

Provider Press

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Helpful tools to promote preventive care for moms-to-be and kids enrolled with PMAP and MNCare

Did you know that Minnesota children enrolled in Prepaid Medical Assistance Plan (PMAP) and MinnesotaCare (MNCare) are less likely to receive well-child visits than Minnesota children overall? Or that those children of mothers who delay prenatal care are at high risk for not receiving adequate numbers of well-child visits?

We want to collaborate with you to ensure that your patients and our members receive timely and complete Child & Teen Checkups (C&TCs). We've developed some helpful tools to support your outreach efforts and to promote preventive care.

All you have to do is e-mail **HealthyKids@bluecrossmn.com** and we'll send you the following lists each month:

- A list of your current PMAP and MinnesotaCare patients who are due for a Child & Teen Checkup.
- A list of your Blue Plus PMAP and MinnesotaCare patients ages 9 to 30 months who have not received a blood lead test. (Children enrolled in PMAP and MNCare are also at high risk for having elevated blood lead levels).

Many clinics already receive these lists from Blue Plus and use them in varying ways depending on what works best for them. Some clinics use the lists to flag member files, call the child's

family to schedule a visit, or double-check that they've billed Blue Plus for complete checkups or all blood lead tests performed.

We'll also send you:

- A voucher for a \$20 gift card for members who have their child tested for lead, available in English and Spanish.
- A flyer about Blue Plus gift card programs for Healthy Start® Prenatal Support and car seats, available in English and Spanish.

Child & Teen Checkups are a health care benefit for Minnesotans, age birth to 21 years old, enrolled in PMAP or MinnesotaCare. For more information from the Minnesota Department of Human Services (DHS) on the C&TC schedule and screening standards, go to **www.dhs.state.mn.us**.

Information about C&TC and lead testing billing guidelines is included in Chapter 3 of the Blue Plus Provider Manual, available online at **providers.bluecrossmn.com**.

Blue Plus greatly appreciates all your efforts to improve preventive care for children and teens. If you'd like to request that your clinic receive these helpful tools, please e-mail **HealthyKids@bluecrossmn.com**.

Provider Press

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

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FYI

Publications available online

The following is a list of Quick Points and Bulletins published from June 2009 to August 2009 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 only available on our website unless noted otherwise in the bottom left corner of the publication.

Quick Points	Title
QP13-09	Blue Cross prepares systems to accept cancel and replacement claims electronically
QP14-09	Blue Cross prepares systems to accept electronic pharmacy and dental formatted claims
QP15-09	Administrative Simplification claims enhancements effective July 15
QP16-09	Contract addendum for Care Coordination and Targeted Case Management
QP17-09	Computer-Assisted Musculoskeletal Surgical Navigational policy reminder
QP18-09	Post July 15 claims submission issues
QP19-09	Frequently asked questions about autism spectrum disorder procedure changes
QP20-09	Information on submitting COB information electronically
QP21-09	Information on sending attachments on electronic claim transactions
Bulletins	Title
P19-09	July 2009 HCPCS code update
P20-09	Providers required to support coding changes with documentation as a result of adjustment audit
P21-09	New Medicare education requirements
P22-09	Disclosure requirement

FYI

Provider manual updates

The following is a list of Blue Cross and Blue Shield of Minnesota provider manuals that have been updated from June 2009 to August 2009. **There have been several updates to the 2009 Provider Policy and Procedure Manual to align our coding and submission rules with those required under Minnesota statute 62J.536.** As a reminder, provider manuals are available online at providers.bluecrossmn.com. To view the manuals, select “forms and 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
2009 Provider Policy and Procedure Manual	Chapter 1 – At Your Service	Updated content under topic “Member Rights and Responsibilities”
2009 Provider Policy and Procedure Manual	Chapter 3 – Health Care Improvement	Added Clinical Practice Guidelines
2009 Provider Policy and Procedure Manual	Chapter 4 – Care Management	<ul style="list-style-type: none"> • Added Whole Person Health Support statement to Care Management topic. • Added UM Statement to Prior Authorization Overview topic.
2009 Provider Policy and Procedure Manual	Chapter 6 – Blue Plus	Made updates to the Member Rights and Responsibilities within the Member Information topic.
2009 Provider Policy and Procedure Manual	Chapter 8 – Claims Filing	Added: <ul style="list-style-type: none"> • Administrative Simplification • K3 Segment Usage Instructions for Condition codes • Within Claims Filing: <ul style="list-style-type: none"> – Cancel and Replacement Claims – Verify Member Identity – Verifying Patient Eligibility – Basic Character Set Values in the Electronic Transaction – Claim Service Dates Restricted to Same Calendar Month – Reporting MNCare and Sales Tax
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Coding	<ul style="list-style-type: none"> • ICD-9-CM, Linking/Pointing or Sequencing-added electronic claim instructions • Added C code instructions for ASCs under General Guides • Deleted reference to E/Ms for mods -55 and -56 under Global Surgical Package-Pre and Post Operative Services

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FYI

Provider manual updates, continued

Manual name	Chapter number and title	Change
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Modifiers	Modifier lists updated/added: <ul style="list-style-type: none"> • -51 • -55 and -56 • -99 Revised instructions for modifiers 55 and 56 submission under Global Surgical Package Added clarification under Anatomical Modifiers
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Chiropractic	Added section MHCP Chiropractic Authorization Process
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Durable Medical Equipment	Added/Revised: <ul style="list-style-type: none"> • Instructions regarding modifier GK under Waiver Claim Submission • Electronic submission guide under DME Coding • Instructions under Sales Tax • Instructions under Claims Filing Requirements
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Laboratory	Added the following topics: <ul style="list-style-type: none"> • Repeat Lab Services • Genetic Testing Modifiers
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Medical Services	<ul style="list-style-type: none"> • Under Injections, added instructions for Discarded vial or package • Added section - Assessment Management Program for Fully Insured
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Pharmacy Services	<ul style="list-style-type: none"> • Added section – Formulary Exception Process for Minnesota Health Care Programs • Separated content out and added topics: Claim Submission, Claim Processing, Drugs, Drug Programs. Changes made throughout document.
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Public Programs	<ul style="list-style-type: none"> • Within the Public Health Nursing Services topic, updated bilingual contact information • Added section - MHCP Changes in Prior Authorization
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Radiology Services	Revised instruction under Modifier re: LT and RT modifiers.
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Rehabilitative Services	Revised instructions under "Timed" Unit Reporting

continued on next page

FYI

Provider manual updates, continued

Manual name	Chapter number and title	Change
2009 Provider Policy and Procedure Manual	Chapter 11 – Coding Policies and Guidelines, Surgical Services	<ul style="list-style-type: none"> • Instructions added for ASC bilateral reporting. • Revised instructions for modifiers -55 and -56 submission under Global Surgical Package. • Instructions added under Surgical Trays and Supplies. • Added section for Correct Billing of Q1003 for Medicare Advantage products and Intra-articular Hyaluronan injections for Osteoarthritis.
2009 Blue Plus Manual	Chapter 3 – Government Programs	<ul style="list-style-type: none"> • Public Programs Special Benefits section, after Vision Care & Supplies, added new MSC+ Care Coordination Delegation Guidelines. • For the SecureBlue/CareBlue Special Needs Plans section, after State Ombudsman Additional Rights, added SecureBlue – MSHO Comm, Guidelines, SecureBlue – MSHO NH Guidelines, CareBlue – SNBC Delegation Guidelines. • Added Mental Health-Targeted Case Management Eligibility Determination topic. • Updated bilingual contact name and information.

