

# Blue Shield Report

A Newsletter for  
Professional Providers and  
their Staff Members

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MAC-03-01

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## Medical Advisory Committee (MAC) News

The third MAC meeting of 2001 has concluded. You will find this newsletter arranged in chronological order according to liaison meeting dates. Changes will be effective February 1, 2002, unless otherwise stated.

Sent to: CAP

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## Ophthalmology Liaison (Met August 22, 2001)

### Visudyne Therapy

**CPT Code 67220:** Destruction of localized lesion of choroids (e.g., choroidal neovascularization); photocoagulation (e.g., laser), one or more sessions

The following indications and limitations for Visudyne therapy will become effective February 1, 2002:

1. Choroidal neovascularization (CNV) secondary to age-related macular degeneration, myopia, presumed ocular histoplasmosis syndrome, traumatic idiopathic and inflammation.
2. CNV located under the fovea, center at the foveal avascular zone, will be allowed if treatment of juxtafoveal CNV with standard photocoagulation would involve the subfoveal retina.
3. The subfoveal CNV should be predominately classic on angiography.
  - Predominately classic CNV should be at least 50 percent of the total neovascular lesion.
  - For minimally (0-50 percent) classic CNV, ocular photodynamic therapy (OPT) will be covered if there is evidence of recent disease progression defined as hemorrhage associated with CNV at baseline examination or a loss of five letters on the early treatment diabetic retinopathy study (ETDRS) chart; OR
  - A growth of lesion in greatest linear dimension of six percent within three months of baseline examination, obscuring features, including blood, hypofluorescence, serous detachment of retinal pigment epithelium (RPE) should occupy less than 50 percent of lesion.
4. Florescein and/or indocyanine green angiography is essential to determine lesion eligibility. A copy must be submitted.
5. Lesions not eligible are pseudo-vitelliform lesions, geographic atrophy, retinal pigment (RP) tears, central serous chorioretinopathy, serous detachment of RP, late leakage or staining of undetermined origin.
6. Treatment follow-up is indicated if there is evidence of leakage from CNV and the treating ophthalmologist believes that the therapy is indicated to reduce the risk of at least moderate visual loss compared to baseline visual acuity.

### Laser Procedure Codes

The following CPT codes will be assigned a maximum allowable payment (MAP) and will follow the usual BCBSKS medical policy and reimbursement guides, which would classify these codes as major, minor, or zero procedures, subject to the global fee and multiple procedure guidelines.

66761	67105	67145	67210	67220	67228
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**Urology Liaison (Met August 29, 2001)****Transurethral Destruction of Prostate Tissue by Water-induced Thermotherapy.**

CPT code 53853 is considered to be experimental and investigational and will be denied for reimbursement.

**Extracorporeal Magnetic Innervation (ExMI)**

The extracorporeal magnetic innervation chair will continue to be denied as experimental and investigational.

**Urological Stents**

Stent removal, regardless of type, is considered content of service of a stent insertion, if billed on the same date. Therefore, CPT codes 52320 - 52355 are content of service to 52310 and/or 52315 if billed on the same date.

**Cryosurgical Ablation of the Prostate**

Cryosurgical ablation of the prostate will continue to be denied as experimental and investigational.

**Otolaryngology Liaison (Met September 19, 2001)****Osteointegrated and Cochlear Implants**

The following procedures and guidelines apply to osteointegrated (CPT codes 69714, 69715, 69717, and 69718) and cochlear (CPT code 69930) implants:

1. Implants can be done in an ambulatory surgery center or in a hospital setting.
2. An assistant surgeon is not necessary
3. It is appropriate to use implants for:
  - a. Adults with severe hearing loss with best aided hearing at 40 percent speech discrimination and
  - b. For children one year of age of older, with profound hearing loss and no response to hearing aid trial.

When submitting a claim, be sure to include documentation of history, physical, and operative report. For a three-month period, these codes will be reviewed for proper coding before being reimbursed.

**Tympanoplasty and Tube Placement**

When tympanoplasty (CPT 69635 - 69646) is performed with a tube placement (CPT 69433 and 69436), the tube placement is content of service to tympanoplasty.

## Nasal Vestibular Stenosis

When nasal vestibular stenosis (CPT 30465) is billed with rhinoplasty (30400, 30410, 30430, 30435, or 30450) or septorhinoplasty (30420) then the nasal vestibular stenosis is considered content of service.

When nasal vestibular stenosis is billed with septoplasty (CPT code 30520), then you must submit records with the claim for review. BCBSKS will continue to monitor these two codes being billed together and will complete a six month study to determine frequency of use.

## Uvulopalatopharyngoplasty (UPPP)

Palatopharyngoplasty (CPT code 42145) will be reviewed for medical necessity. If performing a tongue based procedure with a UPPP, you must report findings that demonstrate:

1. cephalometric findings that include a hyoid to mandibular length of greater than 20mm and a posterior airway space (PAS) less than 1 cm and
2. collapse of the tongue base that totally obstructs the posterior airway by evaluation of the postnasal airway with Mueller's maneuver, which involves pinching the nose and having the patient attempt to breath in.

## Sleep Apnea and Post Operative Sleep Studies

The SNAP evaluation and follow up exam (CPT code 95806) is considered experimental and investigational.

## General MAC Information

### Assistant at Surgery Not Allowed For:

30465

52341	52342	52343	52344	52345	52346	52351	52352	52353	52354	52355
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66982	67221
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## Follow-up to August 2001 MAC:

### Computerized Tomography Angiography (CTA)

BCBSKS has adopted the Medicare guidelines for CTA.