a healthy difference in the health of its Subscribers.

Additional information regarding our Disease Management program can be found in Chapter 4 of the Provider Policy and Procedure Manual. To access the manual, go to **providers.bluecrossmn.com** and select "Forms and Publications" then "Manuals."

For questions about Disease Management or if would like to determine program eligibility for one of your patients, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

Please note: Services are offered to subscribers, however, participation is optional. Subscriber eligibility for disease management is determined by their Benefit Plan.

FYI

## MEMBER RIGHTS AND RESPONSIBILITIES

Blue Cross and Blue Shield of Minnesota and Blue Plus member rights and responsibilities can be found online at **bluecrossmn.com** by entering 'member rights' in the search field.

A paper copy of members' rights and responsibilities is available upon request. Call Jessica Titus, Sr. Project Manager, Quality and Health Management at **(651) 662-2038** to request a paper copy.

# QUALITY IMPROVEMENT

## PCC QUALITY OF CARE COMPLAINT REPORT

Providers are required to complete the Blue Plus Quality of Care Complaint report for all written and verbal complaints from Blue Plus, Prepaid Minnesota Assistance Program and MinnesotaCare subscribers on a quarterly basis, per Minnesota Department of Health regulations. Complaints logged at the provider offices are to be investigated and resolved by the provider's office whenever possible.

These complaints are reported to Blue Plus in January, April, July and October for the preceding three months. The Primary Care Clinic (PCC) must submit a quarterly report even if the facility does not receive any complaints for the quarter. Your contract outlines the procedures required for your Quality of Care (QOC) PCC complaint reporting adherence agreement.

Complaints should no longer be directed to the attention of a single designated person. Sending your PCC QOC complaint report form to any source not listed below may delay the processing of your PCC QOC complaint report.

To access the PCC Blue Plus Quality of Care Complaint Report Form, go to **providers.bluecrossmn.com** and select "Forms & publications," then "forms - clinical operations."

**Submit quarterly PCC QOC reports using one of these methods:**

Email: pcc_complaint@bluecrossmn.com

Secure fax line: **(651) 662-4004**

Mail: Blue Plus
Attn: Quality Health Management Dept.
R472
P.O. Box 64179
St. Paul, MN 55164-0179

# FYI

## DRUG FORMULARIES ARE ONLINE

Blue Cross and Blue Shield of Minnesota and Blue Plus allows subscribers and providers to access their drug formularies online. Our goal is to give subscribers access to safe and effective prescription drugs at a reasonable cost. The formularies include a list of generic and brand name drugs. They also include information regarding utilization management, cost estimates, quality limitations, specialty drug classifications, and step therapy requirements. You can access the drug formularies on **providers.bluecrossmn.com**. Simply enter 'formulary' in the search field.

Call Jessica Titus, Sr. Project Manager, Quality and Health Management at **(651) 662-2038** for questions regarding these documents.

# QUALITY IMPROVEMENT

## PERFORMANCE IMPROVEMENT PROJECT: CHLAMYDIA SCREENING IN WOMEN

In 2013, a Performance Improvement Project (PIP) with the goal of increasing the rate of Chlamydia Screening in women among the Prepaid Medical Assistance (PMAP) and MinnesotaCare subscribers who meet the study population criteria, was initiated.

It's a collaborative effort among the four Minnesota health plans: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, and UCare with project support provided by Stratis Health.

The group worked and continues to work with our clinics to impact and increase screening in the affected population.

The screening rates have dropped, so there's more to do!

HMO Medicaid (PMAP/MinnesotaCare **Combined**)

2012 47.62%
2013 48.51%
2014 46.9%

Back in May 2014, Blue Plus began a new Preventive Care Rewards Program. Blue Advantage (PMAP) and MinnesotaCare subscribers of Blue Plus can earn $25 to $75 in incentive awards when they get their preventive care visits through their clinic.

Your PMAP and MinnesotaCare patients may earn a $25 reward for completing their chlamydia screening. The voucher may be downloaded at: **bluecrossmn.com/rewards**.

We are pleased to say we have updated our Provider Toolkit. Additional up to date links with updated information have been added to the Toolkit. The Provider Toolkit was developed to help clinics and providers across the state make simple changes to improve their clinic processes and raise awareness of this public health issue.

The toolkit includes:

- Current information on the status of the disease
- Sample office protocols
- Resources for your clinic, patients, and parents
- Profiles of four Minnesota clinics with successful chlamydia screening efforts

The toolkit is available to assist you, so please check it out at:
www.stratishealth.org/pip/chlamydia.html

A Webinar titled: *Chlamydia Fall Update: Stories from the Field* was held on Monday, November 3, 2014. Please go to the Stratis Health website for options on listening to the recording.

If you have any questions, you may contact Margaret Crawford at Margaret.Crawford@bluecrossmn.com.

# QUALITY IMPROVEMENT

## CLINICAL PRACTICE GUIDELINES

Blue Cross believes that the use of clinical practice guidelines is a key component of Quality Improvement. Each year, Blue Cross' Clinical Practice Quality Committee (a designee of the Quality Council) approves the adoption of select guidelines that are used to support various programs and initiatives. The guidelines do not substitute for sound clinical judgment; however, they are intended to assist clinicians in understanding key processes for improvement efforts.

Updated Clinical Practice Guidelines are now available in Chapter Three of the Blue Cross Provider Policy and Procedure Manual. To access the manual, go to **providers.bluecrossmn.com** and select "Forms and Publications" then "Manuals."

**Recommended sources:**
Blue Cross recognizes the following sources for Clinical Practice Guidelines for a variety of areas of clinical practice.

- USPSTF: U.S. Preventive Services Task Force
  - http://www.uspreventiveservicestaskforce.org/browseRec/Index
- AAP: American Academy of Pediatrics, including Bright Futures
  - http://pediatrics.aappublications.org/search?flag=practice_guidelines&submit=yes&x=18&y=8&format=standard&hits=30&sortspec=date&submit=Go
  - http://brightfutures.aap.org/
- ICSI: Institute for Clinical Systems Improvement
  - https://www.icsi.org/guidelines__more/guidelines_a_to_z/

**Specific guidelines:**
Specific guidelines recommended by Blue Cross include the following:

- Behavioral Health
  - ADHD - Diagnosis, Evaluation, and Treatment of Attention-Deficit/ Hyperactivity Disorder in Children and Adolescents (AAP)
  - Depression Screening in Adults (USPSTF)
- Non-Preventive Acute or Chronic Conditions
  - Diabetes – Diagnosis and Management of Type 2 Diabetes Mellitus in Adults (ICSI)
  - Asthma – Diagnosis and Management of Asthma (ICSI)
- Preventive Care Guidelines
  - Preventive Services for Adults (ICSI)
  - Preventive Services Children and Adolescents (ICSI and Bright Futures)
  - Routine Prenatal Care (ICSI)

Questions concerning Clinical Practice Guidelines can be directed to Eileen Johnson, Director, Quality and Health Management at **(651) 662-4224**. A copy of the clinical practice guidelines with hyperlinks is also available by calling Eileen Johnson.

# QUALITY IMPROVEMENT

## CONTINUITY AND COORDINATION OF CARE: A FOCUS ON RETAIL CLINICS

Retail clinics have been part of the health care landscape since the early 2000s. Traditional primary care providers have raised questions relating to the continuity and coordination of care between the retail clinic and the patient's usual primary care. Blue Cross and Blue Shield of Minnesota asked providers about coordination of care for retail clinics in the 2013 provider survey. The responses indicate that there are opportunities to improve communication between the retail clinic and traditional primary care.

- One percent of survey respondents reported "always" receiving communication from walk-in/retail care, while 44% reported either "rarely" or "never" receiving communication.
- Respondents rated communication they do receive from walk-in/retail care as the least effective overall when compared with information received from other provider types, with only 5% of respondents rating communication from walk-in/retail care as "very effective".