FYI

Whole Person Health SupportSM

Blue Cross has enhanced and expanded its disease and case management capabilities to provide more comprehensive support to members with ongoing conditions as well as to their providers. On January 5, 2009, Blue Cross took the next step in the evolution of care management, moving away from the traditional disease-focused model employed by most disease management programs, towards a more fully integrated care management program. This innovative program was developed and is managed by Blue Cross and Blue Shield of Minnesota.

The Whole Person Health Support care model engages the whole person based not on specific and a limited set of conditions, but on the opportunity to impact future costs and improve health status based on closing known gaps in care, the likelihood of the member to engage in interventions, and the ability of the member to work more closely with his or her providers.

The Whole Person approach stems from Blue Cross' commitment to its customers to help them manage their health plan costs by connecting their employees to the tools, information and resources they need, regardless of their health status. By offering a program that extends beyond the boundaries of traditional disease and

case management programs, Blue Cross can support individual members and their specific needs by setting evidence-based, actionable and achievable goals.

For more information on Whole Person Health Support, go to **providers.**

bluecrossmn.com and enter "qp17-08" in the search window on the top right corner. Blue Cross Whole Person Health Support replaces a traditional disease-focused model.

What this means for you

The intent of Whole Person Health Support is to encourage members to work closely with their personal care providers and comply with any treatment or drug regimens already in place. Blue Cross nurses will, for example, answer member questions or provide support between visits. Blue Cross views its support model as a complement to existing clinic programs and treatment plan.

Blue Cross Dedicated Nurses coordinate communication with providers and their patients to achieve desired outcomes. If you have questions about Whole Person Health Support, call provider service at **(651) 662-5200** or toll free at **1-800-262-0820**. For clinical questions, you can send an e-mail to **networks@bluecrossmn.com**.

FYI

Use Blue Cross Online Resource for National Cholesterol Education Month in September

You can easily access resources to use for professional or patient education during September, National Cholesterol Education Month (and beyond), by visiting Blue Cross' Lipid Management Resource Center (LMRC). It is a set of up-to-date, credible professional and patient resources available at **providers.bluecrossmn.com**. Content includes links to the following publicly available resources – all consolidated in one place – and more:

- Clinical guidelines
- Heart disease risk calculators
- Slide sets
- White papers summarizing recommendations to improve medication adherence and communications with patients who have low levels of health literacy
- Materials to download for patients

Blue Cross created the LMRC to meet the needs of busy health professionals in primary care settings. Use it to:

- Create professional education opportunities for your clinical staff
- Develop focused quality improvement projects
- Download materials from reliable sources to educate and motivate patients
- Identify new, useful resources
- Share provider best practices

To access the LMRC, go to **providers.bluecrossmn.com** and scroll down to “Tools & Resources” then click on “Lipid management resource center.” That will take you to the landing page, where you can explore on your own or use the guide provided under “Help.”

Blue Cross will send e-mail alerts featuring selected items in the LMRC to interested providers approximately once a month. If you want your e-mail address on the distribution list – or you have comments or questions – contact Sharon Farsht Torodor, MPH, health improvement project manager, at **LipidsProject@bluecrossmn.com**.

FYI

Transforming depression care: The DIAMOND program

A symposium on Improving Outcomes and Lowering the Cost of Care for Patients with Depression – Monday, October 5, 2009

The DIAMOND program is being heralded as a possible national model for treating patients with depression. Now everything you ever wanted to learn about this one-of-a-kind program – which changes how depression care is delivered and paid for in primary care – can be had by attending this symposium.

Representatives from the Institute for Clinical Systems Improvement (ICSI), primary care clinics, health plans, employers, care managers, consulting psychiatrists and patients will provide information about their 18-month experience with DIAMOND, which is getting a five-fold improvement in patient remission vs. remission seen under typical primary care treatment.

By attending you will learn such things as:

- The evidence-based models behind the DIAMOND program
- Processes used to create the new care delivery and payment models
- How the care delivery and payment models are working
- Coordinating the continuum of care with primary care and behavioral health
- Patient outcomes and patient perspectives
- Best clinical practices for implementing DIAMOND
- Health plan and employer returns on investment
- Spreading the program
- Clinic experience with DIAMOND as a medical home for patients with depression.

To learn more about the DIAMOND program and for additional details about the symposium, visit the ICSI website at www.ICSI.org.

FYI

Five promising health literacy practices in primary care settings

1. A team effort, beginning at the front desk

Each team member has an obligation to know if the patient is challenged by health literacy issues and to share this information, formally or informally, with other members.

2. Use of standardized communication tools

Clinicians who expressly use Teach Back, Ask Me 3, or Motivational Interviewing report that these techniques are quite effective at improving communication.

3. Use of plain language, face-to-face communication, pictorials, and educational materials

The care teams and administrators at the facilities visited recognize the value of having forms and educational materials on hand that are culturally and linguistically targeted to each population group they serve and are at the appropriate literacy levels.

4. Clinicians partner with patients to achieve goals

The process necessarily includes patients' agreement to work toward specific

goals as well as formal mechanisms for verifying whether patients understand and are pursuing their treatment plans, prescriptions, and dosing.

5. Organizational commitment to create an environment where health literacy is not assumed

Health literacy practices are most successful at health care facilities that have infused them as part of the operating philosophy, provided in-service training and new-employee orientation, and perhaps even participated in a research study on health literacy.

Excerpts taken from the executive summary of Health Literacy Practices in Primary Care Settings: Examples from the Field, January 2008, by Sharon E Barrett, Jennifer Sheen Puryear, and Kathie Westpheling. Support for their research provided by the Commonwealth Foundation and Kaiser Permanente. Complete report may be accessed online at www.commonwealthfund.org/usr_doc/Barrett_hltliteracypracticesprimarycaresettingsexamplesfield_1093.pdf?section=4039.

October is health literacy month. We encourage you to take some time to promote the importance of understandable health information at your clinic during October.

Pharmacy Corner

Step therapy program

Effective January 1, 2010, step therapy will be a standard part of the pharmacy offering for all fully insured groups.

Blue Cross offers two formulary options to meet customer and member needs. Each has a step therapy program included.

FlexRx

FlexRx is the new name of the current standard Blue Cross formulary. The FlexRx formulary is designed to provide members with access to safe and effective medications at a reasonable overall cost. The FlexRx formulary includes a broad range of generic and brand-name drugs, including specialty drugs. The step therapy categories included are as follows:

- Antidepressants
- Cholesterol lowering
- Diabetic glucometer and strips
- Proton pump inhibitors

GenRx

GenRx is our new formulary option designed for maximum value in pharmacy spending. The GenRx formulary provides members with access to safe and cost-effective drugs while maximizing the use of generics. The GenRx formulary includes most generic

drugs. It also includes selected brand-name drugs, including specialty drugs, that the Pharmacy and Therapeutics Committee and/or Coverage Committee have determined are necessary to provide the best available agents for medical conditions requiring drug therapy. GenRx is set to address a rapidly growing need in a marketplace looking for high quality, cost-conscious benefit solutions. The step therapy categories included are as follows:

- Actos/Avandia
- Angiotensin Converting Enzyme (ACE) Inhibitors, Angiotensin Receptor Blockers (ARBs) and Combinations
- Anticonvulsants
- Antidepressants
- Atopic Dermatitis
- Atypical Antipsychotics
- Biologic Immunomodulators: rheumatoid arthritis/psoriasis
- COX-2 Inhibitors - Celebrex
- Cholesterol lowering
- Leukotriene modifiers
- Oxycodone ER (pain management)
- Proton pump inhibitors

Claims Tips

Cancel and replacement claims

Minnesota statute 62J.536 requires providers to submit all claims electronically effective July 15, 2009. This requirement includes all cancel and replacement claims as well as original submissions. Cancel claims are claims that should not have been billed, or where key claim information such as the billing provider or patient name were submitted incorrectly. Replacement claims are sent when data submitted on the original claim was incorrect or incomplete.

