PROVIDER PRESS

Blue Cross and Blue Shield of Minnesota
and Blue Plus

December 2008
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New Minnesota law and InterPlan requirements for standardized health care transactions

A new law requires standardized electronic eligibility inquiry (270) and responses (271), claim submission (837) and remittance advices (835). Specific to eligibility and benefits, Blue plans through the Interplan transaction process, are implementing the inclusion of accumulated deductibles, out-of-pocket and benefit limits on a returned 271 transaction.

The eligibility inquiry and response is the first of the transactions to be implemented, under the new Minnesota law and will be in place by the end of 2008. Providers should utilize the Minnesota Uniform Companion Guide, for the Implementation of the Eligibility Inquiry and Response Electronic Transaction (ANSI ASC X12 270/271), as the single uniform companion guide for all group purchasers in Minnesota. Currently, approximately 50 percent of our participating providers utilize the Electronic Data Interchange (EDI) or Provider Portal (PWSS) to access eligibility information from Blue Cross and Blue Shield of Minnesota. Providers can access eligibility information from Blue Cross through EDI batch or real-time transactions, accessing the Provider Portal or using the Voice Response Unit (VRU). The EDI transaction is being enhanced to include remaining deductibles, out-of-pocket and benefit limits amounts, on a returned 271 transaction. The remaining amounts take into account the benefit rules minus the accumulations based on the inquiry date. This will enable providers to more accurately determine, at the time of service, the potential out-of-pocket expense to the patient once the claims are properly adjudicated.

As a reminder, changes made last year now support 55 specific eligibility service types. Also, for times when only eligibility is needed without benefits a service type of 60 is available. The response will only convey whether the member is active or inactive.

If you want to register to receive the electronic eligibility (270/271) transaction, contact ClearConnect Sales and Marketing at **(651) 662-5742, option 2** or **1-866-251-6742, option 2.** You can also use the registration form found on the website at **www.clearconnect.com**.

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

2009 holiday schedule

Provider service will be closed on the following days in 2009:

Thursday, Jan. 1
Monday, May 25
Friday, July 3
Monday, Sept. 7
Thursday, Nov. 26
Friday, Nov. 27
Thursday, Dec. 24
Friday, Dec. 25

Office hours are 8 a.m. to 5 p.m. Monday through Thursday, and 9 a.m. to 5 p.m. on Fridays.

Inside preview

Provider Manual updates

The following is a list of Blue Cross and Blue Shield of Minnesota provider manuals that have been updated from September 2008 to November 2008. As a reminder, provider manuals are available online at **bluecrossmn.com**. To view the manuals, select "for health care providers", "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
2008 Blue Plus Manual	Chapter 3 Government Programs	Updated Interpretive Services contact information
2008 Provider Policy and Procedure Manual	Chapter 11 - Coding Policies and Guidelines, Public Programs section	Updated Interpretive Services contact information
2008 Provider Policy and Procedure Manual	Chapter 11 - Coding Policies and Guidelines, Pharmacy Services section	Multiple changes throughout this section
2008 Provider Policy and Procedure Manual	Chapter 8 – Claims Filing	Changed member contracts time limit from 15 to 12 months

Provider change form

The Provider Change Form needs to be completed when your address, phone number, hospital affiliation, office hours, or clinic manager's name changes. Go to **bluecrossmn.com** and select "for health care providers" then enter "provider change form" in the search window to obtain the form. Completed forms can be faxed to **(651) 662-6684** or mailed to:

Blue Cross and Blue Shield of Minnesota and Blue Plus
PDO
Route S116
P.O. Box 64560
St. Paul, MN
55164-0560

Utilization management statement

Utilization management (UM) decision making is based only on appropriateness of care and service and on existing coverage provisions. Blue Cross does not compensate providers, practitioners or other individuals making UM decisions for denial of coverage or services. We do not offer incentives to decision makers to encourage denial of coverage or services that would result in less than appropriate care.

This statement is intended to inform and remind providers, practitioners, their employees and supervisors, upper management, medical directors, UM directors or managers, license UM staff and any other personnel who make UM decisions of this philosophy and practice.

Really simple syndication (RSS)

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 **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:

- News releases
- Bulletins
- Forms: credentialing
- Forms: other
- How-to-guides: claims
- Manuals
- Provider Press
- Quick Points

Go to **bluecrossmn.com** and select "for health care providers" then 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.

Review UM criteria

Blue Cross and Blue Plus UM programs use written utilization review criteria to make medical necessity determinations. Upon request, any Blue Cross or Blue Plus practitioner may review the clinical criteria used to evaluate an individual case. To review specific UM criteria, contact Kristy Harms at **(651) 662-8516** or **1-800-382-2000**, **option 2, ext. 28516.**

Publications available online

The following is a list of Quick Points and Bulletins published from September 2008 to November 2008 that are available online at **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

Number	Title
QP6-08	New Formulary (GenRx) for Minnesota Health Care Programs
QP7-08	Billing Options for Medicare Part D Vaccines
QP8-08	Clarification to Nursing Home Communication Form and additional information for Intensive Service Days
QP10-08	Massage and manual therapy exclusion clarification
QP11-08	New Minnesota law for standardized health care transactions
QP12-08	Provider payment updates
QP13-08	Update on CD halfway house and extended care services notification process

