

# Blue Shield Report

A NEWSLETTER FOR PROFESSIONAL PROVIDERS AND THEIR STAFF MEMBERS

June 28, 2000

MAC-1-00

## INSIDE THIS ISSUE:

- NEW IMMUNIZATION – PREVNAR
- ASSISTANT AT SURGERY LISTING
- ENDOMETRIAL BIOPSY AND COLPOSCOPY
- ENDOMETRIAL ABLATIONS
- AMBULATORY BLOOD PRESSURE MONITORING
- TREATMENT OF SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS
- OSTEOPOROSIS SCREENING GUIDELINES
- BOTOX FOR ACHALASIA
- IVIG FOR MULTIFOCAL NEUROPATHY
- ENBREL FOR PSORIATIC ARTHRITIS
- ACCUPUNCTURE
- VAX-D
- OCCIPITAL NERVE STIMULATOR

## ATTACHMENTS:

- PREDETERMINATION REQUEST FORM

## QUESTIONS:

Contact your Professional Relations Representative, or the Professional Relations Hotline at **1.800.432.3587**, or in the Topeka area, **785.291.7060**.

## OUR WEB ADDRESS:

<http://www.bcbsks.com>

## ACKNOWLEDGEMENT:

CPT five-digit codes, nomenclature and other data are copyright 1999 American Medical Association. All Rights Reserved. No fee schedules, basic unit, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein.

**The Blue Shield Report is  
Published by your  
Professional Relations  
Department**

As a result of the April 20, 2000 Medical Advisory Committee (MAC) meeting, a number of medical policy changes were recommended and approved. These changes are a result of liaison committee input. The implementation of these updates is effective June 1, 2000. Blue Cross and Blue Shield agreed with the following:

## PEDIATRICS

### NEW IMMUNIZATION – PREVNAR

BCBSKS will provide benefits for PREVNAR (Pneumococcal Conjugate Vaccination), CPT code 90669. This procedure is subject to MAP and has a limitation of 1 unit per date of service. For Premier Blue providers, PREVNAR will be paid on a fee for service basis and is not considered to be a capitated service effective June 1, 2000.

Sent to: CAP



**OBSTETRICS/GYNECOLOGY****ASSISTANT AT SURGERY LISTING**

**An assistant at surgery will NOT be allowed for the following CPT procedures.**

58555 - Hysteroscopy, diagnostic (separate procedure)

58558 - Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C

58559 - with lysis of intrauterine adhesions (any method)

58560 - with division or resection of intrauterine septum (any method)

58561 - with removal of leiomyomata

58562 - with removal of impacted foreign body

58563 - with endometrial ablation (any method)

58660 - Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

58662 - with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method

58670 - with fulguration of oviducts (with or without transection)

58671 - with occlusion of oviducts by device (e.g., band, clip, or Falope ring)

**An assistant at surgery will be ALLOWED for the following CPT procedures.**

58550 - Laparoscopy, surgical; with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)

58551 - with removal of leiomyomata (single or multiple)

58661 - with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)

58672 - with fimbrioplasty

58673 - with salpingostomy (salpingoneostomy)

**The following CPT procedures will continue to be reviewed on an Individual Consideration (IC) basis when medical records are submitted with the claim and modifier 22 is present.**

58578 - Unlisted laparoscopy procedure, uterus

58579 - Unlisted hysteroscopy procedure, uterus

58679 - Unlisted laparoscopy procedure, oviduct, ovary

59898 - Unlisted laparoscopy procedure, maternity care and delivery

#### ENDOMETRIAL BIOPSY AND COLPOSCOPY

BCBSKS will allow reimbursement for both endometrial biopsy (51800) and colposcopy (57454) when done at the same setting. These procedures are subject to multiple surgery guidelines.

#### ENDOMETRIAL ABLATIONS

Endometrial ablations (CPT 58563) will **no longer** require precertification. Hormone therapy should have been tried and failed prior to an endometrial ablation being performed.

BCBSKS follows the criteria (below) established by The American College of Obstetricians and Gynecologists (ACOG) for endometrial ablations.

- 1) Indication: Abnormal uterine bleeding in women of reproductive age (ICD-9-CM Codes 626.2, 626.4, 626.6, 626.8 and 626.9. Codes 626.0, 626.1, 626.3, 626.5 and 626.7 are excluded.)
- 2) Confirmation of Indication:
  - a) History of excessive uterine bleeding evidenced by EITHER of the following:
    - i) Profuse bleeding or repetitive periods lasting for more than eight (8) days, or
    - ii) Anemia due to acute or chronic blood loss
  - b) Failure to find on physical examination uterine or cervical pathology that would cause abnormal bleeding
  - c) Laboratory data
    - i) No finding of endometrial neoplasia
    - ii) No malignancy found in cytologic studies of cervix
  - d) No finding of remedial cause by hysteroscopy
  - e) Hormone therapy has been tried and failed
- 3) Contraindication- Desire to maintain fertility

#### INTERNAL MEDICINE

##### ENBREL FOR PSORIATIC ARTHRITIS

The drug Enbrel (Immunex-generic name is Etanercept) is approved by the FDA for moderate to severe rheumatoid arthritis for patients who have not responded to standard medications or treatments. Enbrel will be denied as experimental/investigational when used to treat psoriatic arthritis and will not be billable to the patient without a signed waiver.