Blue Cross and Blue Shield of Minnesota and Blue Plus and affiliates are completing system changes to accept and properly adjudicate electronic cancel and replacement claims. Due to the complexity of the changes and need for extensive testing, Blue Cross will not accept electronic cancel or replacement claims until October 19, 2009. Providers should continue to request the claim changes as adjustments until October 19, 2009, using one of these methods:

- Submitting a request through provider web self-service at **www.providerhub.com**
- Fax in the *Provider Claim Adjustment/Status Check/Appeal Form* to **(651) 662-2745**

- Mail in the *Provider Claim Adjustment/Status Check/Appeal Form* to:
Blue Cross and Blue Shield of Minnesota
P.O. Box 64560
St. Paul, MN 55164-0560
- Calling provider service at **(651) 662-5200 or 1-800-262-0820**

For more details on this go to **providers.bluecrossmn.com** and enter “qp13-09” in the search window in the top right corner.

Pharmacy and dental formatted claims

Minnesota statute 62J.536 requires providers to submit all claims electronically effective July 15, 2009. This requirement includes dental and pharmacy formatted claim types.

Blue Cross and Blue Shield of Minnesota and Blue Plus and affiliates are completing system changes to accept and properly adjudicate these electronic claim types. Due to the complexity of the changes and the need for extensive testing, Blue Cross can not accept dental formatted or pharmacy formatted electronic claims until first quarter 2010. Pharmacy and dental providers should continue to submit these claim types on paper until first quarter 2010.

For more details on this, go to **providers.bluecrossmn.com** and enter “qp14-09” in the search window in the top right corner.

Claims Tips

Reminder to all substance abuse providers

Blue Cross and Blue Shield of Minnesota and Blue Plus implemented a residential substance abuse admission and concurrent review process change effective July 1, 2009 for all members enrolled in a fully insured plan or Minnesota Health Care Program.

PAN requirements

Effective July 1, 2009, a preadmission notification (PAN) is **required** for all residential substance abuse services, including services that were previously determined to be halfway house or extended care. Coverage for services is based on the specifics of each member's benefits.

Concurrent review

In addition to the PAN requirements, at day 21 of an inpatient/residential stay, a concurrent review is required with a medical necessity review. Blue Cross will conduct the medical necessity review based on an updated completion of the Department of Human Services (DHS) Dimensions Criteria and the submission of a current individualized treatment plan.

A copy of the DHS Dimensions Criteria and Assessment is located on the DHS website at edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2794-ENG.

PAN form

If you have provider web self-service, submit the PAN request electronically by creating an admission notification on www.providerhub.com. A copy of the PAN form is also available on the Blue Cross website at providers.bluecrossmn.com. For providers that do not have provider web self-service, the PAN form should be faxed to **(651) 662-7006**.

Blue Cross policy

Failure to comply with the PAN or concurrent review requirements within 10 business days from the request will result in claims being denied as provider liability. If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.

Coding Corner

Modifiers – report the first time

Modifiers are often an important part of the claim submission. Appended to a procedure or service, it completes the picture of that visit or service. When modifiers such as the -25 to identify that the evaluation and management (E/M) service is significant and separate from other services, the -24 used to identify an unrelated E/M during the post-operative period, or the -59 used to indicate a distinct procedural service, are not appended to the appropriate service on the initial claim, a denial may be applied. Many of these denials are subsequently appealed to request addition of the appropriate modifier.

Please append all appropriate modifiers the first time the claim is submitted. This practice reduces administrative costs to both you and the payer. Do not appeal to add a modifier or change a code unless the medical record clearly supports the change and is legible. Unnecessary appeals and illegible documentation are costly to everyone.

96110 integral to preventive exams

This is a reminder that developmental testing, 96110, is considered an integral part of a preventive medical exam (99381-99386, 99391-99396) and will deny as being included in the basic service performed. Exceptions to allow 96110 are made only for our Public Program members.

ICD-9-CM updates

ICD-9-CM changes are coming October 1, 2009. We will accept all added and revised diagnosis and procedure codes. Codes that were designated as invalid will no longer be accepted.

Our edits reflect HIPAA regulations that stipulate that medical code sets be effective based on the date of service. This applies to both professional and facility claims. Be sure to submit the diagnosis or procedure code that was valid for the specific date of service.

Medicare education reminder

Provider Bulletin P21-09, “New Medicare education requirements”, was issued on July 28, 2009. This is a reminder to complete the required compliance training addressed in the bulletin by December 31, 2009. The attestation form attached to the bulletin will need to be returned no later than January 15, 2010. For complete details go to **providers.bluecrossmn.com** and enter “p21-09” in the search window in the top right corner.

Office supplies

Generally, supplies used in the office place of service are included in any service performed, such as a surgical procedure, an Evaluation and Management service or a laboratory service. As such, most supplies will deny as included in the basic service rendered.

Reminder

When submitting appeals or adjustment requests for medical code changes or reconsideration (diagnosis, procedure code, procedure modifier), remember to include the associated medical records to support the change. Requests received without medical records are returned to the requestor without review. This policy applies to all claims except BlueCard® program claims.

Medical and Behavioral Health Policy Update

Blue Cross and Blue Shield of Minnesota's medical and behavioral health policies are available for your use and review on the Blue Cross website at providers.bluecrossmn.com. Once there, select "Medical Policy" (under the Tools and 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 Medical and Behavioral Health Policy Manual. Here, there are several selections to assist with your inquiry.

The "Upcoming Policies" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective 90 days from the date they were posted to the "Upcoming Policies" section of the Medical and Behavioral Health Policy Manual.

The "What's New" section identifies our latest new or revised policies approved by Blue Cross' Medical and Behavioral Health Policy Committee at least 90 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 "Active Policy" section contains the entire list of policies effective at the time of your inquiry. Please note, DHS programs have a separate section titled "Coverage Guidelines for DHS Programs."

The "Prior Authorization Recommended" sections identify procedures, services, devices and drugs recommended for prior authorization. For your convenience, a link to "Prior Authorization Forms" has also been provided. Please note, DHS and non-DHS programs have different prior authorization recommendations.

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

Medical and behavioral health policy activity

Policies Effective: 09/15/09 Notification Posted: 06/17/09

Policies developed

Spinal Fusion: Lumbar

- Lumbar fusions may be considered medically necessary for any of the following conditions, when confirmed by radiographic studies:
 - Epidural compression or vertebral destruction from a tumor;
 - Idiopathic scoliosis over 40 degrees or progressive degenerative scoliosis;
 - Instability after debridement for infection;
 - Neural compression after spinal fracture;
 - Other causes of objectively documented symptomatic instability with compression of either the nerve root or the cauda equine;
 - Pseudoarthrosis;
 - Spinal tuberculosis
- Lumbar fusions may be considered medically necessary for the treatment of degenerative conditions *with spinal instability* when the following criteria are met:

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- Radiographic documentation (plain radiographs, MRI, or CT scans) of spinal instability (>3 mm of translation and/or 10 degrees or more of angulation of one vertebra compared to the adjacent vertebra in a spinal motion segment); and
- One of the following conditions are present:
 - Post-laminectomy instability; or
 - Spinal stenosis decompression for any one of the following:
 - Associated radical discectomy;
 - Flexible or progressive degenerative scoliosis or kyphosis;
 - Intraoperative excessive facet removal;
 - Multiple recurrent disc herniation with failed laminectomy;
 - Recurrent spinal stenosis at the same segment;
 - Removal of par interarticularis or pars fracture;
 - Spondylolisthesis
- Lumbar fusions may be considered medically necessary for chronic (present for at least 6 – 12 months) discogenic back pain alone (without instability) when all the following criteria are met:
 - Documentation, from the medical record, of unremitting pain and disability that is refractory to intensive conservative therapy for at least three months. Intensive conservative therapy must include all of the following:
 1. Anti-inflammatory medication and analgesics, unless contraindicated; and
 2. Physical therapy which includes all of the following components:
 - Passive treatment modalities (e.g., thermal treatments, electrical stimulation, mechanical traction); *and*
 - An active, organized and progressive therapy program that includes strengthening, flexibility, balance, coordination and posture education; *and*
 - Instruction and training in the use of dynamic activities to improve function and performance; *and*
 3. Therapeutic injections; *and*
 - The patient must be evaluated preoperatively by a psychiatrist or licensed psychologist [Ph.D]) to ensure the patient's ability to understand, tolerate and comply with all phases of care. The evaluation must also ensure that any psychiatric or chemical dependency contraindications to the surgery have been addressed. Documentation of this evaluation must be included in the prior authorization; *and*
 - Radiographic studies (e.g., MRI, CT, CT myelography, discography) show no evidence of compression, instability or other lesions.
- Lumbar fusions are considered investigative and not medically necessary for the management of the following conditions:
 - With initial primary laminectomy/discectomy for nerve root decompression without documented instability or severe stenosis;
 - Multiple-level degenerative disc disease (more than 2 levels).
- Prior authorization: Yes. If lumbar fusion is performed and medical necessity criteria are not met, any associated procedures (e.g., instrumentation, discectomy, implantation of devices, decompression) will not be covered. This includes, but is not limited to, professional, facility, and anesthesia services, as well as supplies.

Dynamic Spinal Visualization

- Investigative and not medically necessary
- Prior authorization: Not applicable.

Medical and Behavioral Health Policy Update

Allograft for Breast Reconstructive Surgery

- Use of allograft material may be considered medically necessary for use in breast reconstructive surgery when one of the following conditions are met:
 - Insufficient tissue expander or implant coverage by the pectoralis major muscle and additional coverage is required; or
 - Viable, but comprised or thin, post-mastectomy skin flaps that are at risk of dehiscence or necrosis; or
 - Infra-mammary fold and lateral mammary folds have been undermined during mastectomy and re-establishment of these landmarks is necessary.
- All other uses of allograft material for breast surgery are considered investigative and not medically necessary.
- Prior authorization: No.

Policies revised

Cryosurgical Ablation for Solid Tumors

- The following indication has been added as investigative and not medically necessary:
 - Subtotal prostate ablation.
- Prior authorization: No.

Diastasis Recti Abdominis Repair

- Considered cosmetic.
- Prior authorization: Not applicable.

Signal-Averaged Electrocardiography

- Investigative and not medically necessary for all indications including, but not limited to:
 - Risk stratification for arrhythmias after prior myocardial infarction;
 - Evaluation of cardiomyopathy;
 - Evaluation of syncope;
 - Assessment of success after surgery for arrhythmia;
 - Detection of acute rejection of heart transplants;
 - Assessment of efficacy of antiarrhythmic drug therapy;
 - Assessment of success of pharmacological, mechanical, or surgical interventions to restore coronary artery blood flow.
- Prior authorization: Not applicable.

Positron Emission Tomography (PET): Cardiac Applications

- Positron emission tomography (PET) may be considered medically necessary to assess myocardial perfusion and diagnose coronary artery disease in patients with either of the following indications:
 - Indeterminate SPECT; or
 - The patient is prone to artifact that could lead to an indeterminate SPECT (e.g., BMI = 35 kg/m²)
- Positron emission tomography (PET) may be considered medically necessary to assess myocardial viability in patients with severe left ventricular dysfunction, as a technique to determine candidacy for a revascularization procedure.
- Positron emission tomography (PET) is considered investigative and not medically necessary for all other cardiac applications.
- Prior authorization: No.

Medical and Behavioral Health Policy Update

Sleep Disorders Testing in Adults

- Supervised polysomnography performed in a sleep laboratory may be considered medically necessary as a diagnostic test in patients with any of the following (1-3):
 - Observed apneas during sleep; OR
 1. A combination of at least two of the following:
 2. Excessive daytime sleepiness evidenced by an Epworth Sleepiness Scale greater than 10, inappropriate daytime napping (e.g., during driving, conversation, or eating), or sleepiness that interferes with daily activities and is not explained by other conditions;
 3. Habitual snoring, or gasping/choking episodes associated with awakenings;
 4. Unexplained hypertension;
 5. A body mass index greater than 35 kg/m²;
 6. Craniofacial or upper airway soft tissue abnormalities.
 - OR; moderate or severe congestive heart failure, stroke/transient ischemic attack, coronary artery disease, or significant tachycardia or bradycardic arrhythmias in patients who have nocturnal symptoms suggestive of a sleep-related breathing disorder or otherwise are suspected of having sleep apnea.
- Unattended (unsupervised) home sleep studies with a Type III device (minimum of four recording channels [including oxygen saturation, respiratory movement, and airflow]) may be considered medically necessary under the following circumstances:
 - Patients who are at high risk for obstructive sleep apnea (OSA) based on the presence of the following:
 1. Habitual snoring; and
 2. Observed apneas; and
 3. Excessive daytime sleepiness (Epworth sleepiness scales score > 10); and
 4. Body mass index (BMI) > 35; AND
 - Patients who have no evidence by history or physical examination of a health condition that might alter ventilation or require alternative treatment, including any of the following:
 1. Central sleep apnea;
 2. Congestive heart failure;
 3. Chronic pulmonary disease;
 4. Obesity hypoventilation syndrome;
 5. Narcolepsy;
 6. Periodic limb movements in sleep;
 7. Restless leg syndrome.
- Unattended (unsupervised) sleep studies are considered not medically necessary for all other indications that do not meet the criteria described above for use of Type III devices.
- Repeat supervised polysomnography performed in a sleep laboratory may be considered medically necessary under any of the following circumstances:
 - To initiate and titrate continuous positive airway pressure (CPAP) in adult patients with clinically significant OSA defined as those patients who have:
 1. An apnea/hypnea index (AHI) =15 per hour; or
 2. An apnea/hypnea index AHI between 5 and 14 with any of the following associated symptoms:

Medical and Behavioral Health Policy Update

- Excessive daytime sleepiness
- Impaired cognition
- Mood disorders
- Insomnia
- Documented hypertension
- Ischemic heart disease
- History of stroke

In lieu of a repeat supervised polysomnography, auto-adjusting CPAP may be considered medically necessary during a four-week trial to initiate and titrate CPAP in adult patients with clinically significant obstructive sleep apnea, as defined above.

- Failure of resolution of symptoms or recurrence of symptoms during treatment; OR
- To assess efficacy of surgery or dental appliances; OR
- To re-evaluate the diagnosis of obstructive sleep apnea and need for continued CPAP (e.g., if there is a significant change in weight or change in symptoms suggesting that CPAP should be retitrated or possibly discontinued).
A split-night study, in which severe OSA is documented during the first half of the study using polysomnography, followed by CPAP during the second half of the study, may eliminate the need for a second study to titrate CPAP.
- Multiple sleep latency testing is considered not medically necessary in the diagnosis of obstructive sleep apnea syndrome (OSA) *except* to exclude or confirm narcolepsy in the diagnostic work-up of OSA syndrome.
- The use of overnight pulse oximetry to screen patients for sleep apnea is considered investigative and not medically necessary.
- Prior authorization: No.

