

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

January 16, 2003
MAC-01-03

Acknowledgement:

CPT codes, descriptions, and material only are copyright 2001 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 785-291-4135 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...

General Information From MAC (11/7/02)	Pg. 2
Assistant at Surgery Not Medically Necessary.....	Pg. 2
OB/GYN Liaison (7/24/02)	Pg. 2
Fetal Fibronectin.....	Pg. 2
Uterine Artery Embolization (UAE).....	Pg. 3
Pediatric Liaison (7/31/02)	Pg. 4
Pediatric Pneumogram.....	Pg. 4
Repair of Septal Defect.....	Pg. 4
Respiratory Syncytial Virus Immune Globulin (RSV-Ig) Guideline	Pg. 4
Transitional Growth Hormone	Pg. 5
Otolaryngology Liaison (8/14/02)	Pg. 5
OsteoIntegrated Implants	Pg. 5
Lung Volume Reduction Surgery (LVRS)	Pg. 6
Cochlear Implants	Pg. 7
Surgery Liaison (8/21/02)	Pg. 7
Removal of Impacted Cerumen, One or Both Ears	Pg. 7
Breast Biopsy In Addition To Radical Mastectomy	Pg. 8
Coding Breast Capsulectomy and Implant Removal	Pg. 8
Endoscopic Gastroplasty.....	Pg. 8
Internal Medicine Liaison (9/15/02)	Pg. 8
Interferon Gamma-1B (i.e. Actimmune) for Pulmonary Fibrosis	Pg. 8
VQ or CTA for Pulmonary Embolus	Pg. 8
Lung Volume Reduction (LVRS).....	see Pg. 6

Medical Advisory Committee (MAC)

November 7, 2002

Changes resulting from the third session for MAC in 2002 will be effective February 1, 2003. You will find this newsletter arranged in chronological order according to liaison dates.

Sent to: CAP

CPT only © 2001 American Medical Association. All Rights Reserved

General Information From MAC (November 7, 2002)

Assistant at Surgery Not Medically Necessary

The following procedure codes are considered **not** medically necessary for an assistant at surgery.

CPT Codes					HCPCS Codes
0009T	10021	10022	11981	11982	S2080
11983	19102	19103	19295	36002	S2250
36540	36870	38220	38221	49491	S2260
52001	52347	53853	54162	54163	S2341
54164	57155	58346	58953	58954	S2342
62252	64614	64821	64822	64823	
97601	97602				

OB/GYN Liaison (July 24, 2002)

Fetal Fibronectin

Fetal fibronectin enzyme immunoassay testing is considered medically necessary when all the following criteria are met:

1. Performed at a laboratory where test results must be reported to the physician within 24-hours of sampling.
2. Patient must have signs or symptoms of pre-term labor (inappropriate uterine contractions for gestational age, such as greater than four per hour; intermittent abdominal cramping, pelvic pressure, or backache; increase or change in vaginal discharge; vaginal spotting or bleeding).
3. Patient must be between 24 and 34 weeks of completed gestation.
4. Singleton gestation. Note: abnormal values in multiple births have not been defined; therefore, use of the test in multiple gestation pregnancies is denied experimental/investigational.
5. Mother has minimal cervical dilation (less than 3 cm).
6. Amniotic membranes must be intact.

Uterine Artery Embolization (UAE)

Uterine Artery Embolization (UAE) criteria for fibroids (leiomyomata) is allowed when specific indications are present.

Scenario 1: Single criteria indications

UAE will be approved if at least one of the following three indications are present:

1. Fibroid (leiomyomata) causing pelvic mass six centimeters or more
2. Fibroid (leiomyomata) with uterine enlargement equal to, or greater than 12 weeks
3. Submucosal fibroid (leiomyomata)

Scenario 2: Abnormal uterine bleeding indications

UAE for abnormal uterine bleeding will be approved if all of the following are present:

1. Excessive bleeding (large clots, gush, prolonged menses)
2. Cycle length greater than seven days
3. Hormone therapy greater than three months has failed
4. Diagnostic testing that has ruled out cancer of endometrium
5. Activities of daily living are compromised
6. Pap smear with absence of cervical malignancy

OR if the patient has:

1. Excessive bleeding (large clots, gush, prolonged menses)
2. Diagnostic testing that has ruled out cancer of endometrium
3. Blood replacement required with this episode of bleeding
4. Activities of daily living are compromised
5. Pap smear with absence of cervical malignancy

Scenario 3: Pain indications

UAE will be approved for pain if all of the following are present:

1. Chronic pain greater than six months
2. History of fibroids (leiomyomata)
3. Activities of daily living are compromised
4. Hormone therapy greater than three months has failed
5. Drug therapy for pain has failed
6. Pap smear completed with absence of cervical malignancy noted
7. Other sources of pelvic pain have been ruled out (i.e. urinary, gastrointestinal, musculoskeletal)

Pediatric Liaison (July 31, 2002)

Pediatric Pneumogram

Pediatric pneumogram testing is a “by report” procedure. Medical records must be submitted with the claim, documenting medical necessity and indicating that the service was conducted by a professional trained to administer the test.

Repair of Septal Defect

The procedure for insertion of a septal occluder device is considered medically necessary for an ostium secundum atrial septal defect, but is considered experimental/investigational when used for the foramen ovale.

Respiratory Syncytial Virus Immune Globulin (RSV-Ig) Guideline

Immune globulin injection for Respiratory Syncytial Virus (RSV) requires predetermination. Treatment for RSV may be administered in the physician’s office, outpatient hospital setting, or a home health visit.

RSV immune globulin injection is allowed for:

1. Children less than 2 years of age with chronic lung disease (CLD) that have required medical treatment for their CLD within the last six months.
2. Infants born at 28 weeks of gestation or less who are 12 months of age or younger at the start of RSV season. **NOTE: The RSV season is considered to be between October and April.**
3. Infants born between 29 to 32 weeks of gestation who are 6 months of age or younger at the start of RSV season.
4. Infants born between 33 to 35 weeks of gestation:
 - a. with CLD and have received or are receiving medication or treatment within the past six months.
 - b. who are less than or equal to six months of age without CLD and are in daycare with other preschool aged children at the start of the RSV season.

Pending a review for medical necessity, RSV immune globulin injection may be allowed for:

1. Infants born between 33 to 35 weeks of gestation without CLD and no other complicating factors
2. Cyanotic heart disease patients
3. Asymptomatic acyanotic heart disease

Transitional Growth Hormone

The following addition has been made to the growth hormone guideline:

A consultant review is necessary when a doctor wishes to continue growth hormone treatment for a child transitioning into adulthood. There must be evidence of multiple pituitary hormone deficiencies documented in the patient's record.

The following information is required:

1. The physician's detailed summary of the child's course of treatment.
2. The original stimulation test results documenting the deficiency or deficiencies.
3. The history and physical with notes that were used in making the original diagnosis of growth hormone deficiency in childhood.

Otolaryngology Liaison (August 14, 2002)

Osteointegrated Implants

The implantation of a bone conduction hearing device, also called bone-anchored hearing aid, is considered medically necessary for patients with bilateral conductive hearing loss (CHL) who have a condition which prevents effective restoration of hearing using a conventional externally worn conductive hearing aid AND who meet ALL of the following criteria:

1. Five years of age or older.
2. Bone conduction pure-tone average (PTA) test results that are no higher than 45dB, with an average pure tone of 45dB when sound is presented at 500, 1000, and 2000 Hz.
3. Speech discrimination score at a comfortable loudness level not worse than 60 percent.
4. Air conduction pure-tone average 30dB or greater.

NOTE: The hearing aid and/or device is excluded from plan coverage.

Lung Volume Reduction Surgery (LVRS)

Lung volume reduction surgery is allowed for patients that meet the following guidelines; otherwise, it is considered experimental/investigational.