Reid et al reported that among pediatric patients, visiting a retail clinic in lieu of a primary care physician (PCP) was associated with less continuity of care in the following year, less likelihood of having a routine physical in the following year, and less likelihood of seeing a PCP in the following year. [1]

Improving the quality of content and timeliness of communication from the retail clinic may help mitigate the issues above. However, patients may inadvertently create a barrier to such communication by not telling the retail clinic the name of their PCP. [2]

Blue Cross believes that retail clinics do add value in the healthcare ecosystem. But we also believe that there needs to be better continuity and coordination between retail and traditional settings.

Blue Cross is reaching out to retail clinics to gather information about continuity and coordination of care and facilitate the establishment of best practices.

Blue Cross asks for your help in educating patients about the importance of continuity and communication when they use a retail clinic—and what they can do to help.

- Remind your patients that certain kinds of information generated during a retail clinic visit should be communicated promptly to the PCP—most notably medication prescribed by the retail clinic and abnormal test results. Although the retail clinic may attempt to transmit that information to the PCP, it is a good idea for the patient himself/herself to also tell the PCP promptly. Make sure patients know how to get this information to the PCP – whether it is by phone, mail, secure e-mail or another method.
- Other kinds of information are less urgent, but still need to be communicated to the PCP. Vaccinations given in the retail clinic fall under this category.

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# QUALITY IMPROVEMENT

## CONTINUITY AND COORDINATION OF CARE: A FOCUS ON RETAIL CLINICS continued from previous page

Patients may not be aware how important it is for the PCP to have an accurate and complete vaccination record. Normal or negative test results also fall in the category of less-urgent, but still necessary to communicate. Encourage patients to bring the paper documentation of the vaccination or test result to their next PCP visit or send a copy.

References:

[1] Reid RO, Ashwood JS, Friedberg MW, Weber ES, Setodji CM, Mehrotra A. Retail clinic visits and receipt of primary care. J Gen Intern med. 2013;28(4):504-512

[2] Weinick RM, Pollack CE, Fisher MP, Gillen EM, Mehrotra A. Policy implication of the use of retail clinics. The RAND Corporation. http://www.rand.org/content/dam/rand/pubs/technical_reports/2010/RAND_TR810.pdf

## CONTINUITY AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTHCARE

Life expectancy is significantly reduced for persons with severe mental illness. Researchers have found that mental illness may reduce life expectancy by 9-24 years more than that of heavy smokers (Many Mental Illnesses, 2014)[1]. Mental health disorders are often associated with higher rates of diabetes mellitus, osteoporosis, obesity, and cardiovascular disease (Latoo, et al, 2013)[2]. Even without a mental health diagnosis, the relationship between physical and mental health is undeniable. There are several reasons people with mental illness are at higher risk for developing physical illness. One of these reasons and the emphasis of this article is the lack of communication and coordination of care between mental health treatment providers and physical healthcare providers.

A provider survey at Blue Cross was done to explore why communication and coordination of care may get overlooked and how we can better serve our members by addressing it. The survey showed that in 2013, only **48% of our medical providers** felt that they always or frequently receive communication from behavioral health providers. Of those that did receive communication, **75% of them found it to be effective in the care of their patient**.

A member survey (ECHO) indicated many members did not see the value of care coordination and many were not asked for permission by the behavioral health provider to communicate with their primary care provider.

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# QUALITY IMPROVEMENT

## CONTINUITY AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTHCARE continued from previous page

| ECHO MEMBER SURVEY | COMMERCIAL | MEDICAID | GOAL |
|---|---|---|---|
| Gave permission to behavioral health and medical care practitioners to communicate with the primary care provider (% **no**) | 40% | 70% | 15% |
| If no, reason permission was not given (mentions of 15% or more) | | | |
| - No need/reason to inform PCP | 40% | 37% | |
| - Permission has not been discussed | 29% | 22% | |
| How often did you feel your behavioral health and medical care practitioners were effectively communicating with each other about your care? (Always or Usually) | 65% | 76% | 85% |
| How often did you feel the information shared between your behavioral health and medical care practitioner about your care was kept confidential? (Always or Usually) | 97% | 93% | 95% |

A comprehensive system of providing holistic care requires communication between all health care providers. Mental health and medical providers are encouraged to ask patients to give consent for communication to all members of their health care team and are reminded to educate their patients on the importance of regular physical and mental health monitoring.

Additional information and a copy of this article can be obtained by calling Eileen Johnson, Director of Quality Health Management at **(651) 662-4224**.

References:

[1] Latoo, J., Mistry, M., & Dunne, F. (2013). *Physical morbidity and mortality in people with mental illness. British Journal of Medical Practitioners, 6(3), 621*. Retrieved July 6, 2014, from http://www.bjmp.org/content/physical-morbidity-and-mortality-people-mental-illness

[2] *Many mental illnesses reduce life expectancy more than heavy smoking.* (2014, May 23). Science Daily. Retrieved July 6, 2014, from http://www.sciencedaily.com/releases/2014/05/140523082934.htm

# PHARMACY CORNER

## DRUG FORMULARY CHANGES

As part of our continued efforts to evaluate and update our formularies, Blue Cross and Blue Shield of Minnesota and Blue Plus evaluates drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Based on 3rd quarter review, the following changes have been made to our drug formularies:

**Cefixime**

Suprax capsules are similar in cost to the tablets (currently formulary); tablets are inactive in AS400 as of March 2014. Adding the chewable tablets and suspension increases subscriber choice.

| BRAND NAME | FORM | DOSAGE / STRENGTH | FLEX RX | GEN RX | EFFECTIVE |
|---|---|---|---|---|---|
| Suprax | Cap | 400 mg | Add | No Change | 01/01/2015 |
| Suprax | Tab Chew | 100, 200 mg | Add | No Change | 01/01/2015 |
| Suprax | Susp | 100 mg/5 ml, 200 mg/5 ml, 500 mg/5 ml | Add | No Change | 01/01/2015 |

**Conaglifozin**

| BRAND NAME | FORM | DOSAGE / STRENGTH | FLEX RX | GEN RX | EFFECTIVE |
|---|---|---|---|---|---|
| Invokana | Cap | 100, 300 mg | Add | No Change | 01/01/2015 |

**Conaglifozin**

Linzess utilization is increasing and Amitiza utilization is decreasing.

| BRAND NAME | FORM | DOSAGE / STRENGTH | FLEX RX | GEN RX | EFFECTIVE |
|---|---|---|---|---|---|
| Linzess | Cap | 145, 290 mcg | Add | No Change | 01/01/2015 |

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# PHARMACY CORNER

## DRUG FORMULARY CHANGES continued from previous page

**Polyethylene Glycol 3350**

The 2010 National Institute for Health and Clinical Excellence (NICE) Guideline Constipation in Children and Young People recommend PEG 3350 is first line therapy for children with chronic constipation (as soon as the bowel has been dis-impacted).

| BRAND NAME | FORM | DOSAGE / STRENGTH | FLEX RX | GEN RX | EFFECTIVE |
|---|---|---|---|---|---|
| Pegylax ER | Pow | NA | Add | No Change | 01/01/2015 |
| Polyethylene Glycol | Pow | NA | Add | No Change | 01/01/2015 |
| Polyethylene Glycol | Pow Pack | NA | Add | No Change | 01/01/2015 |

**Paregoric Tincture**

Both Opium Tincture and Paregoric have been used for the treatment of diarrhea since the Civil War. They are both considered toxic and dangerous to children and adults with acute and chronic diarrhea and are not recommended by national or international guidelines.

| BRAND NAME | FORM | DOSAGE / STRENGTH | FLEX RX | GEN RX | EFFECTIVE |
|---|---|---|---|---|---|
| Opium Tincture (Paregoric) | Liq | 2 mg/5 ml | Remove | No Change | 01/01/2015 |