Treatment of Obstructive Sleep Apnea/Upper Airway Restrictive Syndrome and Snoring

- The following statements have been added to the medical management section of this policy:
 - Auto-adjusting CPAP may be considered medically necessary during a four-week trial to initiate and titrate CPAP in adult patients with clinically significant obstructive sleep apnea, as defined above.
 - Atrial pacing is considered investigative and not medically necessary in the treatment of obstructive sleep apnea.
- The remainder of the policy is unchanged.
- Prior authorization: Yes, for surgical procedures, *ONLY*.

Policies Inactivated*

None.

*Policies may be inactivated for any of the following reasons: 1) requests for coverage are no longer received for a particular therapy or procedure, 2) a particular therapy or procedure has become accepted medical practice, or 3) a particular therapy or procedure is already addressed in the subscriber contracts.

Medical and Behavioral Health Policy Update

Medical and behavioral health policy activity

Policies Effective: 11/03/09 Notification Posted: 08/04/09

Policies developed

Organ Transplantation: Lung and Lobar Lung

- Lung and lobar lung transplantation* may be considered medically necessary for carefully selected patients with irreversible, progressively disabling, end-stage pulmonary disease who meet the transplant center's institutional patient selection criteria.

*Coverage may be considered on a case-by-case basis for living donor lung transplantation.

- Prior authorization: Yes.

Organ Transplantation: Heart / Lung

- Heart / lung transplantation may be considered medically necessary for carefully selected patients with end-stage cardiac and pulmonary disease who meet the transplant center's institutional patient selection criteria.
- Prior authorization: Yes.

Organ Transplantation: Kidney

- Kidney transplantation with either a living or cadaver donor may be considered medically necessary for carefully selected candidates with end-stage renal disease who meet the transplant center's institutional patient selection criteria.
- Prior authorization: No.

Organ Transplantation: Allogeneic Pancreas

- Combined pancreas-kidney transplantation may be considered medically necessary in diabetic patients with end-stage renal disease.
- Pancreas transplantation after a prior kidney transplant may be considered medically necessary in patients with insulin-dependent diabetes.
- Pancreas transplantation alone may be considered medically necessary in patients with severely disabling and potentially life-threatening complications due to hypoglycemia unawareness or labile diabetes that persists despite optimal medical management.
- Pancreas retransplantation after a failed primary pancreas transplant may be considered medically necessary.
- Prior authorization: Yes.

Organ Transplantation: Small Bowel

- Small bowel transplantation may be considered medically necessary for pediatric or adult patients who meet the following criteria:
 - Intestinal failure (characterized by loss of absorption and the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance); and
 - Established long-term dependency on total parenteral nutrition (TPN) and are developing or have developed severe complications due to TPN*.

* Patients who are developing or have developed severe complications due to TPN include, but are not limited to the following: multiple and prolonged hospitalizations to treat TPN-related complications (especially repeated episodes of catheter-related sepsis) or the development of progressive liver failure. In the setting of progressive

Medical and Behavioral Health Policy Update

liver failure, small bowel transplant may be considered a technique to avoid end-stage liver failure related to chronic TPN, thus avoiding the necessity of a multivisceral transplant. In those receiving TPN, liver disease with jaundice (total bilirubin above 3 mg/dl) is often associated with development of irreversible progressive liver disease. The inability to maintain venous access and great vein damage are additional reasons to consider small bowel transplant in those who are dependent on TPN.

- A small bowel transplant is considered investigative and not medically necessary for adults with intestinal failure who are able to tolerate TPN.
- Prior authorization: Yes.

Organ Transplantation: Small Bowel / Liver and Multivisceral

- Small bowel / liver or multivisceral transplantation may be considered medically necessary for pediatric or adult patients who meet the following criteria:
 - Intestinal failure (characterized by loss of absorption and the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance); and
 - Established long-term dependency on total parenteral nutrition (TPN) and are developing or have developed severe complications due to TPN*.

* Patients who are developing or have developed severe complications due to TPN include, but are not limited to, the following: multiple and prolonged hospitalizations to treat TPN-related complications (especially repeated episodes of catheter-related sepsis) or the development of progressive liver failure. In the setting of progressive liver failure, small bowel transplant may be considered a technique to avoid end-stage liver failure related to chronic TPN, thus avoiding the necessity of a multivisceral transplant. In those receiving TPN, liver disease with jaundice (total bilirubin above 3 mg/dl) is often associated with development of irreversible progressive liver disease. The inability to maintain venous access and great vein damage are additional reasons to consider small bowel transplant in those who are dependent on TPN.

- Prior authorization: Yes.

Organ Transplantation: Heart

- Human heart transplantation may be considered medically necessary for carefully selected adult and pediatric patients with end-stage heart failure who meet the transplant center's institutional patient selection criteria.
- Prior authorization: Yes.

Organ Transplantation: Liver

- Liver transplantation, with either a cadaver or living donor, may be considered medically necessary in carefully selected patients with end-stage liver failure due to irreversible damage to the liver. Conditions causing end-stage liver disease include, but are not limited to, the following:
 - Hepatocellular disease
 1. Alcoholic cirrhosis
 2. Viral hepatitis (A, B, C, or non-A non-B)
 3. Autoimmune hepatitis
 4. Alpha-1 antitrypsin deficiency
 5. Hemochromatosis
 6. Protoporphyrin
 7. Wilson's disease

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- Cholestatic liver disease
 1. Primary biliary cirrhosis
 2. Primary sclerosing cholangitis with development of secondary biliary cirrhosis
 3. Biliary atresia
- Vascular disease
 1. Budd-Chiari syndrome
- Primary hepatocellular carcinoma
- Inborn errors of metabolism
- Trauma and toxic reactions
- Miscellaneous
 1. Polycystic disease of the liver
 2. Familial amyloid polyneuropathy.
- Liver transplantation is considered investigative and not medically necessary for the following indications:
 - Extrahepatic malignancy including cholangiocarcinoma;
 - Hepatocellular carcinoma extending beyond the liver;
 - Presence of an active infection;
 - Active substance abuse.
- Prior authorization: Yes.

Treatment of Pulmonary Arterial Hypertension With Prostacyclin Analogues, Endothelin Receptor Antagonists, or Phosphodiesterase Inhibitors

- The following therapies may be considered medically necessary for the treatment of pulmonary arterial hypertension (PAH, WHO Group 1):
 - Epoprostenol sodium (Flonan®) continuous IV infusion;
 - Treprostinil sodium (Remodulin®) continuous SC infusion, IV infusion;
 - Iloprost (Ventavis®) inhalation via nebulizer;
 - Bosentan (Tracleer®) oral;
 - Ambrisentan (Letairis®) oral;
 - Sildenafil citrate (Revatio®) oral;
 - Tadalafil (Adcirca™) oral.
- Combination therapy is considered investigative and not medically necessary for the treatment of pulmonary arterial hypertension (PAH), except when changing from one treatment to another.
- The use of poprostenol, treprostinil, iloprost, bosentan, ambrisentan, sildenafil, or tadalafil is considered investigative and not medically necessary for the treatment of non-PAH pulmonary hypertension conditions (WHO Groups 2-5), including but not limited to:
 - Pulmonary hypertension associated with left heart diseases;
 - Pulmonary hypertension associated with lung diseases and/or hypoxemia (including chronic pulmonary obstructive disease);
 - Pulmonary hypertension due to chronic thrombotic and/or embolic disease;
 - Miscellaneous conditions (i.e., sarcoidosis, histiocytosis X and lymphangiomatosis)

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- The use of tadalafil 10mg (Cialis®) and vardenafil 10 mg (Levitra®) is considered investigative and not medically necessary for the treatment of pulmonary arterial hypertension (WHO Group 1) and non-PAH pulmonary hypertension (WHO Groups 2-5).
- Prior authorization: Yes, *ONLY* for Sildenafil citrate (Revatio®) and Tadalafil (Adcirca™).