Bulletins

P18-08	October ICD-9-CM and HCPCS code updates
P19-08	Update to Medical Assistance Fee Schedule for the Minnesota Health Care Programs Hearing Aids
P20-08	Update to BlueLink TPA Guide
P21-08	Update to Attachment B: Definitions of Outpatient Health Service Categories
P22-08	Massage and manual therapy exclusion
P23-08	Partial psych billing change
P24-08	Psychiatric Consultation to PCC Coverage Expansion
P25-08	Change in claims payment for Medicaid-only members of SecureBlue and CareBlue
P26-08	Clarification of definitions
P27-08	American Imaging Management contract terminating
P28-08	Notifying Blue Cross of Interim Rate change
P29-08	Addition of children's residential mental health benefits to Minnesota Health Care Programs

Clinical practice guidelines

Blue Cross promotes the implementation of clinical practice guidelines and routinely notifies practitioners in appropriate specialties of updates.

Institute for Clinical Systems Improvement (ICSI)

Clinical Practice Guidelines

Updated guidelines include:

- Routine Prenatal Care
- Preventive Services for Adults
- Presentive Service for children and adolescents

Note: ICSI has set a schedule to retire a number of guidelines not adopted by Blue Cross. If you are interested in finding out which guidelines are being retired and their retire date, visit **www.icsi.org**.

To obtain a copy of ICSI guidelines, visit **www.icsi.org** or contact Pam Dempsey via e-mail at Pamela_M_Dempsey@bluecrossmn.com, or via phone at **(651) 662-7271** or **1-800-382-2000, ext. 27271** for more information.

Patient and Family Guidelines

ICSI has available sets of guidelines for patients and families. To view or print, visit **www.icsi.org** and select For Patients and Families.

Blue Cross Whole Person Health Support℠ replaces traditional disease-focused model

Blue Cross has enhanced and expanded its current disease and case management capabilities to provide more comprehensive support to members with ongoing conditions as well as to their physicians. Starting January 5, 2009, Blue Cross is moving away from the disease-focused model provided by Healthways to one developed, serviced and managed by Blue Cross.

Called Whole Person Health Support, the Blue Cross model engages the whole person based not on a member's condition, but on the opportunity to impact future costs and improve health status based on known gaps in care, ability of the member to work more closely with his or her providers and likelihood of the member to engage in interventions.

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 members with all of the tools and resources at its disposal.

Opportunity focus maximizes health management resources

Blue Cross recognizes that in the delivery of care and overall member support there is a role for the provider and a role for the health plan. Blue Cross sees its role as helping members understand their health benefits, providing them with information about services offered through Blue Cross, giving them tools and resources to help them become more informed and supporting good provider and patient relationships.

Based on a readiness to change model, Whole Person Health Support combines identification and stratification with outreach and engagement strategies to support each individual member at any point on the health care continuum. To determine which members are most in need of, and ready for, support, Blue Cross integrates data from many sources, including medical claims, pharmacy claims and self-reported data.

The data gathered by Blue Cross is analyzed with a predictive modeling scoring system. The result is a uniquely tailored opportunity score for each Blue Cross member. The opportunity score provides a snapshot of each member's health status and indicates where there are opportunities to improve health based on level of severity. Dedicated Nurse support is available for those that meet the severity and eligibility criteria.

Working with Whole Person Health Support

If a member's opportunity score indicates significant gaps in care, Blue Cross will reach out to the member with an invitation to work with a Blue Cross Dedicated Nurse who will be the member's single point of contact for support and a point of contact for their providers. Blue Cross nurses are trained in disease, case and utilization management.

Here's a brief description of what providers can expect from the Whole Person model:

- The nurse will call the member to conduct assessments, including a depression screening, create a plan of care and schedule the time and frequency of calls to the member. The frequency of calls will depend on severity and member preferences. Members

continued on page 5

Whole Person Health, continued from page 4

may call their Dedicated Nurses anytime they have questions or need information. Hour of operation are 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Central Time on Saturday.

- Ongoing discussions will include education on medication adherence, reinforcement for following the member's treatment plan and the importance of following up with the provider.
- The member and nurse will work together to support member efforts to change behavior or improve treatment outcomes.
- With the member's permission, the Dedicated Nurse will, when appropriate, contact providers with clinical information, issues or concerns. The provider or clinic can expect to receive a copy of the plan of care, provider notification of issues should issues arise and other communications from the Dedicated Nurse regarding the member.
- Providers can refer their Blue Cross patients to a Dedicated Nurse by calling the customer service number on the back of the member's ID card. The Dedicated Nurse will review the request to determine severity and the member's eligibility for participation.

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 the Dedicated Nurse model, call provider service. For clinical questions, you can send an email to networks@bluecrossmn.com.

Additional information about practitioner rights and provider processes, can be found on our website at **bluecrossmn.com**.

Plan on receiving more information in the coming weeks. If you have questions or would like to learn more about Whole Person Health Support, please plan to attend a webinar scheduled for January 28, 2009. You can register online by clicking on or pasting the URL below* into your browser address window.

*https://www.livemeeting.com/lrs/1100005683/Registration.aspx?pageName=1853c849xsfbl122

PHARMACY CORNER

Blue Cross GenRx and FlexRx drug formularies

Blue Cross maintains two drug formularies, the GenRx formulary and the FlexRx formulary.

The GenRx formulary is designed to provide 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 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.

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 drugs.