**Ondansetron**

Multiple randomized clinical trials along with current guidelines in antiemesis demonstrate that granisetron (oral and injectable), ondansetron (oral and injectable), and dolasetron (oral) are largely therapeutically equivalent and considered first line treatment for chemotherapy induced nausea and vomiting (CINV), radiation induced nausea and vomiting (RINV) and postoperative nausea and vomiting (PONV) and are associated with relatively few and mild adverse events.

| BRAND NAME | FORM | DOSAGE / STRENGTH | FLEX RX | GEN RX | EFFECTIVE |
|---|---|---|---|---|---|
| Ondansetron | Tab | 8 mg | Add | No Change | 01/01/2015 |

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# PHARMACY CORNER

## DRUG FORMULARY CHANGES continued from previous page

**Mirabegron SR**

In active-comparator trials, mirabegron 50 mg demonstrated similar clinical efficacy to other agents. Mirabegron is the first beta-3 adrenergic agonist to be approved in the U.S. It appears to be modestly effective for treatment of OAB. Since it does not have anticholinergic effects, mirabegron may be better tolerated than the anticholinergic agents.

| BRAND NAME | FORM | DOSAGE / STRENGTH | FLEX RX | GEN RX | EFFECTIVE |
|---|---|---|---|---|---|
| Myrbetrig | Tab | 25, 50 mg | Add | No Change | 01/01/2015 |

**Coagulation Factor**

With its long half-life, Aprolix can be dosed once weekly or once every 10 days for prophylactic treatment. All of the other Factor products are on formulary.

| BRAND NAME | FORM | DOSAGE / STRENGTH | FLEX RX | GEN RX | EFFECTIVE |
|---|---|---|---|---|---|
| Alprolix | Inj Sol | 500; 1,000; 2,000; 3,000 unit | Add | Add | 01/01/2015 |
| Tretten | Inj Sol | 2,000 - 3,125 Unit | Add | Add | 01/01/2015 |

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at **providers.bluecrossmn.com**. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

**For out-of-area Blue Plan patients:**

Select "Medical Policy PreCert/PreAuth Router" and click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-letter alpha prefix as found on their member identification card, and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

**For local Blue Cross and Blue Shield of Minnesota plan patients:**

Select "Medical policy" (under the Tools & Resources), read and accept the Blue Cross Medical Policy Statement, and then select "View All Active Policies." You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical and Behavioral Health Policy Manual, where there are several selections to assist with your inquiry.

The "What's New" section identifies our latest new or revised policies approved by Blue Cross' Medical and Behavioral Health Policy Committee at least **50** days ago. These policies are now effective, and providers should begin following these policies immediately. These policies also appear in the "Active Policy" section of the Medical and Behavioral Health Policy Manual.

The "Upcoming Policies" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective **50** days from the date they were posted to the "Upcoming Policies" section of the Medical and Behavioral Health Policy Manual.

The "Active Policy" section contains the entire list of policies effective at the time of your inquiry. Please note, DHS Programs (Coverage Guidelines for DHS Programs - MHCP Manual) and Medicare Contractors (Part A – National Government Services [NGS], Part B – National Government Services [NGS], Home Health and Hospice – National Government Services [NGS], Durable Medical Equipment Medicare Administrative Contractor – National Government Services [NGS], and The Centers for Medicare and Medicaid Services – CMS) have separate sections.

The "Pre-Certification/Pre-Authorization" section identifies various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization. The following Pre-Certification/Pre-Authorization Lists are provided for review: Commercial (including BlueLink TPA), MN Government Programs, and Blue Essentials (HMO-POS). These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at **(651) 662-5200** or **1-800-262-0820** for assistance.

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

## MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

### Policies Effective: 10/20/14 Notification Posted: 08/28/14

Blue Cross and Blue Shield of Minnesota's Medical and Behavioral Health policies were recently reformatted. Please refer to the Provider Quick Points published on August 12, 2014 for more information.

## Policies developed

***Molecular Marker Evaluation of Thyroid Nodules***

- Use of mutation analysis (e.g., miRInform® Thyroid, Thyroid Cancer Mutation Panel, *BRAF, RAS, RET/PTC*, and *PAX8/PPAR*γ) for molecular marker evaluation of thyroid nodules is considered INVESTIGATIVE due to the lack of clinical evidence demonstrating its impact on improved health outcomes.
- Use of a gene expression classifier (e.g., Afirma® Thyroid FNA Analysis) for molecular marker evaluation of thyroid nodules is considered INVESTIGATIVE due to the lack of clinical evidence demonstrating its impact on improved health outcomes.

***Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies***

- The use of expanded molecular panel testing of cancers to identify targeted therapies as described above is considered INVESTIGATIVE due to a lack of evidence demonstrating an impact on improved health outcomes.

## Policies revised

***Bariatric Surgery***

- ADULT PATIENT SELECTION CRITERIA

A. The surgical treatment of morbid obesity may be considered MEDICALLY NECESSARY for patients 18 years of age or older who meet ALL the following criteria:

1. Body mass index (BMI) – ONE of the following:

   a. BMI of ≥ 40 kg/$m^2$ OR

   b. BMI of 35 kg/$m^2$ to < 40 kg/$m^2$ with AT LEAST ONE of the following comorbid conditions:

      i. Hypertension refractory to standard drug regimens;

      ii. Cardiovascular disease;

      iii. Type 2 diabetes mellitus;

      iv. Severe, progressive degenerative joint disease with limitation of motion in a weight-bearing joint or the lumbosacral spine;

      v. Obstructive sleep apnea;

      vi. Severe persistent asthma

   AND

2. The condition of morbid obesity must be of at least two years duration and must be present during the two years prior to surgery. Because attempts to lose weight over this two-year time period may cause small fluctuations around the required levels for the patient's BMI, the two-year time period will not necessarily start over, or be prolonged, if small fluctuations occur.

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

AND

3. Over the last year prior to surgery, the patient has actively participated in a structured, nonsurgical weight loss program (i.e., a program that provides diet, exercise, and behavior modification strategies through individual or group counseling), for a total of six months with failure to achieve weight loss goals or maintain weight loss. Participation in one of these programs must be at least 3 consecutive months in duration. Participation must be monitored by the primary care physician providing medical oversight for the patient and must be documented in the medical record.

   AND

4. The patient must be evaluated preoperatively by an eligible licensed Mental Health Professional to ensure the absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations. The Mental Health Professional must meet the Minnesota Department of Human Services qualifications, as set forth in Minn.Stat. §245.462, subd. 18 (2013).

   AND

5. The physician requesting authorization for the surgery must confirm that the patient's treatment plan includes a surgical preparatory program addressing all the following components in order to improve outcomes related to the surgery and to establish the member's ability to comply with post-operative medical care and dietary restrictions:

   a. Pre-operative and post-operative dietary plan; AND

   b. Behavior modification strategies; AND

   c. Counseling and instruction on exercise and increased physical activity; AND

   d. Ongoing support for lifestyle changes necessary to make and maintain appropriate choices that will reduce health risk factors and improve overall health.

