

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

September 20, 2001
MAC-02-01

Acknowledgement:

CPT codes, descriptions and material only are copyright 2000 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply to Government Use.

Questions:

Contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-7060 or 1-800-432-3587

OUR WEB ADDRESS:
<http://www.bcbsks.com>

The *Blue Shield Report* is published by your Professional Relations Department.

Communication
Coordinator
Larry Callahan



Inside This Issue...

Radiology Liaison (Met 4/24/01)

↔	Magnetic Resonance Angiography (MRA).....	Pg. 1
↔	Computerized Tomography (CTA).....	Pg. 1
↔	Positron Emission Tomography (PET)	Pg. 2
↔	Intensity Modulated Radiation Therapy (IMRT)	Pg. 2

Oncology Liaison (Met 5/01/01)

↔	Total Parental Nutrition (TPN).....	Pg. 3
↔	BRCA I, BRCA II and Prophylactic Mastectomy.....	Pg. 3

Medical Advisory Committee (MAC) News

The second MAC meeting of 2001 concluded on August 9, 2001, resulting in changes to policy and procedures. You will find this newsletter arranged in chronological order according to liaison meeting dates. Changes will be effective November 1, 2001, unless otherwise stated.

Radiology Liaison (Met April 24, 2001)

Magnetic Resonance Angiography (MRA)

BCBSKS has adopted the Medicare indications for MRAs.

Computerized Tomography (CTA)

Computerized Tomography Angiography (CTA) studies will be allowed per multiple procedure guidelines. This includes the following CPT codes:

70496	70498	71275	72191
73206	73706	74175	

Sent to: CAP

CPT only © 2000 American Medical Association. All Rights Reserved.

Positron Emission Tomography (PET)

The guidelines for PET use have been updated and now read as follows:

PET should be considered medically necessary for the following diagnoses:

1. Refractory epileptic seizures (Failure to respond to medical therapy and being considered for surgical resection of brain focus.)*
2. Brain Neoplasms (*Diagnosis codes: 191.0-191.9, 198.3, 225.0, and 239.6*)
3. Recurring Colorectal Cancer*
4. Esophageal Cancer (*Diagnosis codes: 150.0-150.9, 211.0, and 230.1*)
5. Head and Neck Cancer (excluding thyroid)*
6. Hodgkin's and Non-Hodgkin's Lymphoma (*Diagnosis codes 201.0-201.9*)
7. Malignant Melanoma (*Diagnosis codes 172-172.9*)
8. Solitary Pulmonary Nodule (*Diagnosis code 518.89*)
9. Metastatic Disease (with an inconclusive CT scan)*
10. Coronary revascularization - if candidate for coronary revascularization procedure -CABG (with an inconclusive CT SPECT)*

*The codes marked with an asterisk require supporting records to be attached with the claim. Remember to include modifier 22, which signifies that records are attached.

The following codes are inclusive for PET services:

CPT	78459	78491	78492	78608	78609	78810
HCPCS	G0030-G0047	G0125	G0126	G0163-G0165		

Intensity Modulated Radiation Therapy (IMRT)

Coverage for IMRT has been reviewed and the following coverage will be implemented:

- Approved for prostate cancer and brain tumors.
- Consultant review needed for head & neck cancer and bronchogenic cancer.
- Denied as not medically necessary for all other diagnoses.
- Includes HCPCS codes G0174, G0178, and G0179.

To receive reimbursement for claims that are reviewed by a consultant, you must include documentation that demonstrates improvement or benefit from IMRT therapy. For instance a dose volume histogram with heightened dose beyond the standard approach, critical structure avoidance, reduction of overlap due to low radiation tolerance, or in a re-treatment situation. Reimbursement is dependent on the following provider/facility qualifications:

1. Proof of FDA approved technology.
2. Certification of both a full-time physicist and physician in an approved program or residency.
3. Proof of immobilization of patient in a reproducible manner (customized patient systems).
4. Satisfactory quality assurance measurements need to be submitted with appropriate documentation before program can be deemed safe and reliable.

Oncology Liaison (Met May 1, 2001)

Total Parenteral Nutrition (TPN)

Clarification is being added to TPN criteria to account for terminal cancer patients. Terminal is defined as "no active cytotoxic chemotherapy is being pursued and the thrust of the care is palliative compassionate care."

BRCA I, BRCA II, and Prophylactic Mastectomy

Changes to the guidelines for BRCA I, BRCA II and Prophylactic Mastectomy have been amended. The guidelines are now written as follows:

BRCA I and BRCA II

It has been determined by a genetic evaluation that the individual has a significantly increased risk for breast and/or ovarian cancer and will receive genetic counseling prior to and following the test and; (must include one of the following:)

1. Persons with breast and/or ovarian cancer who have two (2) or more first degree* or second degree** blood relatives (related through a single lineage) with either breast or ovarian cancer.
2. Persons with breast and/or ovarian cancer who have one blood relative (less than 45 years of age at the onset of cancer) with either breast or ovarian cancer.
3. Persons with breast and/or ovarian cancer which developed at an early age (less than 35 years). Ages 35 to 45 years will be reviewed on individual consideration basis.
4. Persons with breast and/or ovarian cancer with multiple primary cancers or bilateral disease.
5. First degree* relatives of persons with documented mutations in the BRCA genes.

*First degree relatives are parents, siblings or offspring.

**Second degree relatives are aunts, uncles, grandparents, nieces, nephews or half-siblings.

Prophylactic Mastectomy:

Bilateral and/or unilateral prophylactic mastectomy (except subcutaneous), will be covered under the following circumstances:

Must have at least one of the following indication:

1. Personal history of breast cancer, including a single biopsy with hyperplasia with atypia, lobular carcinoma in situ or ductal carcinoma in situ.
2. Family history of breast cancer in a first degree relative and one biopsy confirming premalignant or atypical changes.
3. Substantially increased medical risk over the general population as determined by a genetic risk assessment.

Applicable CPT code for prophylactic mastectomy is 19180.