The Blue Cross Coverage Committee is responsible for final selection of drugs for these lists based on recommendations of an independent Pharmacy and Therapeutics Committee comprised of actively practicing physicians and pharmacists. The formulary is subject to periodic review and modification by these committees. Decisions to add or remove drugs from the Blue Cross formulary are made based on the medication's safety, efficacy, uniqueness and cost.

Any participating health care provider may request the addition of a drug to the formulary. Written requests should be submitted to:

Blue Cross and Blue Shield of Minnesota
Attn: Coverage Committee
P.O. Box 64812, Route R4-18
Attention: Al Heaton, R.Ph.
St. Paul, MN 55164-0812

Supporting documents or information considered important for evaluation should accompany the request. A statement of disclosure of any conflict of interest should also be included.

Medical necessity decisions for prescription medications

All denial decisions are made by licensed, board-certified reviewers. Clinical pharmacists and physician reviewers are available by telephone to discuss prescription drug decisions based on the Blue Cross and Blue Plus formulary. To discuss a prescription drug decision with a clinical pharmacist or physician reviewer, call the telephone number provided on the notification letter.

FYI

Helpful phone numbers

BLUELINE (voice response unit)	(651) 662-5200 or 1-800-262-0820
Behavioral health	1-800-469-1110
BlueCard® member benefits or eligibility	1-800-676-BLUE (2583)
FEP (voice response unit)	(651) 662-5044 or 1-800-859-2128
FEP (behavioral health issues)	1-866-812-1580
ClearConnect	(651) 662-5742 or 1-866-251-6742
Provider service	(651) 662-5000 or 1-800-262-0820

Please verify these numbers are correctly programmed into your office phones.

Coding edit decisions

Several edits have been reviewed. The codes edits and decisions are listed below.

CODE and EDITS:	DECISION/ACTIONS:
90772-90775 denied as incidental to E/M	• Edit reviewed and upheld • Drug administration is considered part of the E/M service.
A4617 denied as incidental to 94010	• Edit reviewed and upheld • Equipment (the mouthpiece) used in conjunction with a breathing capacity test is considered part of the test.

HCPCS 2009 update

A bulletin will be issued closer to the implementation date with additional information as appropriate.

Surgical multiple units

Effective October 13, 2008 it is no longer necessary to submit separate line items for certain surgical procedures. While Blue Cross can still accept the separate line, we can accept more than one unit for those surgical procedure codes whose narrative includes a unit indicator, such as "each" or "per". For example, 11201 is an add-on code to 11200. Code 11201 indicates "each additional 10 lesions". If 35 skin tags are removed, code 11200 would be reported with one unit for the first 15 lesions. Code 11201 could be reported with two units for the additional 20 skin tags.

11200 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

11201 Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions (List separately in addition to code for primary procedure)

2009 coding seminar

Learning and Knowledge Management is planning four coding seminars for January and February 2009. The seminars will include review of some of our coding edits, policies and 2009 coding changes. We have applied for three continuing education units (CEUs) available for AAPC (American Academy of Professional Coders) members. The seminars are free and the invitations are available on our website.

Ear wax removal

Ear wax removal (removal of impacted cerumen) is by CPT definition a "separate procedure". Codes designated as separate procedures should not be reported in addition to the code for the total procedure or service of which it is considered an integral component. The denial however, may vary depending on what code(s) is billed with 69210. For example, code 69210 will deny as incidental to audiometry evaluation and speech recognition testing, but if billed with an office visit, the E/M will be denied as incidental to 69210.

Massage and manual therapy exclusion clarification

On September 29, 2008, Provider Bulletin P22-08 was issued highlighting our policy changes that are effective January 1, 2009 for massage and manual therapy services, codes 97124 and 97140. The following information is being supplied and to help answer your questions, clarify our policy and inform you of the affected coding edits.

Q1: Which providers will be impacted by this change?

A: Chiropractic manipulation codes (98940-98943) apply only to the chiropractic specialty and the osteopathic manipulation codes (98925-98929) apply only to physicians. However, the policy for codes 97124 and 97140 apply to all eligible practitioners.

Q2: How was this determination made to no longer cover 97124?

A: First, most member contracts were updated for 2009 to exclude therapeutic massage. Second, therapeutic massage is often provided as preparation for a manipulation or other physical medicine therapy. Blue Cross instituted the policy to consider massage therapy an integral part of the manipulation or other therapy.

Q3: How was this determination made to no longer cover 97140?

A: Blue Cross has coding edits in place to ensure appropriate coding and consistent claims processing. After careful consideration, Blue Cross instituted the policy to consider manual therapy an integral part of the manipulation or other therapy.

Q4: Why will 97124 deny as provider liable if the service is a member contract exclusion?

A: Blue Cross has coding edits in place to ensure appropriate coding and consistent claims processing. Because massage and manual therapy are integral components of certain therapies or manipulations, these services should not be separately reported on the claim. As such, if 97124 or 97140 is billed in addition to a manipulation or therapy, on the same date of service, we will deny 97124 or 97140 as provider liability, regardless of the presence of a waiver.

If a massage or manual therapy is billed alone, or with codes not subject to our coding edits, 97124 or 97140 will process according to the member's benefit plan.

Q5: Will there be circumstances under which 97124 or 97140 will be allowed?

A: Massage therapy, code 97124 will be denied as incidental or mutually exclusive to certain procedures. If billed alone, or with codes not subject to our coding edits, 97124 will process according to the member's benefit plan. Most member contracts contain a contract exclusion for massage therapy services.