- ADOLESCENT PATIENT SELECTION CRITERIA

A. The surgical treatment of morbid obesity may be considered MEDICALLY NECESSARY for patients < 18 years of age who meet ALL the following criteria:

   1. BMI – ONE of the following:

      a. BMI ≥ 50 kg/$m^2$ OR

      b. BMI of 40 kg/$m^2$ to < 50 kg/$m^2$ with documentation of AT LEAST ONE of the following comorbid conditions:

         i. Type 2 diabetes;

         ii. Obstructive sleep apnea;

         iii. Hypertension, refractory to standard treatment;

         iv. Pseudotumor cerebri;

         v. Polycystic ovarian syndrome (PCOS);

         vi. Nonalcoholic steatohepatitis (NASH) proven on liver biopsy or through a combination of elevated liver function tests and hepatic steatosis on liver imaging

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

AND

2. Absence of a previous history of genetic or syndromic obesity, such as Prader-Willi syndrome

   AND

3. Patient has attained Tanner IV or V pubertal development AND ONE of the following:

   a. Bone age of ≥ 13 years in girls or ≥ 15 years in boys OR

   b. Attainment of 95% of adult height based on estimates of bone age

   AND

4. The condition of morbid obesity must be of at least two years duration and must be present during the two years prior to surgery. Because attempts to lose weight over this two-year time period may cause small fluctuations around the required levels for the patient's BMI, the two-year time period will not necessarily start over, or be prolonged if small fluctuations occur.

   AND

5. Over the last year prior to surgery, the patient has actively participated in a structured, nonsurgical weight loss program (i.e., a program that provides diet, exercise, and behavior modification strategies through individual or group counseling), for a total of six months with failure to achieve weight loss goals or maintain weight loss. Participation in one of these programs must be at least 3 consecutive months in duration. Participation must be monitored by the primary care physician providing medical oversight for the patient and must be documented in the medical record.

   AND

6. The patient must be evaluated preoperatively by an eligible licensed Mental Health Professional to ensure the absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations. The Mental Health Professional must meet the Minnesota Department of Human Services qualifications, as set forth in Minn.Stat. §245.4871, subd. 27 (2013). The evaluation must also address the following issues:

   a. Patient's ability to provide informed assent without coercion; AND

   b. Family and social support; AND

   c. Assessment of the use of any pharmacologic agents (e.g., anti-psychotic medications) that may contribute to obesity

   AND

7. The physician requesting authorization for the surgery must confirm that the patient's treatment plan includes an adolescent-specific surgical preparatory program addressing all the following components in order to improve outcomes related to the surgery and to establish the member's ability to comply with post-operative medical care and dietary restrictions:

   a. Pre-operative and post-operative dietary plan; AND

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b. Behavior modification strategies; AND

c. Counseling and instruction on exercise and increased physical activity; AND

d. Ongoing support for lifestyle changes necessary to make and maintain appropriate choices that will reduce health risk factors and improve overall health.

- SURGICAL PROCEDURES

A. The following surgical procedures may be considered MEDICALLY NECESSARY in the treatment of morbid obesity when the previous patient selection criteria for adults or adolescents have been met:

1. Open gastric bypass using a Roux-en-Y anastomosis with an alimentary or Roux limb of ≤ 150 cm;

2. Laparoscopic gastric bypass using a Roux-en-Y anastomosis;

3. Open vertical banded gastroplasty;

4. Adjustable gastric banding, consisting of an adjustable external band placed around the stomach (i.e., Lap-Band® and REALIZE Band);

5. Open or laparoscopic biliopancreatic bypass (i.e., Scopinaro procedure) with duodenal switch;

6. Open or laparoscopic sleeve gastrectomy.

B. Any other surgical or minimally invasive procedure is considered INVESTIGATIVE as a treatment of morbid obesity, including but not limited to:

1. Laparoscopic vertical banded gastroplasty;

2. Gastric bypass using a Billroth II type of anastomosis, known as the mini-gastric bypass;

3. Biliopancreatic bypass (i.e., the Scopinaro procedure) without duodenal switch;

4. Long-limb gastric bypass procedure (i.e., > 150 cm);

5. Endoluminal (also called endosurgical, endoscopic, sclerosing endotherapy or natural orifice transluminal endoscopic) procedure as a primary bariatric procedure or as a revision procedure (e.g., to treat weight gain after bariatric surgery or to remedy large gastric stoma or large gastric pouches), by any method (e.g., insertion of the StomaphyX™ device);

6. Bariatric surgery (any procedure) solely as a cure for type 2 diabetes mellitus.

- RE-OPERATION CRITERIA

A. Revision bariatric surgery OR conversion of one type of bariatric surgery to a different procedure may be considered MEDICALLY NECESSARY using one of the procedures identified under III.A for EITHER of the following indications:

1. Treatment of surgical complications following the original bariatric surgery. Complications may include, but are not limited to: staple-line failure, obstruction, stricture, malnutrition, erosion or band slippage, pouch dilation, or stoma ulcer

OR

2. Inadequate weight loss following the original surgery when ALL the following criteria are met:

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

a. Patient was compliant with the postoperative dietary and exercise program described in I.A.5 (for adults) or II.A.7 (for adolescents); AND

b. BMI:

i. Adult patient currently has a BMI ³ 40 kg/m2 OR a BMI of 35 kg/m2 to < 40 kg/m2 with an obesity-related co-morbid condition as described in I.A.1.b; OR

ii. Adolescent patient currently has a BMI ³ 50 kg/m2 OR a BMI of 40 kg/m2 to < 50 kg/m2 with an obesity-related co-morbid condition as described in II.A.1.b;

AND

c. At least two (2) years have elapsed since the original bariatric surgery

- Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization. In addition, the following documentation must also be submitted:

1. Documentation from the medical record describing the patient's participation in a structured, nonsurgical weight loss program, weight loss during participation, and duration of participation.
2. Documentation regarding the absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations must be submitted by an eligible licensed Mental Health Professional (as defined by the Minnesota Department of Human Services, Minn. Stat.§245.462, subd. 18 [2013], for adults, or Minn. Stat. §245.4871, subd. 27 [2013]) for adolescents. For adolescent patients, documentation must also address the patient's ability to provide informed assent without coercion AND family and social support.
3. For adolescents: Documentation supporting attainment of Tanner stage IV or V pubertal development AND a written report from a radiologist documenting skeletal bone age.
4. Re-operation:

a. Documentation describing the surgical complication; OR

b. For inadequate weight loss:

i. Documentation showing inadequate weight loss despite patient's compliance with the postoperative dietary and exercise program described in A.1.5 (for adults) or II.A.7 (for adolescents); AND

ii. Documentation of patient's current BMI and any obesity-related co-morbid conditions; AND

iii. Date of the original bariatric surgery

***Sleep Disorder Testing in Adults***

- POLYSOMNOGRAPHY – INITIAL STUDY

Supervised polysomnography performed in a sleep laboratory may be considered MEDICALLY NECESSARY as a diagnostic test in patients with:

A. Observed apneas during sleep; OR

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

B. Obesity hypoventilation syndrome; OR

C. One or more of the following in patients who have nocturnal symptoms suggestive of a sleep-related breathing disorder or otherwise are suspected of having sleep apnea:

1. Moderate or severe congestive heart failure
2. Stroke/transient ischemic attack,
3. Coronary artery disease or significant tachycardia or bradycardic arrhythmias
4. Pulmonary hypertension
5. Prior to bariatric surgery

OR

D. Symptoms characteristic of narcolepsy including cataplexy, hypnagogic hallucinations and/or sleep paralysis when the individual being evaluated has excessive daytime sleepiness (e.g. Epworth Sleepiness Scale greater than 10) characterized by inappropriate daytime napping of greater than 3 months duration;

OR

E. At least two of the following:

1. Excessive daytime sleepiness evidenced by an Epworth Sleepiness Scale greater than 10 or sleepiness that interferes with daily activities and is not explained by other conditions
2. Habitual snoring or gasping/choking episodes associated with awakening
3. Documented systemic hypertension
4. A body mass index greater than 35 kg/m2
5. Craniofacial or upper airway soft tissue abnormalities

- POLYSOMNOGRAPHY – REPEAT STUDY

Repeat supervised polysomnography performed in a sleep laboratory may be considered MEDICALLY NECESSARY under any of the following circumstances:

A. To initiate and titrate continuous positive airway pressure (CPAP) when split-night PSG on the initial study is not feasible in adult patients with clinically significant OSA defined as those patients who have one of the following:

1. An AHI of 15 or greater;

OR

2. An AHI between 5 and 14 with any of the following associated symptoms:

a. Excessive daytime sleepiness

b. Documented hypertension

c. Ischemic heart disease

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d. History of stroke

B. To assess efficacy of treatment (e.g., CPAP, oral appliances, surgery);

OR

C. To re-evaluate the diagnosis of obstructive sleep apnea and need for continued CPAP. Examples include significant change in weight or change in symptoms suggesting that CPAP should be re-titrated or possibly discontinued.