Transilluminated Powered Phlebectomy

- Transilluminated powered phlebectomy may be considered medically necessary as one component of the treatment of symptomatic varicose veins.
- Prior Authorization: No.

Policies revised

Microprocessor-Controlled Prostheses for the Lower Limb (formerly Microprocessor-Controlled Prosthetic Knees)

- The use of a powered knee is considered investigative and not medically necessary due to a lack of evidence demonstrating improved health outcomes.
- The use of a microprocessor-controlled or powered foot is considered investigative and not medically necessary due to lack of evidence demonstrating improved health outcomes.
- The following statement has been added to the criteria to indicate when the use of a microprocessor-controlled knee may be considered medically necessary for amputees:
 - No contraindications as listed in the above guidelines from the Veterans Health Administration Prosthetic Clinical Management Program Clinical Practice Recommendations for Microprocessor Knees (bullet A in the description section of the policy)
 - A. Contraindications for use of the microprocessor knee should include:
 - Any condition which prevents socket fitting, such as a complicated wound or intractable pain which precludes socket wear.
 - Inability to tolerate the weight of the prosthesis.
 - Medicare Level K 0—no ability or potential to ambulate or transfer.
 - Medicare Level K 1—limited ability to transfer or ambulate on level ground at fixed cadence.
 - Medicare Level K 2—limited community ambulator that does not have the cardiovascular reserve, strength, and balance to improved stability in stance to permit increased independence, less risk of falls, and potential to advance to a less-restrictive walking device.
 - Inability to utilize swing and stance features of the knee unit.
 - Poor balance or ataxia that limits ambulation.
 - Significant hip flexion contracture (over 20 degrees).
 - Significant deformity of remaining limb that would impair ability to stride.
 - Limited cardiovascular and/or pulmonary reserve or profound weakness.
 - Limited cognitive ability to understand gait sequencing or care requirements.
 - Long distance or competitive running.
 - Falls outside of recommended weight or height guidelines of manufacturer.
 - Specific environmental factors—such as excessive moisture or dust, or inability to charge the prosthesis.
 - Extremely rural conditions where maintenance ability is limited.
- Prior Authorization: Yes.

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Corneal Topography / Computerized Corneal Topography (formerly Computerized Corneal Topography)

- Non-computerized corneal topography is considered part of the evaluation and management included in general ophthalmological services and is, therefore, considered incidental to those services.
- Prior Authorization: No.

Hyperhidrosis Treatments (policy has been revised with criteria based on the type of hyperhidrosis being treated)

- Treatment of primary hyperhidrosis (axillary, palmar, plantar, or craniofacial) may be considered medically necessary in patients with one of the following indications:
 - Presence of medical complications secondary to hyperhidrosis (e.g., acrocyanosis of the hands; history of recurrent skin maceration with bacterial or fungal infections; history of recurrent secondary infections; history of persistent eczematous dermatitis despite medical treatment with topical dermatological or systemic anticholinergic agents); or
 - Significant disruption of professional/personal life or significant functional impairment as a result of hyperhidrosis, as documented in the medical record.
 - Treatment of hyperhidrosis is considered NOT medically necessary in the absence of one of the indications listed above.
- **Axillary Hyperhidrosis:** The following treatments may be considered medically necessary for axillary hyperhidrosis:
 - Aluminum chloride 20% solution;
 - Botulinum toxin type A (intra-dermal injection) for severe primary axillary hyperhidrosis that is inadequately managed with topical agents in patients 18 years and older;
 - Endoscopic transthoracic sympathectomy (ETS) and surgical excision of axillary sweat glands, when conservative treatment (i.e., aluminum chloride 20% solution or botulinum toxin type A, individually or in combination) has failed.
 - The following treatments are considered investigative and not medically necessary for axillary hyperhidrosis:
 1. Axillary liposuction;
 2. Botulinum toxin type B.
- **Palmar Hyperhidrosis:** The following treatments may be considered medically necessary for palmar hyperhidrosis:
 - Aluminum chloride 20% solution;
 - Botulinum toxin type A (intra-dermal injection) for severe primary palmar hyperhidrosis that is inadequately managed with topical agents in patients 18 years and older;
 - Endoscopic transthoracic sympathectomy (ETS) when conservative treatment (i.e., aluminum chloride 20% solution or botulinum toxin type A, individually or in combination) has failed.
 - The following treatment is considered investigative and not medically necessary for palmar hyperhidrosis:
 1. Botulinum toxin type B.
- **Plantar Hyperhidrosis:** The following treatment may be considered medically necessary for plantar hyperhidrosis:
 - Aluminum chloride 20% solution.
 - The following treatments are considered investigative and not medically necessary for plantar hyperhidrosis:
 1. Botulinum toxin type A;
 2. Botulinum toxin type B;
 3. Lumbar sympathectomy.
- **Craniofacial Hyperhidrosis:** The following treatments may be considered medically necessary for craniofacial hyperhidrosis:
 - Aluminum chloride 20% solution;

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- Endoscopic transthoracic sympathectomy (ETS) when conservative treatment (i.e., aluminum chloride 20% solution) has failed.
- The following treatments are considered investigative and not medically necessary for craniofacial hyperhidrosis:
 - Botulinum toxin type A;
 - Botulinum toxin type B

Iontophoresis

- The use of iontophoresis in the home setting for any type of hyperhidrosis is considered self-help and ineligible for coverage.
- Prior authorization: Yes, ONLY for endoscopic thoracic sympathectomy.

Phosphodiesterase-5 Inhibitors

- The use of Adcirca™ may be considered medically necessary for the FDA-approved indication of pulmonary arterial hypertension.
- The *off-label use* of or Adcirca™ 40 mg is considered investigative and not medically necessary due to a lack of evidence supporting the use of these strengths for indications other than pulmonary arterial hypertension.
- Prior authorization: Yes, for the following indications:
 - On-label use of Revatio™ or Adcirca™ (e.g., for treatment of pulmonary arterial hypertension) *and*
 - Off-label use of any phosphodiesterase-5 inhibitor

Policies inactivated*

Organ Transplantation (policy replaced with the newly developed organ specific policies listed above under “Policies developed”)

*Policies may be inactivated for any of the following reasons: 1) requests for coverage are no longer received for a particular therapy or procedure, 2) a particular therapy or procedure has become accepted medical practice, or 3) a particular therapy or procedure is already addressed in the subscriber contracts.

Medical and behavioral health policy activity

Policies Effective: 11/23/09 Notification Posted: 08/26/09

Policies developed

Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia

- Allogeneic hematopoietic stem-cell transplantation (HSCT) using a myeloablative conditioning regimen may be considered medically necessary to treat:
 - Poor- to intermediate-risk AML in remission; or
 - AML that is refractory to, or relapses following, standard induction chemotherapy; or
 - AML in patients who have relapsed following a prior autologous HSCT and are medically able to tolerate the procedure
- Allogeneic HSCT using a reduced-intensity conditioning regimen may be considered medically necessary as a treatment of AML in patients who are in complete marrow and extramedullary remission, and who for medical reasons would be unable to tolerate a myeloablative conditioning regimen.
- Autologous HSCT may be considered medically necessary to treat AML in first or second remission or relapsed AML if responsive to intensified induction chemotherapy.
- Prior authorization: Yes.