Manual therapy, code 97140, may be allowed. It will be denied as incidental or mutually exclusive to certain procedures. If billed alone or with codes not subject to our coding edits, 97140 may be allowed in accordance with the member benefits.

Q6: Will appending the -59 modifier override these edits?

A: No. Based on chart documentation review, Blue Cross found that massage and manual therapy services submitted with the -59 modifier did not clearly indicate it as a distinct service. Therefore we have adopted a corporate policy to disallow 97124 or 97140 submitted with the -59 modifier.

Q7: Can we appeal the denial?

A: Yes. As a participating provider, you may appeal a denied claim. Follow the

continued on page 9

Massage and manual therapy continued from page 8

appeal guidelines found in Chapter 10 of the online Blue Cross Provider Policy and Procedure Manual, Appeals.

Q8: Can I bill a member for denied services?

A: Any claim submitted to Blue Cross will process per this policy. The remit will indicate whether the member or the provider is liable for the service.

Q9: Which coding combinations are impacted by this change?

A: Massage and manual therapy (97124 and 97140) will be denied incidental or mutually exclusive (provider liable) to chiropractic manipulations, osteopathic manipulations, or other physical medicine procedures billed on the same date of service. The following code combinations and outcomes will be implemented effective January 1, 2009 or are already in place. For information on incidental and mutually exclusive edits refer to Chapter 11 of the online Blue Cross Provider Policy and Procedure Manual, Coding Policies and Guidelines.

Massage therapy – 97124 will be denied incidental to the following codes effective January 1, 2009:

97110 97112 97113 97116 97139
97140 97150 97530 97532 97533
97535 97537 97542 97545 97546
98925 98926 98927 98928 98929
98940 98941 98942 98943

Manual therapy – 97140 will be denied incidental to the following codes effective January 1, 2009:

97139 97150 97545 97546

Manual therapy – 97140 will be denied mutually exclusive to the following codes effective January 1, 2009:

97530 97532 97533

Manual therapy – 97140 currently denies incidental to the following codes:

98925 98926 98927 98928 98929
98940 98941 98942 98943

Blue Cross' medical and behavioral health policies are available for your use and review on the Blue Cross website: **bluecrossmn.com**. Information on policies is updated following the Medical and Behavioral Health Policy Committee meeting.

Two new sections have been added to the menu on the Medical and Behavioral Health Policy website. The "What's New" section identifies new or revised policies that are in effect and are posted on our website. The "Upcoming Policies" section lists policies that have been reviewed by the Medical and Behavioral Health Policy Committee and will be effective 60 days from the Committee review date.

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

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

(Posted and Effective November 10, 2008)

Policies Developed

Genetic Testing for Long QT Syndrome

- Accepted medical practice for specific indications.
- Investigative when used to determine prognosis and/or direct therapy in patients with known LQTS
- Prior authorization: Yes.

Policies Revised

Acupuncture

- Whole-body acupuncture, with or without electrical stimulation, is considered accepted medical practice for specific indications.
- Use of all other types of acupuncture, (e.g., auricular acupuncture), for any indication, including but not limited to, all substance-related and behavioral health disorders, is considered investigative.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Functional Neuromuscular Electrical Stimulation

- Addition of the following: Use of any other lower extremity functional neuromuscular electrical stimulation device (i.e., NESS L300, WalkAide, Odstock Dropped Foot Simulator) in the home setting for any indication is considered investigative due to a lack of evidence demonstrating its impact on improved health outcomes.
- Remainder of the policy is unchanged.
- Prior authorization: Yes.

Photodynamic Therapy for Skin Conditions

- Addition of the following indications as accepted medical practice:
  - Superficial basal cell skin cancer only when surgery and radiation are contraindicated;
  - Bowen's disease (squamous cell carcinoma in situ) only when surgery and radiation are contraindicated.
- Prior authorization: No. However, services with specific coverage criteria may be

reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Phosphodiesterase-5 Inhibitors

- Use of Viagra, Cialis, or Levitra is considered accepted medical practice for the FDA-approved indication of erectile dysfunction.
- Off-label use of Viagra, Cialis, or Levitra is considered accepted medical practice for the following indications:
  - Raynaud's phenomenon, when the condition has been resistant to treatment with calcium channel blockers; and
  - Preservation of erectile function following nerve-sparing radical retropubic prostatectomy, for one year post-surgery.
  - Female sexual dysfunction secondary to use of antidepressants.
- Off-label use of Viagra, Cialis, or Levitra for any other indication will be subject to case-by-case review.
- Use of Revatio is considered accepted medical practice for the FDA-approved indication of pulmonary arterial hypertension.
- Off-label use of Revatio is considered investigative due to a lack of evidence supporting the use of a 20-mg strength phosphodiesterase-5 inhibitor for indications other than pulmonary arterial hypertension.
- Coverage is subject to the member's contract benefits.
- Coverage of medications referred to in this policy is subject to a product-specific formulary, specialty drug program or other requirements. For questions related to specific contract benefits, please call the customer service number on the member's ID card.
- Prior authorization: Yes, for the following:
  - on-label use of Revatio (i.e., for treatment of pulmonary arterial hypertension) and
  - off-label use of any phosphodiesterase-5 inhibitor.