- UNATTENDED PORTABLE SLEEP STUDY – INITIAL STUDY

A single unattended portable sleep study in the home or clinic setting with a Type II or III device (minimum of 4 recording channels including oxygen saturation, respiratory movement, ECG or heart rate and airflow) may be considered MEDICALLY NECESSARY under the following circumstances:

A. Performed and interpreted under the supervision of a physician;

AND

B. Patient meets ALL of the following:

1. Habitual snoring and/or observed apneas;

AND

2. Excessive daytime sleepiness evidenced by an Epworth Sleepiness Scale score greater than 10 or sleepiness that interferes with daily activities and is not explained by other conditions;

AND

3. Patient has no evidence by history or physical examination of a health condition that might alter ventilation or require alternative treatment, including any of the following:

a. Central sleep apnea

b. Congestive heart failure

c. Moderate to severe chronic pulmonary disease

d. Pulmonary hypertension

e. Obesity hypoventilation syndrome

f. Narcolepsy

g. Periodic limb movements in sleep

h. Restless legs syndrome

i. Neuromuscular disease

j. Seizure disorder

- Unattended sleep studies are considered INVESTIGATIVE for all other indications including but not limited to the following due to a lack of evidence demonstrating improved health outcomes:

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

A. Unattended portable sleep studies with a Type IV device or any device that does not record RDI/AHI and also simultaneously record oxygen saturation, heart rate and respiratory analysis.

B. Overnight pulse oximetry or diagnostic audio recording to screen patients for sleep apnea.

- UNATTENDED PORTABLE SLEEP STUDY – REPEAT STUDY

  Repeat unattended portable sleep studies with a minimum of four recording channels (including oxygen saturation, respiratory movement, airflow, and ECG/heart rate) may be considered MEDICALLY NECESSARY in adult patients under the following circumstances when performed and interpreted under the supervision of a physician:

  A. To assess efficacy of surgery or oral appliances/devices;

     OR

  B. To re-evaluate the diagnosis of OSA and need for continued CPAP. Examples include significant change in weight or change in symptoms suggesting that CPAP should be re-titrated or possibly discontinued.

- Multiple consecutive nights of attended or unattended portable sleep studies that do not meet criteria for repeat studies are considered INVESTIGATIVE due to a lack of evidence demonstrating improved health outcomes.
- Use of an abbreviated daytime sleep study (e.g. PAP-NAP) as a supplement to standard sleep studies is considered INVESTIGATIVE due to a lack of evidence demonstrating improved health outcomes.
- MULTIPLE SLEEP LATENCY TESTING (MSLT)

  A. MSLT is considered MEDICALLY NECESSARY in patients with symptoms characteristic of narcolepsy including cataplexy, hypnagogic hallucinations and/or sleep paralysis when the individual being evaluated has excessive daytime sleepiness (e.g. Epworth Sleepiness Scale greater than 10) characterized by inappropriate daytime napping of greater than 3 months duration;

     AND

     1. OSA has been ruled out after a PSG has been performed and interpreted;

        OR

     2. OSA has been diagnosed and symptoms of narcolepsy persist despite adequate treatment with positive airway pressure therapy.

  B. MSLT is considered INVESTIGATIVE for all other indications including but not limited to the following. There is a lack of evidence demonstrating improved health outcomes.

     1. Use of portable MSLT performed in the home setting
     2. For initial evaluation and diagnosis of OSA
     3. Assessing the effectiveness of therapy
     4. Evaluation of patients who are suspected of having excessive sleepiness due to insomnia, circadian rhythm disorders, periodic limb movement disorder, medical disorders or neurologic disorders other than narcolepsy.

- Maintenance of wakefulness testing (MWT) is considered INVESTIGATIVE for evaluation, diagnosis or assessment of response to therapy for OSA due to a lack of evidence demonstrating improved health outcomes.

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

## Policies inactivated

**none**

Policies Effective: 11/17/14 Notification Posted: 09/25/14

## Policies developed

***Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease***

- An initial 2-4 week course of intravenous antibiotic therapy for Lyme disease may be considered MEDICALLY NECESSARY when both criteria A and B are met:

A. Diagnosis of Lyme disease has been made by one of the following:

1. Clinical findings of erythema migrans in early infection when patient has had a known tick bite or has been in an area known for Lyme disease and is experiencing signs or symptoms characteristic of Lyme disease;

   OR

2. Positive or indeterminate enzyme immunoassay (EIA or ELISA) AND positive immunoblot (Western Blot) by CDC recommendations as described above.

   OR

3. Polymerase chain reaction (PCR)-based direct detection of B. burgdorferi in CSF samples in lieu of serologic documentation of infection in patients with known exposure and with a short duration of neurologic symptoms (<14 days) during the window between exposure and production of detectable antibodies.

AND

B. Patient has one or more of the following:

1. Neuroborreliosis as evidenced by one or more of the following:

   a Lymphocytic meningitis, with documented cerebrospinal fluid (CSF) abnormalities;

   b. Encephalitis or encephalomyelitis with documented CSF abnormalities;

   c. Cranial neuropathy other than uncomplicated cranial nerve palsy with documented CSF abnormalities:

   d. Radiculopathy, or

   e. Polyneuropathy.

2. Lyme carditis is suspected based on presence of one or more of the following:

   a. A high degree of atrioventricular block; OR

   b. A PR interval of greater than 0.3 seconds; OR

   c. Myopericarditis.

3. Lyme arthritis with persistent, recurrent, or worsening joint swelling that has not resolved after a recommended course of oral antibiotic therapy.

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- One repeat 2-to 4-week course of IV antibiotic therapy may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:

  A. Criteria in section I for the initial course of IV antibiotic therapy are met;

  AND

  B. Laboratory values confirming Lyme disease have been obtained within the past 3 months;

  AND

  C. The patient has completed the initial course of IV antibiotic therapy;

  AND

  D. One or more of the following are met:

  1. The initial infection has relapsed;
  2. Organ damage as a result of Lyme disease has progressed; or
  3. Finding of a new focus or type of organ damage.

- Intravenous antibiotic therapy is considered INVESTIGATIVE for all other indications including but not limited to the following due to a lack of evidence demonstrating an impact on improved health outcomes:

  A. A diagnosis of Lyme disease has been made using tests not included in section IA. These include the following:

  1. Patients with a positive EIA or ELISA test unconfirmed by an immunoblot or Western blot test
  2. Direct detection of B. burgdorferi in urine samples.
  3. Urine antigen assay
  4. 31kDa Epitope Test for IgM
  5. B. burgdorferi antibody index testing or culture
  6. C6 peptide ELISA assay
  7. CD57+ lymphocyte counts
  8. Determination of levels of the B lymphocyte chemoattractant CXCL13
  9. Genotyping or phenotyping of B. burgdorferi
  10. IgA screen (IFA)
  11. Lyme dot blot assay for antigen
  12. Provocative testing (testing for B. burgdorferi after antibiotic provocation)
  13. Serum borreliacidal assay
  14. T-cell proliferation response assay
  15. PCR testing except as described in section I including:

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

a. Quantification of Lyme disease

b. Repeat PCR-based direct detection of B. burgdorferi in the following situations:

i. As a justification for continuation of IV antibiotics beyond 4 weeks in patients with persistent symptoms; or

ii. As a technique to follow therapeutic response.