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

- Autologous stem-cell transplant may be considered medically necessary to treat patients with germ-cell tumors in second complete remission or in second relapse. Autologous stem-cell transplant may also be considered medically necessary as salvage therapy for poor-risk germ-cell tumors that do not achieve complete remission after primary chemotherapy with or without surgery (i.e., those achieving a partial response or less, and those with refractory disease).
- Autologous stem-cell transplant is considered investigative and not medically necessary as a component of first-line treatment for poor-risk germ-cell tumors, or as initial treatment of a first relapse (i.e., in lieu of a course of conventional chemotherapy).
- Tandem autologous stem-cell transplant is considered investigative and not medically necessary to treat germ-cell tumors of any stage.
- Allogeneic stem-cell transplant is considered investigative and not medically necessary to treat germ-cell tumors, including, but not limited to its use as therapy after a prior failed course of high-dose chemotherapy with autologous stem-cell support.
- Prior authorization: Yes.

Hematopoietic Stem-Cell Transplantation for Breast Cancer

- Autologous stem-cell transplantation is considered investigative and not medically necessary when used to treat any stage of breast cancer.
- Tandem autologous transplantation (i.e., two or more courses of high-dose chemotherapy, scheduled regardless of response to the first course, each followed by stem-cell rescue) is considered investigative and not medically necessary when used to treat any stage of breast cancer.
- Allogeneic stem-cell transplantation is considered investigative and not medically necessary when used to treat any stage of breast cancer.
- Prior authorization: Not applicable.

Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer

- Autologous or allogeneic stem-cell transplantation is considered investigative and not medically necessary when used to treat epithelial ovarian cancer.
- Prior authorization: Not applicable.

Facet Arthroplasty

- Total facet arthroplasty is considered investigative and not medically necessary due to lack of appropriate regulatory approval for the device used in this procedure.
- Prior authorization: Not applicable.

Spinal Unloading Devices: Patient-Operated

- Patient-operated spinal unloading devices (i.e., gravity-dependent and pneumatic devices) are considered investigative and not medically necessary for all indications, including but not limited to low back pain and scoliosis, based on a lack of evidence demonstrating an impact on improved health outcomes.
- Prior authorization: Not applicable.

Computerized Dynamic Posturography

- The use of computerized dynamic posturography is considered investigative and not medically necessary for all indications due to a lack of evidence demonstrating its impact on improved health outcomes.

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- Prior authorization: Not applicable.

Wireless Gastric Motility Monitoring

- Use of a wireless gastric motility monitoring system for any indication, including, but not limited to, the evaluation of gastroparesis, is considered investigative and not medically necessary due to a lack of evidence demonstrating its impact on improved health outcomes.
- Prior authorization: Not applicable.

Immunochemical Fecal Occult Blood Test

- Immunochemical fecal occult blood testing may be considered medically necessary for colorectal cancer screening.
- Prior authorization: No.

Surgical Treatment of Femoroacetabular Impingement

- Open or arthroscopic treatment of femoroacetabular impingement may be considered medically necessary when all of the following conditions are met:
 - **Age**
 - Adolescent patients should be skeletally mature with documented closure of growth plates (e.g., 15 years or older).
 - Adult patients should be too young to be considered an appropriate candidate for total hip arthroplasty or other reconstructive hip surgery (e.g., younger than 55 years).
 - **Symptoms**
 - Moderate-to-severe hip pain that is worsened by flexion activities (e.g., squatting or prolonged sitting) that significantly limits activities; *and*
 - Unresponsive to conservative therapy for at least 3 months (including activity modifications, restriction of athletic pursuits and avoidance of symptomatic motion); *and*
 - Positive impingement sign on clinical examination (pain elicited with 90 degrees of flexion and internal rotation and adduction of the femur).
 - **Imaging**
 - Morphology indicative of cam or pincer-type FAI, e.g., pistol-grip deformity, femoral head-neck offset with an alpha angle greater than 50 degrees, a positive wall sign, acetabular retroversion (overcoverage with crossover sign), coxa profunda or protrusion, or damage of the acetabular rim; *and*
 - High probability of a causal association between the FAI morphology and damage, e.g., a pistol-grip deformity with a tear of the acetabular labrum and articular cartilage damage in the anterosuperior quadrant; *and*
 - No evidence of advanced osteoarthritis, defined as Tonnis grade II or III, or joint space of less than 2 mm; *and*
 - No evidence of severe (Outerbridge grade IV) chondral damage.
- Surgical treatment of femoroacetabular impingement (FAI) is considered investigative and not medically necessary in all other situations.
- Prior authorization: Yes.

Spinal Manipulation Under Anesthesia

- All forms of spinal manipulation under anesthesia (SMUA) (including spinal manipulation under joint anesthesia [SMUJA] and spinal manipulation after epidural anesthesia and corticosteroid injection [SMUESI]) are considered investigative and not medically necessary for the treatment of chronic spinal (i.e., cranial, cervical, thoracic, lumbar) pain and chronic sacroiliac and pelvic pain.

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- Note: This policy does not address manipulation under anesthesia for fractures, completely dislocated joints, adhesive capsulitis (e.g., frozen shoulder), and/or fibrosis of a joint that may occur following total joint replacement.
- Prior authorization: Not applicable.

Policies revised

MRI of the Breast

- The use of MRI-guided breast biopsy may be considered medically necessary in the following situations:
 - When ultrasound- or mammogram-guided biopsy cannot be used because the area of concern is not well seen by ultrasound or mammogram; or
 - To guide localization of breast lesions when suspicious lesions exclusively detected by contrast-enhanced MRI cannot be visualized with mammography or ultrasound
- The following statement has been removed from the policy:
 - The use of computer-aided evaluation (CAE) for interpretation of contrast-enhanced magnetic resonance imaging (MRI) of the breast is considered investigative and not medically necessary due to the lack of evidence demonstrating the impact of this technology on improved health outcomes. At the present time, there is insufficient evidence to assess whether the use of CAE systems would maintain or increase the sensitivity, specificity, and recall rates of MRI of the breast.
- The remainder of the policy is unchanged.
- Prior Authorization: Yes, except in individuals with biopsy proven breast cancer.

Respiratory Syncytial Virus Prophylaxis

- Policy criteria have been revised into categories of maximum doses (three or five):
 - The use of Palivizumab (Synagis) as immune prophylaxis, for the initial RSV season, may be considered medically necessary when used in the following patient populations with the described number of doses:
 - **Maximum of Five (5) Doses**
 - Infants with Chronic Lung Disease
 - Medical therapy (supplemental oxygen, bronchodilator, diuretic, or chronic corticosteroid therapy) was required within six months before the anticipated RSV season; *and*
 - Less than two (2) years of age at onset of RSV season;
 - Maximum of 5 monthly doses
 - Infants with hemodynamically significant cyanotic and acyanotic congenital heart disease
 - Infants less than two (2) years of age at onset of RSV season; *and*
 - Infants who are receiving medication to control congestive heart failure; infants with moderate to severe pulmonary hypertension; infants with cyanotic heart disease; or infants who have received a heart transplant. (Decisions regarding prophylaxis with palivizumab in children with congenital heart disease should be made on the basis of the degree of physiologic cardiovascular compromise);
 - For children with heart disease meeting the above criteria for palivizumab, an additional postoperative dose of palivizumab may be given after a surgical procedure requiring cardiopulmonary bypass.
 - Maximum of 5 monthly doses
 - Infants with congenital abnormalities of the airway or neuromuscular disease
 - Infants less than 35 weeks' gestation