Hypnotherapy

- Accepted medical practice for treatment of the following indications:
  - to control chronic pain, as part of a comprehensive pain management treatment plan;
  - as an adjunct treatment for anxiety, somatoform, and adjustment disorders;
  - as a stand-alone treatment for pre-procedural anxiety.
- Investigative for all other applications, including, but not limited to for the treatment of smoking, nicotine-related disorders, and obesity.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Hair Analysis

- Microscopic evaluation of the hair is considered accepted medical practice as part of the work-up of patients with hair loss or abnormal-appearing or abnormally growing hair.
- Evaluation of trace elements in the hair (chemical analysis) is considered investigative due to a lack of evidence supporting the clinical significance of this evaluation.

- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Positional MRI (Stand-up, Seated, Upright, Weight-Bearing)
- Continues to be considered investigative.
- Prior authorization: Not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Policies Inactivated*

Lupron
Naltrexone for Alcohol Dependency
Vivitrol (Naltrexone IM) for Alcohol Dependency
Enzyme Replacement Therapy for Mucopolysaccharoidosis I
Enzyme Replacement Therapy for Mucopolysaccharoidosis VI
Enzyme Replacement Therapy with Agalsidase Beta (Fabrazyme) for Treatment of Fabry Disease

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

(Effective December 8, 2008)

Policies Developed

Influenza Virus Vaccine, Live Intranasal (FluMist)
- Medically necessary for use in healthy individuals between the ages of 2 - 49 years.
- Investigative and not medically necessary when used outside the FDA-approved age range of 2 – 49 years.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Policies Revised

Treatment for Obstructive Sleep Apnea/Upper Airway Resistance Syndrome and Snoring
- Policy expanded to address medical management (i.e., oral appliances and continuous positive airway pressure or CPAP).
- An "adequate trial of CPAP" is required prior to surgery for obstructive sleep apnea (OSA). An "adequate trial of CPAP" is defined as : A minimum of 4 hours per night for three (3) months of CPAP usage and documentation of attempts by paraprofessionals to adjust CPAP fit and comfort, as well as reasonable attempts to address any other problems associated with CPAP. (Problems may include lack of improvement in apnea/hypopnea or persistent excessive daytime sleepiness, severe adverse nasal or sinus reaction to CPAP not controlled with medication and humidification, or severe psychological aversion to CPAP not responsive to a desensitization program.)
- Clarification of procedures considered investigative for OSA and procedures considered not medically necessary because they are used to treat snoring.
- The remainder of the policy is unchanged.
- Prior authorization: Yes, for surgical procedures only.

Electrotherapy/Electrotherapeutic Devices
- Addition of a device considered investigative and not medically necessary: Powered muscle stimulator/biofeedback device (NeuroMove).
- The remainder of the policy is unchanged.

Breast Implants
- Clarification of indications considered cosmetic and not medically necessary.
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Rhinomanometry and Acoustic/Optical Rhinometry
- Addition of Acoustic/Optical Rhinometry as investigative and not medically necessary.
- The remainder of the policy is unchanged.
- Prior authorization: Not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Real-Time Continuous Glucose Monitoring
- Revision of criteria describing evidence of hypoglycemic unawareness.
- Requirement that hypoglycemic unawareness must be documented in the patient's medical record.
- Addition of information on FDA-approved age limits for various monitors.
- The remainder of the policy is unchanged.
- Prior authorization: Yes.

Gene Expression Profiling for the Management of Breast Cancer Treatment (Oncotype DX)
- Revised to include specific criteria for coverage of Oncotype DX.
- Prior authorization: Yes.
- Use of any other gene expression profile (e.g., MammoPrint) continues to be considered investigative and not medically necessary.

Botulinum Toxin
- Addition of the following approved indications: sialorrhea (drooling) secondary to Parkinson's disease and spasticity due to multiple sclerosis.
- Addition of the following specific indications considered to be investigative and not medically necessary: tension-type headaches; treatment of depressive disorders; chronic low back pain; joint pain; mechanical neck disorders; neuropathic pain after neck dissection; pain after hemorrhoidectomy or lumpectomy; sialorrhea, unless secondary to Parkinson's disease; lateral epicondylitis; benign prostatic hyperplasia; interstitial cystitis; detrusor sphincteric dyssyndergia (after spinal cord injury; and tinnitus.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Oscillatory Devices for Treatment of Cystic Fibrosis and Other Respiratory Disorders (formerly titled Vest Percussors)
- Accepted medical practice as an alternative to chest physical therapy for airway clearance when standard chest physiotherapy has failed or cannot be performed

in patients with the following conditions: cystic fibrosis or chronic bronchiectasis.
- Not medically necessary as an alternative to chest physical therapy in patients with cystic fibrosis or chronic bronchiectasis in any other clinical situations.
- Investigative and not medically necessary for all other applications, including but not limited to, use as an adjunct to chest physical therapy or use in other lung diseases, such as chronic obstructive pulmonary disease (COPD).
- Prior authorization: Yes.

Policies Inactivated*

None

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

(Effective January 1, 2009)

Reproduction Treatments
- Revised Coverage Section with the following Statements:
  - Reproduction treatment is subject to the member's contract benefits. In addition, coverage of medications referred to in this policy is subject to a product-specific formulary, specialty drug program or other requirements. For questions related to specific contract benefits, please call the Customer Service number on the member's ID card.
  - Prior Authorization: Yes, ONLY for benefit plans without dollar maximum limits.