A. Precertification is required

1. A pre-op evaluation composed of basic Pulmonary Function Tests, Blood Gases, chest x-ray, and a CT Scan of the chest to make sure the patient with a low FEV1 has emphysema and has heterogeneous appearance which shows bullous emphysema primarily in upper lobes.
2. No bronchospastic asthmatic component.
3. Emphysema (homebound).
4. Must be 70 years of age or younger.
5. Must have failed maximum medical therapy.
6. The FEV1 should be $\geq 20\%$ to $\leq 45\%$ of the predicted value.
7. The PCO2 should be BELOW 60.
8. The patient must have hyperinflation.
9. The residual volume has to be greater than 150% predicted as measured in the body box.
10. Lung Perfusion Scan – The target areas for excision are crucial and should show marked hypoperfusion. If the patient does not have areas of marked hypoperfusion, they will be rejected.
11. Cardiac disease evaluation must be done to include stress echo with catheterization if there is evidence of coronary disease.
12. Six-minute walk TEST to determine level of disability.
13. Smoking cessation at least six (6) months prior to procedure.
14. The patient must have successfully participated in a pulmonary rehabilitation program for a minimum of three (3) times per week for eight (8) weeks with emphasis on exercise, education and nutrition in order to improve strength and endurance for physical activity. Patients who are unable to participate in such rehabilitation will not be considered candidates for the operation, nor are patients who derive such substantial benefit from rehabilitation that the surgery is no longer indicated.
15. Carbon Monoxide defusing capacity of $> 20\%$.

B. Exclusion Criteria

1. High dose steroids – MORE THAN 20MGs PER DAY.
2. Systemic pulmonary hypertension, MORE than 50mm Hg systolic or WITH clinical evidence of Pulmonary Hypertension.
3. Previous chest surgery (Pleurodesis or Thoracotomy).
4. Extensive pleural disease to include chronic bronchitis, asthma, restrictive lung disease or malignancies of the lung.
5. Disease of heart, liver or kidney.
6. Non-ambulatory or very dependent patients who cannot go through rehab.
7. Severe Scoliosis/Kyphosis.
8. Obesity or Cachexia.
9. Presence of homogeneous emphysema.

Cochlear Implants

Although some adult patients with pre-lingual deafness may qualify for cochlear implant reimbursement, cochlear implants are considered medically necessary only for profoundly deaf patients who cannot significantly benefit from a hearing aid and:

1. have total bilateral post-lingual deafness, or audiological testing results demonstrating the capacity for lingual function, and
2. is an **adult** with severe hearing loss and best aided hearing is at 40 percent speech discrimination, **or** is a **child** older than one year with profound hearing loss and has no response to a hearing aid trial, and
3. has access to intensive post-operative speech therapy.

Removal of Impacted Cerumen, One or Both Ears

Blue Cross and Blue Shield of Kansas (BCBSKS) policy continues to consider 69210 as content of an evaluation and management (E&M) service unless it is noted as a distinct procedure, not related to the E&M service.

In order to receive reimbursement for 69210 as a distinct procedure from an E&M provided on the same day, you must bill this code with modifier 22, accompanied by the pertinent, supportive documentation. If the E&M service is billed with a 25 modifier, 69210 will be denied as content.

The medical record **must** include the following documentation:

1. The use of water irrigation or extensive curettage, **and**
2. A minimum of 20 minutes devoted by the examiner (physician, PA or ARNP) to the performance of the procedure, **and**
3. May include other techniques as part of cleaning, such as:
 - a. Cerumenolytic agents
 - b. Intermittent drying
 - c. Re-examination during cleaning, and
 - d. Microscopic removal

When billing 69210 on the same day as an E&M or as the only procedure, the medical record must always contain the above documentation to meet medical necessity. Post pay audits will be conducted and refunds obtained for any case in which the above requirements are not documented in the medical record.

Surgery Liaison (August 21, 2002)

Breast Biopsy in Addition To Radical Mastectomy

During breast surgery, if a biopsy is performed on a site other than the index site, it will **not** be considered content of service.

Billing Guidelines:

Submit the breast biopsy procedure code with modifier 22 and include records documenting the patient's history and physical, operative report, treatment plan, and pathology report.

Coding Breast Capsulectomy and Implant Removal

Breast Capsulectomy is not considered content of service of implant removal. Multiple procedure guidelines apply.

Endoscopic Gastroplasty

Endoscopic gastroplasty is considered experimental/investigational for gastroesophageal reflux disease (GERD) and for weight reduction.

Internal Medicine Liaison (September 5, 2002)

Interferon Gamma-1B (i.e., Actimmune) for Pulmonary Fibrosis

Interferon Gamma-1B (i.e. Actimmune) is approved for treatment of pulmonary fibrosis.

VQ or CTA for Pulmonary Embolus

Ventilation Perfusion Scan (VQ) or Computed Tomography Angiography (CTA) is allowed for diagnosing pulmonary embolus.