B. Repeat or prolonged courses beyond two (2-4 week) courses of IV antibiotic therapy.

C. In patients with neurological symptoms who are seronegative for Lyme disease in the absence of CSF antibodies.

D. Cranial nerve palsy (eg, Bell's palsy) without clinical evidence of meningitis.

E. Patients with symptoms consistent with chronic fatigue syndrome or fibromyalgia, in the absence of objective clinical or laboratory evidence for Lyme disease as defined in section I.

F. Initial therapy in patients with Lyme arthritis.

G. Patients with an isolated positive serologic test in the setting of multiple negative serologic studies.

H. Patients with vague systemic symptoms without supporting serologic or CSF studies.

I. Patients with chronic (≥6 months) subjective symptoms ("post-Lyme syndrome") after receiving recommended treatment regimens for documented Lyme disease.

***Expanded Cardiovascular Risk Panels***

- Expanded cardiovascular risk panels (i.e., cardiovascular risk panels other than simple lipid panels) are considered INVESTIGATIVE due to the lack of clinical evidence demonstrating the impact of these tests on improved health outcomes.

## Policies revised

***Wheelchairs***

- Only criteria that have been changed are included.
- Criteria for All Wheelchairs

All of the following criteria must be met for any wheelchair to be considered MEDICALLY NECESSARY:

A. The patient has a mobility limitation that significantly impairs his or her ability to participate in mobility related activities of daily living (MRADLs) appropriate to the patient's needs and abilities. These activities include toileting, dressing, personal hygiene and eating, education, working or job training. A mobility limitation is one that:

1. Prevents the patient from accomplishing the MRADLs entirely,

OR

2. Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs. Weakness and fatigue alone are not considered significant impairments in the ability to participate in MRADLs.

AND

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

B. The patient has a mobility limitation that cannot be sufficiently resolved by use of an appropriately fitted cane or walker;

AND

C. Features of the wheelchair are based upon the patient's physical and functional capabilities and body size as assessed by a qualified professional or professionals and appropriate to the type of device requested;

AND

D. An assessment of the patient's home demonstrates that the home provides adequate access between rooms, maneuvering space and surfaces for use of the wheelchair provided.

- Motorized / Power Wheelchair

A. A motorized / power wheelchair may be considered MEDICALLY NECESSARY when the patient is 4 years of age or older and ALL of the following have been met:

1. Patient has met the criteria for All Wheelchairs;

AND

2. A non-motorized wheelchair is determined to be inadequate to address the patient's need for mobility inside and outside the patient's home;

AND

3. The patient's condition is such that he/she is unable to operate a non-motorized wheelchair due to lack of upper body strength;

AND

4. The patient is capable of safely operating the controls of a motorized/power wheelchair or has a caregiver who cannot push a manual chair but can propel the power chair using an attendant control;

AND

5. The patient must be able to safely transfer, or be transferred, in and out of the motorized / power wheelchair and have adequate trunk stability to be able to safely ride in the wheelchair.

B. A motorized / power wheelchair may be considered MEDICALLY NECESSARY when the patient is between 18 months and 4 years of age and ALL of the following have been met:

1. Patient has met the criteria in section I and1-4 above;

AND

2. Assessments have been completed that verify the child is developmentally and cognitively ready to begin to operate a power wheelchair;

AND

3. The child is expected to use a powered mobility device as a primary means of mobility for several years. It is not necessary that there is no expectation or hope of functional walking in the future;

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

AND

4. The device will be used only for age-appropriate MRADLs;

   AND

5. The child's caregivers have carefully considered the risks and benefits of independent power mobility for very small children.

C. Motorized/power wheelchairs for children under age 18 months are considered NOT MEDICALLY NECESSARY.

- Criteria for customization and features have been changed as follows:
  - A push activated power assist feature for a manual wheelchair may be considered MEDICALLY NECESSARY when the patient:
    1. Meets criteria for a manual wheelchair;

       AND

    2. Has expressed an unwillingness to operate a power wheelchair;

       AND

    3. Was self-propelling in a manual wheelchair but no longer has sufficient upper extremity function to self-propel a manual wheelchair or has weakness or repetitive motion stress to the shoulders or upper arms.
- The following wheelchair features have been added to those INELIGIBLE FOR COVERAGE:
  - Standing features
  - Stand and drive features
  - Strollers or buggies

***Rituximab***

- Rituximab may be considered MEDICALLY NECESSARY for the following:

A. Oncologic Indications

1. Non-Hodgkin's lymphoma (NHL) (e.g. AIDS-related B-cell lymphoma, Burkitt's lymphoma, B-cell lymphoma, high-grade B-cell lymphoma, chronic lymphocytic leukemia/small lymphocytic lymphoma, diffuse large B-cell lymphoma, follicular lymphoma, nodal marginal zone lymphoma, gastric mucosa-associated lymphoid tissue [MALT] lymphoma, lymphoblastic lymphoma, mantle cell lymphoma, non-gastric MALT lymphoma, post-transplant lymphoproliferative disorders, primary cutaneous B-cell lymphoma, and splenic marginal zone lymphoma)
2. Acute lymphoblastic/lymphocytic leukemia (ALL)
3. Chronic lymphocytic leukemia (CLL)
4. Central nervous system (CNS) cancer (e.g., primary CNS lymphoma, leptomeningeal metastases)
5. Hairy cell leukemia
6. Hodgkin's lymphoma

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7. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma

B. Non-Oncologic Indications

1. Moderately-to-severely-active rheumatoid arthritis, in combination with methotrexate following an inadequate response to one or more tumor necrosis factor (TNF) antagonist therapies
2. Granulomatosis with polyangiitis (GPA or Wegener's granulomatosis) and microscopic polyangiitis (MPA), in combination with glucocorticoids
3. Autoimmune hemolytic anemia (AIHA)
4. Idiopathic or immune thrombocytopenic purpura (ITP)
5. Thrombotic thrombocytopenic purpura (TTP), in combination with glucocorticoids and plasma exchange
6. Neuromyelitis optica
7. Pemphigus, refractory to glucocorticoids

- The use of rituximab for treatment of all other conditions is considered INVESTIGATIVE due to a lack of published clinical evidence establishing the role of rituximab in the treatment of these conditions.

***Respiratory Syncytial Virus (RSV) Prophylaxis***

- INITIAL RSV SEASON

The use of immune prophylaxis (e.g., palivizumab [Synagis®]) for RSV for the initial RSV season may be considered MEDICALLY NECESSARY when the following criteria are met:

A. Chronic Lung Disease (CLD) of Prematurity

1. Infant ≤ 12 months of age at the start of RSV season; AND
2. Infant was born at < 32 weeks, 0 days' gestation; AND
3. Infant requires > 21% oxygen for at least the first 28 days after birth

B. Congenital Heart Disease (CHD)

1. Infant ≤ 12 months of age at onset of RSV season AND meets ONE of the following:
   a. Acyanotic CHD, when the infant is receiving medication to control congestive heart failure and will require a cardiac surgical procedure; OR
   b. Cyanotic CHD, when palivizumab is recommended after consultation with a pediatric cardiologist, OR
   c. Diagnosis of moderate to severe pulmonary hypertension

   OR
2. Child < 24 months of age at the onset of RSV season AND who undergoes cardiac transplantation during the RSV season.

C. Anatomic Pulmonary Abnormalities OR Neuromuscular Disorders (e.g., cerebral palsy, muscular dystrophy)

1. Infant ≤ 12 months of age at onset of RSV season; AND
2. Infant has impaired ability to clear secretions from the upper airway.

D. Cystic Fibrosis

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1. Infant ≤ 12 months of age at onset of RSV season, with evidence of CLD and/or malnutrition.