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

(Effective January 12, 2009)

Policies Developed

Sacral Nerve Stimulation for Pelvic Floor Dysfunction
- Separate policy created for this treatment.
- Considered accepted medical practice for the FDA-approved treatment of urinary urge incontinence, urgency/frequency, or non-obstructive urinary retention in patients who meet all the following criteria:
  - symptoms have resulted in significant disability (e.g., the frequency and/or severity of leakages are limiting the patient's ability to work or participate in activities outside the home) and
  - conservative forms of treatment have been tried for at least one year and have failed, and
  - a test stimulation with the device has provided at least a 50% reduction in incontinence symptoms.
- Use of sacral nerve stimulation for off-label indications, including but not limited to, fecal incontinence and constipation, is considered investigative and not medically necessary.
- Coverage may be considered on a case-by-case basis for requests to cover sacral nerve stimulation for chronic fecal incontinence when conservative treatments have been tried and have failed.
- Prior authorization: Only for chronic fecal incontinence.

Wound Healing: Electrostimulation and Electromagnetic Therapy
- Separate policy created for this treatment.

- Investigative and not medically necessary.
- Prior authorization: Not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Wound Healing: Non-Contact Ultrasound Treatment
- Separate policy created for this treatment.
- Investigative and not medically necessary.
- Prior authorization: Not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Wound Healing: Non-Contact Radiant Heat Bandage
- Investigative and not medically necessary.
- Prior authorization: Not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Wound Healing: Vacuum-Assisted Wound Therapy in the Outpatient Setting
- Considered accepted medical practice when the patient meets the following criteria categorized according to: 1) participation in a complete wound care program AND 2) presence of eligible conditions:
  - Participation in a complete wound care program: A complete wound care program has been tried or considered and ruled out prior to addition of vacuum-assisted wound therapy to the overall management of wounds in ALL patients in ALL settings. Such a wound care program should include ALL of the following:
    - Documentation in the patient's medical record of evaluation, care, and wound measurements by a licensed medical professional; AND
    - Application of dressings to maintain a moist environment; AND
    - Debridement of necrotic tissue if present, without presence of fistula formation, macroscopic contamination or presence of malignant cells, AND
    - Evaluation of and provision for adequate nutritional status, AND
    - All underlying medical conditions have been stabilized or are under current management (i.e., diabetes, venous insufficiency).
  - Eligible conditions (patient must meet ONE of the following):
    - Stage III or IV pressure ulcers at initiation of vacuum-assisted wound therapy meeting ALL of the following:
      - The patient has been appropriately turned and positioned; and
      - The patient has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis (no special support surface is required for ulcers not located on the trunk or pelvis); and
      - The patient's moisture and incontinence have been appropriately managed; OR
    - Neuropathic ulcers meeting ALL of the following:
      - The patient has been on a comprehensive diabetic management program; and
      - Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities; OR
      - Ulcers related to venous or arterial insufficiency, meeting ALL of the

following criteria:
  - Compression bandages and/or garments have been consistently applied; and
  - Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities; and
  - For initiation of therapy in the home setting, presence of the ulcer for at least 30 days; OR
  - Dehisced wounds or wound with exposed hardware or bone; OR
  - Post-sternotomy wound infection or mediastinitis; OR
  - Complications of a surgically created wound where accelerated granulation therapy is necessary and cannot be achieved by other available topical wound treatments.
- Vacuum-assisted wound therapy is considered investigative and not medically necessary when ANY of the following criteria are present:
  - Documentation of weekly assessment of the wound's dimensions and characteristics by a licensed health care professional indicate absence of adequate progress; OR
  - Failure of progressive wound healing without intervening complications; OR
  - In the judgment of the treating physician, adequate wound healing has occurred to the degree that vacuum-assisted wound therapy may be discontinued; OR
  - Other applications of vacuum-assisted wound therapy not meeting the medical necessity criteria above.
- Prior authorization: Only when utilization will be greater than 90 days.

Policies Revised

Otoplasty
- Considered medically necessary when performed to correct a physical structure or repair the absence of a physical structure, either of which is:
  - causing hearing loss; or
  - preventing or interfering with the use of a hearing aid.
- In all instances, a functional defect is demonstrated by an audiogram that indicates a loss of at least 15 decibels in the affected ear(s).
- Considered reconstructive when performed:
  - to restore a significantly abnormal external ear or auditory canal related to accidental injury or disease, OR
  - to restore the absence of the external ear due to accidental injury or disease.
- Repair of ear lobes only is not considered repair of a functional defect for any age.
- Considered cosmetic and not medically necessary when performed for clefts or other consequences of ear piercing or protruding ears.
- Considered cosmetic and not medically necessary for all other indications.
- Prior authorization: Yes.

Ventricular Assist Devices and Total Artificial Hearts
- The policies on Implantable Ventricular Assist Systems and Artificial Hearts are being combined.
- Addition of the following approved indication for ventricular assist devices:
  - Ventricular assist devices with FDA approval are considered accepted medical practice in the post-cardiotomy setting in patients who are unable to be

weaned off cardiopulmonary bypass.
- The remaining approved indications for use of ventricular assist devices are unchanged.
- Total artificial hearts, used in accordance with their FDA approval, are considered accepted medical practice as a bridge to heart transplantation for patients with biventricular failure who are currently listed as heart transplantation candidates.
- All other applications of total artificial hearts are considered investigative and not medically necessary, including but not limited to, the use of total artificial hearts as destination therapy.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result of criteria are not met.