**BOTOX FOR ACHALASIA**

Botox (J0585) will be allowed for the treatment of achalasia and will be added to the list of approved procedures in the ambulatory surgical center (ASC) setting. If botox has been administered twice without improvement, then further treatment will be subject to review for medical necessity.

**AMBULATORY BLOOD PRESSURE MONITORING**

Ambulatory blood pressure monitoring (93784 – 93790) will be allowed for patients with symptoms meeting the following criteria:

1. Failed home blood pressure monitoring.
2. Office blood pressure greater than 180/95 but less than 105 diastolic.
3. Treatment resistant and taking multiple medications.

Claims will be monitored on a post-pay basis for one year. The Internal Medicine Liaison Committee will review the claims data gathered when they review the policy next year.

**TREATMENT OF SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS**

The following guidelines are recommended for treatment of secondary progressive multiple sclerosis:

1. Low dose methotrexate and low dose imuran therapy are considered standard therapy for primary and secondary progressive multiple sclerosis (MS). Code J8610 can be used for oral administration in the office and J9250 for injection or IV administration. If taken at home, the claim must include the name, quantity and NDC number.
2. Betaseron is allowed for secondary progressive MS and is approved for take-home use. Claims must include the name of the drug, quantity and the NDC number.

The drugs and guidelines listed below are not covered for the treatment of secondary progressive multiple sclerosis and would not be billable to the patient without a signed waiver.

1. Avonex is denied as experimental/investigational for secondary progressive MS.
2. Copaxone is denied as experimental/investigational for secondary progressive MS.
3. Cladribine is denied as experimental/ investigational for secondary progressive MS.
4. Mitoxantrone is considered experimental/investigational for secondary progressive MS at this time.
5. Plasmapheresis is allowed (by report) for acute attacks if all other treatment has failed for secondary progressive MS and the patient has become quadriplegic or paraplegic overnight.

**LENGTH OF TREATMENT OF INTRAVENOUS IMMUNE GLOBULIN (IVIG) FOR MULTIFOCAL NEUROPATHY**

IVIG will now be considered for the treatment of multifocal neuropathy. Prior authorization is required and benefits will be determined on an individual consideration basis to determine significant benefit for continued therapy. IVIG is billed using the codes listed below.

J1561	Injection, Immune globulin, intravenous, 500 mg
J1562	Injection, Immune globulin, intravenous, 5 gms
J1565	Injection, respiratory syncytial virus immune globulin intravenous, 50 mg.

**OSTEOPOROSIS SCREENING GUIDELINES**

**Initial** osteoporosis bone density testing (76070, 76075, 76076, 76078, 76977, 78350 and 78351) is allowed according to the guidelines listed below and is not to be used as a routine screening.

## Guidelines:

- 1) Allowed for all postmenopausal women.
- 2) Allowed for premenopausal women with the following conditions:
  - a) Low estrogen states such as eating disorders, professional athletes, pituitary tumors, etc.,
  - b) Taking glucocorticoids or other medications affecting bone metabolism,
  - c) History of atraumatic fractures, and/or
  - d) Immobilization or paraplegia.
  - e) Disorders of calcium or bone metabolism such as hyperparathyroidism, vitamin D deficiency, or other disease states known to affect bone metabolism such as hyperthyroidism.
- 3) Allowed for any man who has
  - a) Suffered a fracture without significant trauma,
  - b) Taken or will be taking glucocorticoids or other medications known to affect bone,
  - c) Hypogonadism, and/or
  - d) A disease known to affect bone metabolism.
- 4) Any man or woman with x-ray findings suggestive of osteoporosis.

**CHIROPRACTIC and REHABILITATION AND PAIN MANAGEMENT  
ACUPUNCTURE**

The Rehabilitation and Pain Management Liaison Committee and the Chiropractic Liaison Committee recommended acupuncture continue to be denied as experimental/investigational for all contracts except those that specifically provide for the coverage of acupuncture. Claims submitted by contracting providers without signed patient waivers will be denied as provider responsibility and will not be billable to the patients.

**VAX-D**

The Rehabilitation and Pain Management Liaison Committee and the Chiropractic Liaison Committee recommended that VAX-D should be coded and reimbursed as mechanical traction, CPT procedure 97012.

**OCCIPITAL NERVE STIMULATOR**

The Rehabilitation and Pain Management Liaison Committee recommends that predetermination requests be required for occipital nerve stimulators (61885, 61886). Predetermination requests will be reviewed by a pain management consultant or a neurosurgeon. (A copy of the Predetermination Form can be found at the end of this newsletter.) If a predetermination is not obtained, medical records will be requested for review at the time the claim is submitted for processing.