E. Immunocompromised Status
   1. Child is < 24 months of age at the onset of RSV season; AND
   2. Child is profoundly immunocompromised (e.g., due to solid organ transplantation, hematopoietic stem-cell transplantation, or chemotherapy)

F. Prematurity without CLD or CHD
   1. Infant born < 29 weeks, 0 days gestation (i.e., 28 weeks, 6 days, or less); AND
   2. Infant is < 12 months of age at onset of RSV season;

- SECOND RSV SEASON

The use of immune prophylaxis (e.g., palivizumab [Synagis®]) for RSV for the patient's second year of treatment may be considered MEDICALLY NECESSARY when the following criteria are met:

A. CLD of Prematurity
   1. Child was born at < 32 weeks, 0 days' gestation; AND
   2. Child is 12 months to < 24 months of age at onset of the second RSV season; AND
   3. Child continues to require at least ONE of the following within six (6) months of the start of the second RSV season:
      a. Supplemental oxygen; OR
      b. Chronic systemic corticosteroid therapy; OR
      c. Diuretic therapy; OR
      d. Bronchodilator therapy.

B. Cystic Fibrosis
   1. Child is 12 months to < 24 months of age at onset of the second RSV season, with evidence of CLD and/or malnutrition.

- Administration of RSV Prophylaxis

A. When the appropriate criteria above are met, a maximum of five (5) monthly doses of palivizumab (Synagis®) will be covered per RSV season (defined as November 1st through March 31st).

B. Administration of more than five (5) monthly doses of palivizumab (Synagis®) in one RSV season is not covered, without documented widespread local community RSV activity, as documented by the Centers for Disease Control and Prevention (CDC), indicating early onset of season or extension past April.

C. The first dose of palivizumab (Synagis®) will be approved for coverage of administration on or after November 1st.

## Policies inactivated

**none**

Policies Effective: 12/15/14 Notification Posted: 10/23/14

## Policies developed

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

***Genetic Testing for Statin-Induced Myopathy***

- Genetic testing for variants in the SLCO1B1 gene to identify patients at increased risk of statin-induced myopathy is considered INVESTIGATIVE due to the lack of clinical evidence demonstrating its impact on improved health outcomes.

## Policies revised

***Genetic Testing for Cardiac Ion Channelopathies***

- Genetic testing in patients with suspected congenital long QT syndrome (LQTS) may be considered MEDICALLY NECESSARY for individuals who do not meet the clinical criteria for LQTS but who have the following:

  A. A close blood relative (i.e., first- second- or third-degree relative) with a known LQTS mutation;

     OR

  B. A close blood relative (i.e., first- second- or third-degree relative) diagnosed with LQTS by clinical means whose genetic status is unavailable.

     OR

  C. Signs and/or symptoms indicating a moderate-to-high pretest probability* of LQTS.

     * Determining the pretest probability of LQTS is not standardized. An example of a patient with a moderate to high pretest probability of LQTS is a patient with a Schwartz score of 2-3.

- Genetic testing for catecholaminergic polymorphic ventricular tachycardia (CPVT) may be considered MEDICALLY NECESSARY for patients who do not meet the clinical criteria for CPVT but who meet one or more of the following:

  A. A close blood relative (i.e., first- second- or third-degree relative) with a known CPVT mutation;

     OR

  B. A close blood relative diagnosed with CPVT by clinical means whose genetic status is unavailable;

     OR

  C. A high clinical index of suspicion for CPVT based on an examination of the patient's clinical history, family history, and expressed electrocardiographic phenotype during provocative stress testing with cycle, treadmill, or catecholamine infusion.

- Genetic testing for the following is considered INVESTIGATIVE due to a lack of evidence demonstrating its impact on improved health outcomes.

  A. Genetic testing to determine prognosis and/or direct therapy in patients with known LQTS or CPVT

  B. Genetic testing for Brugada syndrome

  C. Genetic testing for short QT syndrome

***Ophthalmologic Techniques for Evaluating Glaucoma***

- Scanning Laser Techniques

  A. The use of scanning laser techniques may be considered MEDICALLY NECESSARY when using confocal scanning

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

laser ophthalmoscopy, scanning laser polarimetry or optical coherence tomography for ANY of the following indications

1. Monitoring of patients with a diagnosis of glaucoma, OR
2. Evaluation of patients with a diagnosis of diabetes with ophthalmic manifestations, OR
3. Evaluation of patients who are defined as glaucoma suspect by at least ONE of the following, as documented in the patient's medical record:
   a. Intraocular pressure of greater than or equal to 22 mm of mercury;
   b. Cup to disc ratio of greater than or equal to 0.4 with family history of glaucoma or risk of low tension glaucoma;
   c. Increase of cup to disc ratio greater than or equal to 0.2;
   d. Cup to disc ratio greater than or equal to 0.5;
   e. Focal notch with rim/disc greater than or equal to 0.2
   f. Disc hemorrhage;
   g. Optic disc abnormality;
   h. Visual field defect.

B. The use of scanning laser technologies techniques to screen for glaucoma is considered INVESTIGATIVE due to a lack of evidence demonstrating an impact on improved health outcomes.

- The following ophthalmologic techniques are considered INVESTIGATIVE when used in the screening, diagnosis, or monitoring of patients with glaucoma:

A. Measurement of ocular blood flow, including pulsatile ocular blood flow;

B. Measurement of blood flow velocity.

***Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions***

- Pegaptanib (Macugen)

A. Intravitreal injections of pegaptanib may be considered MEDICALLY NECESSARY as a treatment of neovascular (wet) age-related macular degeneration.

B. The use of pegaptanib for treatment of all other conditions is considered INVESTIGATIVE.

- Aflibercept (Eylea)

A. Intravitreal injections of aflibercept may be considered MEDICALLY NECESSARY for treatment of the following conditions:

1. Neovascular (wet) age-related macular degeneration
2. Macular edema following central retinal vein occlusion
3. Diabetic macular edema

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

B. The use of aflibercept for treatment of all other non-neoplastic conditions is considered INVESTIGATIVE.

- Ranibizumab (Lucentis)

A. Intravitreal injections of ranibizumab may be considered MEDICALLY NECESSARY for treatment of the following conditions:

1. Neovascular (wet) age-related macular degeneration
2. Macular edema following retinal vein occlusion
3. Diabetic macular edema
4. Proliferative diabetic retinopathy as an adjunctive treatment to vitrectomy or photocoagulation
5. Choroidal neovascularization due to angioid streaks, central serous chorioretinopathy, choroidal rupture or trauma, idiopathic choroidal neovascularization, multifocal choroiditis, pathologic myopia, presumed ocular histoplasmosis syndrome or uveitis

B. The use of ranibizumab for treatment of all other conditions is considered INVESTIGATIVE.

- Bevacizumab (Avastin)

A. Intravitreal injections of bevacizumab may be considered MEDICALLY NECESSARY for treatment of the following conditions:

1. Neovascular (wet) age-related macular degeneration
2. Macular  edema following retinal vein occlusion
3. Diabetic macular edema
4. Proliferative diabetic retinopathy as an adjunctive treatment to vitrectomy or photocoagulation
5. Choroidal neovascularization due to angioid streaks, central serous chorioretinopathy, choroidal rupture or trauma, idiopathic choroidal neovascularization, multifocal choroiditis, pathologic myopia, presumed ocular histoplasmosis syndrome, or uveitis
6. Neovascular glaucoma
7. Rubeosis (i.e., neovascularization of the iris)
8. Retinopathy of prematurity

B. The use of bevacizumab for treatment of all other non-neoplastic conditions is considered INVESTIGATIVE.

***Laboratory and Genetic Testing for Use of 5-Fluorouracil (5-FU) in Patients with Cancer***

- My5-FU™ testing or other types of assays for determining 5-fluorouracil (5-FU) area under the curve in order to adjust 5-FU dose for colorectal cancer patients or other cancer patients is considered INVESTIGATIVE. There is a lack of clinical evidence demonstrating its impact on improved health outcomes.
- Testing for mutations in *DPYD* or *TYMS* genes to guide 5-FU dosing and/or treatment choice in patients with cancer is considered INVESTIGATIVE. There is a lack of clinical evidence demonstrating its impact on improved health outcomes.