Growth Hormone Treatment
- Addition of the following approved indications for use of growth hormone treatment :
  - Patients with short stature due to Noonan syndrome;
  - Promotion of wound healing in burn patients;
  - Prevention of growth delay in children with severe burns;
  - Patients with short bowel syndrome receiving specialized nutritional support in conjunction with optimal management of short bowel syndrome.
- The remaining approved indications in the policy for use of growth hormone treatment are unchanged.
- The following indication is considered not medically necessary for use of growth hormone treatment:
  - Pediatric patients born small for gestational age (SGA) who fail to show catch-up growth by two years of age.
- Addition of the following investigative indications for use of growth hormone:
  - Constitutional delay (lower than expected height percentiles compared with target height percentiles and delayed skeletal maturation when growth velocities and rates of bone age advancement are normal);
  - In conjunction with gonadotropin-releasing hormone (GnRH) analogs as a treatment of precocious puberty;
  - In adults without proven growth hormone deficiency (i.e., anti-aging treatment);
  - Anabolic therapy, except for AIDS, provided to counteract acute or chronic catabolic illness (e.g., surgery outcomes, trauma, cancer, chronic hemodialysis, chronic infectious disease) producing catabolic (protein wasting) changes in both adult and pediatric patients;
  - Anabolic therapy to enhance body mass or strength for professional, recreational, or social reasons;
  - Glucocorticoid-induced growth failure;
  - Treatment of altered body habitus (e.g., buffalo hump) associated with antiviral therapy in HIV-infected patients;
  - Treatment of obesity;
  - Treatment of cystic fibrosis;
  - Treatment of idiopathic dilated cardiomyopathy;
  - Treatment of juvenile idiopathic or juvenile chronic arthritis.
- The remaining investigative indications in the policy are unchanged.

- Prior authorization: Yes.

Deep Brain Stimulation

- Addition of the following investigative indications for deep brain stimulation:
  - Tardive dyskinesia
  - Treatment of mental or neurologic disorders, including but not limited to, Tourette syndrome, depression, obsessive compulsive disorder, cluster headaches, and epilepsy.
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Treatment of Urinary Dysfunction

- Addition of the following periurethral bulking agents as approved treatment for stress urinary incontinence:
  - ethylene vinyl alcohol copolymers (e.g., Tegress)
  - calcium hydroxylapatite (e.g., Coaptite)
  - polydimethylsiloxane (e.g., Macroplastique)
- Use of these periurethral bulking agents as treatment for any other type of urinary incontinence is considered investigative and not medically necessary.
- Use of autologous cellular therapy (e.g., myoblasts, fibroblasts, muscle-derived stem cells, or adipose-derived stem cells), autologous fat, and autologous ear chondrocytes is considered investigative and not medically necessary.
- Use of any other periurethral bulking agents is considered investigative and not medically necessary.
- Sacral nerve stimulation has been removed from this policy; a separate policy has been created for this treatment.
- The remainder of the policy is unchanged.
- Prior authorization: Only for percutaneous tibial nerve stimulation.

Percutaneous Vertebroplasty and Kyphoplasty

- Considered accepted medical practice for the following indications:
  - Treatment of symptomatic osteoporotic vertebral fractures that have failed to respond to conservative treatment (e.g., analgesics. physical therapy, and rest) for a period of six (6) weeks; AND
  - Treatment of severe pain due to osteolytic lesions of the spine related to multiple myeloma or metastatic malignancies.
- Percutaneous vertebroplasty and percutaneous kyphoplasty are considered investigative and not medically necessary for all other indications.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result of criteria are not met.

Radiofrequency Ablation of Solid Tumors, Excluding Liver Tumors

- The approved indication for treatment of renal tumors has been revised to state:
  - Treatment of clinically, localized, suspected renal malignancy when the peripheral lesion is <3 cm in diameter and one or more of the following criteria are met:
    - a single kidney;
    - renal insufficiency as defined by a glomerular filtration rate (GFR) of

<60mL/min/m2; or
- the patient is considered a high-risk surgical patient (e.g., the elderly or infirm).

- The remainder of the policy is unchanged.
- Prior authorization: Only for renal tumors.

Policies Inactivated*

Balloon Therapy (Balloon Sinuplasty) for Treatment of Chronic Sinusitis (the medical policy is being replaced with a reimbursement policy)
Healing Response Surgery for ACL Repair
Occluder Devices for Septal Defects
Silicone Injections
Outpatient Pain Rehabilitation

*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 September. October, and November

Adoptive Immunotherapy
Amino Acid-Based Formulas
Artificial Intervertebral Discs
Biofeedback for Disorders Listed in the DSM-IV TR
Blepharoplasty and Brow Ptosis Repair
Correlated Audioelectric Cardiography
Coverage of Routine Care Related to Cancer Clinical Trials
Diastasis Recti Repair
Dynesys Spinal System and Lumbar Dynamic Stabilization
Extracorporeal Shock Wave Therapy for Plantar Fasciitis and Other Conditions
Fetal Tissue Transplantation
Low-Level Laser (Cold Laser)
LASE
Magnetoencephalography/Magnetic Source Imaging
Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders
Metal-on-Metal Total Hip Resurfacing
MRI of the Breast
Noninvasive Measurement of Left Ventricular End Diastolic Pressure
Nucleoplasty
Occlusion of Uterine Arteries for Uterine Fibroids
Oral Fentanyl for Cancer-Related Pain
Percutaneous Discectomy
Ranibizumab (Lucentis) for the Treatment of Neovascular Age-Related Macular Degeneration
Retinal Telescreening Systems for Diabetic Retinopathy
Sclerotherapy for Varicose Veins of the Lower Extremities
Spiral CT Screening for Lung Cancer