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- Infants have either congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory secretions.
- Maximum of five monthly dose
- Infants born before 32 weeks' gestation (i.e., 31 weeks, six days or less)
 - All infants born 28 weeks of gestation and less than one year of age at onset of RSV season;
 - Infants born at 29 to 32 weeks of gestation and less than six months old at onset of RSV season;
 - Maximum of five monthly doses
- Once a child qualifies for initiation of prophylaxis administration should continue throughout the season and not stop at the point a child reaches six, 12 or 24 months of age through the maximum monthly doses allowed as described above.
- **Maximum of Three (3) Doses**
 - Infants born at 32 to less than 35 weeks' gestation (i.e., 32 weeks, zero days through 34 weeks, six days) who do not meet the above criteria:
 - Infants less than three months old at onset of RSV season or who are born during the RSV season and who have at least **one** of the following high-risk factors:
 - Sibling younger than five years of age; or
 - Infant attends child care
 - Infants may receive prophylaxis until they reach six months of age (many will receive only one or two doses until they reach three months of age);
 - Maximum of *three monthly doses*
- The use of palivizumab (Synagis) as immune prophylaxis for the patient's second year of treatment may be considered medically necessary for the following indications:
 - Children with chronic lung disease who require treatment with oxygen, ventilation, and/or diuretics; and
 - Children with hemodynamically significant cyanotic and acyanotic congenital heart disease, as described above.
- The use of palivizumab (Synagis) as immune prophylaxis for RSV is considered not medically necessary for infants and children with hemodynamically insignificant heart disease.
- Administration of more than the number of doses described above in one RSV season is considered not medically necessary without documented widespread local community RSV activity, indicating early onset of season or extending past April.
- Immune prophylaxis for RSV for all other indications is considered investigative and not medically necessary including, but not limited to the following:
 - Adults with any diagnosis;
 - Patients undergoing stem-cell transplantation;
 - Children 24 months or older prior to the commencement of the RSV season;
 - Cystic fibrosis patients without reduced lung reserve
- Prior authorization: Yes, *only* after the age of two years.

Chelation Therapy

- Criteria for coverage of chelation therapy have been added:
 - Treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis)
- Investigative and not medically necessary for the following new indications:
 - Alzheimer's disease

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- Remainder of the policy is unchanged.
- Prior authorization: No.

Gastric Electrical Stimulation (formerly Gastric Electrical Stimulation for Treatment of Obesity)

- Criteria for coverage of gastroparesis has been added:
 - Gastric electrical stimulation (GES) for the treatment of gastroparesis of diabetic or idiopathic etiology will be considered on a case-by case basis when used as a Humanitarian Device for treatment of chronic, intractable nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology (See Medical Policy on Humanitarian Use Devices, IV-11).
- The remainder of the policy is unchanged.
- Prior authorization: Yes, *only* for treatment of gastroparesis.

Natalizumab (Tysabri®)

- The use of natalizumab (Tysabri®) in combination with other immune system modifying drugs (e.g., interferon, monthly steroid pulses or inhibitors of tumor necrosis factor-alpha) in patients with multiple sclerosis or Crohn's disease is considered investigative and not medically necessary due to safety concerns regarding adverse events that may result from combination therapy.
- The following statement has been removed from the policy:
 - Note: According to the product labeling for Crohn's disease, natalizumab should not be used in combination with immunosuppressants or inhibitors of tumor necrosis factor-alpha.
- Prior authorization: Yes. Request must include the patient's clinical records and documentation of the provider's acceptance to the TOUCH program.

Policies inactivated*

Gravity Lumbar Reduction (combined into new policy, "Spinal Unloading Devices: Patient-Operated")

*Policies may be inactivated for any of the following reasons: 1) requests for coverage are no longer received for a particular therapy or procedure, 2) a particular therapy or procedure has become accepted medical practice, or 3) a particular therapy or procedure is already addressed in the subscriber contracts.

Policies reviewed with no changes in June 2009 through August 2009

- Auditory Integration Therapy
- Audio-Visual Entrainment
- Automated Point of Care Nerve Conduction Tests
- Bone Conduction and Bone Anchored Hearing Aids
- Cochlear Implantation
- Cranial Electrotherapy Stimulation
- Dynesys Spinal System and Lumbar Dynamic Stabilization
- Electrical/Electromagnetic Stimulation for Treatment of Arthritis
- Electrocardiographic (ECG) Body Surface Mapping
- Excision of Redundant Skin
- Fetal Tissue Transplantation
- Full Body CT Scanning

- Gene Therapy
- Genetic Testing for Tamoxifen Treatment
- Gynecomastia
- Human Papillomavirus Vaccine (Gardasil)
- Infusion of Vitamins, Minerals and/or Nutrients for BH Conditions
- Liposuction
- Low-Level Laser Therapy (Cold Laser)
- Mastopexy
- Measurement of Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) in the Assessment of Cardiovascular Risk
- Measurement of Long Chain Omega-3 Fatty Acids as a Cardiac Risk Factor
- Nociceptive Trigeminal Inhibition-Tension Suppression System (NTI-tss) for Treatment of Headache
- Penile Plethysmography
- Prolotherapy
- Prometa
- Quantitative EEG or Brain Mapping for BH Disorders
- Quantitative Sensory Testing
- Re-Birthing Therapy (also known as coercive holding therapy or attachment therapy)
- Reduction Mammoplasty
- Replacement of Amalgams
- Reproduction Treatments
- Rhinomanometry and Acoustic/Optical Rhinometry
- Saliva Hormone Tests for Menopause
- Semi-Implantable Middle Ear Hearing Aid for Moderate to Severe Sensorineural Hearing Loss
- Single Photon Emission Computed Tomography (SPECT) for Cerebral Blood Flow in Behavioral Health Disorders
- Spider Veins/Dermal Telangiectasias
- Squeeze Machine for Autistic Spectrum Disorders
- Surface Electromyography (SSEMG)
- Surgical Decompression for Treatment of Diabetic Neuropathy
- Targeted Amino Acid Therapy for Mental and Substance-Related Disorders
- Thermal Capsulorrhaphy
- Traction Decompression of the Spine (VAX-D, LORDEX, DRX9000)
- Transesophageal Endoscopic Therapies for GERD
- Thought Field Therapy
- Tumor Vaccines
- Unicondylar Interpositional Spacer (Unispacer)
- Vacuum Therapy for Female Sexual Dysfunction
- X-Stop Interspinous Process Distraction System and Interspinous Process Decompression
- Compounded Bioidentical Hormone Therapy for Menopausal Symptoms
- Zoster Vaccine Live (Zostavax)

FYI

The Exchange

Looking for a one-stop online resource for translated health education materials and information about health communication? Look no further than the Exchange, a website shared by a collaborative of Minnesota health care organizations, including Blue Cross and Blue Shield of Minnesota.

The Exchange’s website (on-line at **www.health-exchange.net**) provides centralized access to more than 3,500 patient education sheets and videos, with new titles added every few weeks. This easily searchable database is available to Exchange members. As a Blue Cross participating provider, you too have

access to the Exchange website. Simply sign in using the log-in name (bluecross) and password (blue).

Quick access to translated materials and new information around issues that impact health is a valuable addition to quality care. You can also find out what’s new on the Exchange by signing up for their eletter. Go to **www.health-exchange.net/eletter.html** for the latest edition.

For more information on the Exchange, contact Alisha Ellwood, project manager, health care improvement at **(651) 662-0986** or via email at **Alisha_Ellwood@bluecrossmn.com**.

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
Provider service	(651) 662-5000 or 1-800-262-0820
Please verify these numbers are correctly programmed into your office phones.	

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