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

***Vagus Nerve Stimulation***

- Vagus nerve stimulation may be considered MEDICALLY NECESSARY for the treatment of medically refractory or intractable epileptic seizures, defined as failure of at least two antiepileptic drugs.
- Vagus nerve stimulation is considered INVESTIGATIVE for all other indications, due to a lack of evidence demonstrating an impact on improved health outcomes. Those indications include, but are not limited to, the following:

  A. Major depressive disorder;

  B. Essential tremor;

  C. Headache;

  D. Obesity;

  E. Fibromyalgia;

  F. Congestive heart failure;

  G. Tinnitus;

  H. Traumatic brain injury (TBI);

  I. Post-traumatic stress disorder (PTSD).

***Intravenous Human Epidermal Growth Factor Receptor 2 (HER 2) Targeted Agents***

- Breast Cancer

  A. Trastuzumab (Herceptin®), ado-trastuzumab emtansine (Kadcyla®), and pertuzumab (Perjeta®) may be considered MEDICALLY NECESSARY for treatment of patients with breast cancer only when tumor overexpression of HER2 has been confirmed by testing in accordance with current ASCO/CAP or NCCN guidelines.

  B. Trastuzumab (Herceptin®), ado-trastuzumab emtansine (Kadcyla®), and pertuzumab (Perjeta®) are considered INVESTIGATIVE for treatment of breast cancer for which tumor overexpression of HER2 has not been confirmed.

- Gastric, Esophageal, and Gastroesophageal Junction Adenocarcinoma

  A. Trastuzumab (Herceptin®) may be considered MEDICALLY NECESSARY for treatment of patients when tumor overexpression of HER2 has been confirmed by testing in accordance with current ASCO/CAP or NCCN guidelines in the following instances:

     1. Metastatic gastric or gastroesophageal junction adenocarcinoma;

        OR

     2. Palliative care of patients with advanced gastric, esophageal or gastroesophageal junction adenocarcinoma with a Karnofsky performance score of 60% or greater (Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed, or able to carry on normal activity and to work; no special care needed) OR Eastern Cooperative Oncology Group (ECOG) performance score of 2 or less in combination with systemic chemotherapy. An ECOG score of 2 or less indicates that the patient is ambulatory more that 50% of waking hours and capable of self-care.

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

B. Trastuzumab (Herceptin®) is considered INVESTIGATIVE for treatment of advanced or metastatic gastric, esophageal or gastroesophageal junction adenocarcinoma for which tumor overexpression of HER2 has not been confirmed.

C. Ado-trastuzumab emtansine (Kadcyla®) and pertuzumab (Perjeta®) are considered INVESTIGATIVE for treatment of gastric, esophageal, or gastroesophageal junction adenocarcinoma.

- Non-Small Cell Lung Cancer (NSCLC)

A. Trastuzumab (Herceptin®) may be considered MEDICALLY NECESSARY for treatment of patients with NSCLC tumor tissue demonstrating mutations in the HER2 gene.

B. Trastuzumab (Herceptin®) is considered INVESTIGATIVE for treatment of NSCLC when HER2 mutation status has not been confirmed.

C. Ado-trastuzumab emtansine (Kadcyla®) and pertuzumab (Perjeta®) are considered INVESTIGATIVE for treatment of NSCLC.

- Other Cancers

Trastuzumab (Herceptin®), ado-trastuzumab emtansine (Kadcyla®), and pertuzumab (Perjeta®) are considered INVESTIGATIVE for treatment of all other cancers including but not limited to colorectal, endometrial, head and neck osteosarcoma, ovarian, pancreatic, peritoneal, prostate, salivary gland, and urothelial.

- Assessment of HER2 expression

Assessment of HER2 expression in tumor tissue that is not in accordance with current ASCO/CAP or NCCN guidelines, including but not limited to quantitative total HER2 expression or HER2 homodimer measurement, is considered INVESTIGATIVE.

## Policies inactivated

***Ambulatory Blood Pressure Monitoring (ABPM) (Sphygmomanometry)***

## Policies reviewed with no changes in August 2014 – October 2014:

**Advanced Glycation Endproducts (AGEs) Measurement by Skin Autofluorescence**

**Air Ambulance**

**Amino Acid-Based Elemental Formula**

**Audio-Visual Entrainment**

**Autologous Chondrocyte Implantation of Focal Articular Cartilage Lesions**

**Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas**

**Bronchial Thermoplasty**

**Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting**

**Computed Tomography (CT) to Detect Coronary Artery Calcification**

**Computed Tomography Angiography (CTA) for Evaluation of Coronary Arteries**

**Coverage of Routine Care Related to Clinical Trials**

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

**Cranial Electrotherapy Stimulation**

**Dalfampridine (Ampyra™)**

**Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis**

**Durable Medical Equipment**

**Facet Arthroplasty**

**Fecal Calprotectin Testing**

**Gene Expression Testing to Predict Coronary Artery Disease**

**Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia**

**Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia**

**Hematopoietic Stem-Cell Transplantation for Multiple Myeloma and POEMS Syndrome**

**Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood**

**Hematopoietic Stem-Cell Transplantation in the Treatment of Germ-Cell Tumors**

**Hyperbaric Oxygen Therapy**

**Hyperhidrosis Treatments**

**Hypnotherapy**

**Implantable Middle Ear Hearing Aids (Semi-Implantable and Fully Implantable) for Moderate to Severe Sensorineural Hearing Loss**

**Infusion of Vitamins and/or Minerals**

**Interspinous Process Spacers**

**Laser and Photodynamic Therapy for Onychomycosis**

**Magnetic Esophageal Ring for Treatment of Gastroesophageal Reflux Disease (GERD)**

**Multianalyte Assays with Algorithmic Interpretation for Predicting Risk of Type 2 Diabetes**

**Orthognathic Surgery**

**Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions**

**Panniculectomy/Excision of Redundant Skin or Tissue**

**Percutaneous Facet Joint Denervation**

**Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty**

**Positron Emission Tomography (PET)**

**Preimplantation Genetic Testing**

**Progesterone Therapy to Reduce Preterm Birth in High-Risk Pregnancies**

**Prometa**

**Quantitative Electroencephalogram (QEEG) or Brain Mapping for Mental Health or Substance-Related Disorders**

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

**Reduction Mammoplasty**

**Sacroiliac Joint Fusion**

**Single Photon Emission Computed Tomography (SPECT) for Mental Health Disorders**

**Single-Nucleotide Polymorphism (SNP) Breast Cancer Risk Assessment**

**Spinal Manipulation Under Anesthesia**

**Subtaler Arthroereisis**

**Surgical Treatment of Gender Dysphoria**

**Testing of Fetal Nucleic Acids in Maternal Blood for Detection of Fetal Aneuploidy**

**Thermal Capsulorrhaphy**

**Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD)**

**Treatment for Temporomandibular Joint Disorder (TMD)**

**Wound Healing: Electrostimulation and Electromagnetic Therapy**

**Wound Healing: Non-Contact Ultrasound Treatment**

Provider Press is posted on our website quarterly for business office staff of multi-specialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

Network Management R317
Editor: Holly Batchelder
P.O. Box 64560
St. Paul, MN 55164-0560
(651) 662-2014
toll free: 1-800-382-2000, ext. 22014

Advisors/Faith Bauer, CPC, CPC-H, CPC-P; Jeannie Harp, CPC; Janine Utecht, CPC, CPC-H, CPC-P, CPMA; and Karen Kiemele, MPH

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Network Management R317
P.O. Box 64560
St. Paul, MN 55164-0560