Treatment of Meniere's Disease
Vacuum Therapy for Female Sexual Dysfunction
Vagus Nerve Stimulation
X Stop Interspinous Process Distraction System and Interspinous Process Decompression
Ambulatory Blood Pressure Monitoring
Autologous Islet Cell Transplantation
Beds as Durable Medical Equipment
Bipolar Radiofrequency stimulation and Ablation for Chronic Tendinosis
Carotid Angioplasty/Stenting
Communication Assist Devices
Computerized Corneal Topography
CT Angiography for Evaluation of Coronary Arteries
Cryosurgery for Solid Tumors
Durable Medical Equipment
Factor Products for Bleeding Disorders
Fetal Fibronectin Enzyme Immunoassay
Hematopoietic Stem Cell Transplantation, Allogeneic
Hematopoietic Stem Cell Transplantation, Autologous
Home Prothrombin Time Monitoring
Left Atrial Appendage Occluder Devices
Live-In Trunk and Hip Orthotics
Lung Volume Reduction
Methadone Maintenance Treatment for Chronic Opioid Dependence
Microprocessor-controlled Prosthetic Knees
Monoclonal Antibody Therapy for Allergic Asthma (Xolair)
Nutritional Support
Organ Transplant Procedures
Orthoptics or Vision Therapy
Pediatric Sleep Studies
Rhinoplasty
Rosacea Treatment
Secretin Infusion Therapy for Autism
Signal-Averaged ECG
Sleep Studies, Adult
Thermography
Ventricular Reduction Surgery
Thermal Capsulorrhaphy
Targeted Phototherapy for Psoriasis
Treatment for Severe Primary Insulin-Like Growth Factor-1 Deficiency
Wheelchairs
Acne Treatment/Skin Rejuvenation
Complex Knee Surgeries
CT Colonography
Cytochrome P450 Genotyping
Healing Response Surgery for ACL Repair
Mastopexy
Mobile Outpatient Cardiac Telemetry
Orthognathic Surgery

Palliative Care
Peripheral Arterial Tonometry
Phototherapy with Ultraviolet Light
Pneumatic Compression Devices for Treatment of Lymphadema and Chronic Venous Insufficiency
Positron Emission Tomography (PET)
Progesterone Therapy to Reduce Preterm Labor
Prophylactic Mastectomy
PUVA (Psoralen Photochemotherapy)
Refractive Eye Surgery
Reproduction Treatments
Respiratory Syncytial Virus Prophylaxis
Rituximab for Off-Label Indications
Scanning Laser Technologies for Glaucoma Testing and Monitoring
Subtalar Arthroereisis for Treatment of Flatfoot
Treatment for Impotence
Treatment for Temporomandibular Disorder (TMD)
Treatment of Psoriasis (Phototherapy, PUVA, Biologics)
Uterine Contraction Monitoring (Home, Ambulatory)

Medical necessity decisions

All denial decisions are made by licensed, board-certified physician reviewers, or licensed chiropractic reviewers, as appropriate. Physician reviewers are available by telephone to discuss utilization review decisions based on medical necessity. To discuss a medical or behavioral necessity decision with a physician reviewer, call the telephone number provided on the notification letter.

New look for member ID cards

There's a new fresh look for Blue Cross and Blue Plus member ID cards. The card content is grouped by type of information and terms are consistent so that your administrative staff can easily find needed information at a glance. For example, most frequently needed information such as member ID number, member name and employer group number are more prominently displayed. Similarly, all prescription drug information is displayed together. And, for any of your inquiries, notifications or authorizations, simply call "provider service" at **1-800-662-0820**. Please see the examples of the new fully and self-insured cards.

Why the change?

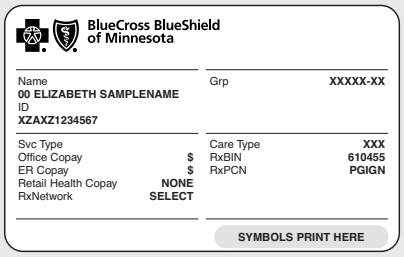
The Blue Cross and Blue Shield Association sought input from both provider focus groups and consumers to develop an improved card that addressed information needs and better represented the Blue brand. When implemented, all Blue plan* member cards will be consistent, providing improved ease of use.

When does the transition begin?

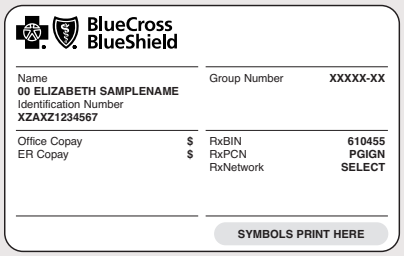
You'll start to see the new cards in November 2008 for new members and reissued cards for Blue Cross and Blue Plus, including government programs and Medicare and FirstPlan of Minnesota. By January 1, 2011, all members will have the new card format.

*Each local Blue Cross and Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association.

Fully insured ID example



Self-insured ID example



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Information in Provider Press is a general outline. Provider and member contracts determine benefits.