

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

January 2, 2004
MAC-04-03

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.

Communications
Coordinator
Dorothy Bahner

Current Procedural Terminology® (CPT) is copyright 2003 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.



Inside This Issue:

General MAC Update (November 6, 2003)	pg. 2
• Assistant at Surgery codes (HCPCS Code S2091)	pg. 2
Family Practice Liaison (July 22, 2003)	pg. 2
• Ambulatory Blood Pressure Monitoring	pg. 2
• Respiratory Syncytial Virus (RSV) Guideline	pg. 2
• Home Phototherapy	pg. 3
• Wireless Capsule Endoscopy	pg. 4
• Osteoporosis Screening	pg. 4
• Continuous Glucose Monitoring	pg. 5
OB/GYN Liaison (July 23, 2003)	pg. 5
• Osteoporosis Screening	pg. 4
• Continuous Glucose Monitoring	pg. 5
• Prophylactic Oophorectomy/Hysterectomy	pg. 6
• Hysteroscopic Tubal Sterilization: Essure Micro-Insert.....	pg. 6
Pediatrics Liaison (July 30, 2003)	pg. 6
• Respiratory Syncytial Virus (RSV) Guideline	pg. 2
• Home Phototherapy	pg. 3
• Continuous Glucose Monitoring	pg. 5
Otolaryngology Liaison (August 13, 2003)	pg. 7
• Cautery and/or Ablation of Turbinates	pg. 7
Surgery Liaison (August 20, 2003)	pg. 7
• Prophylactic Oophorectomy/Hysterectomy	pg. 6
• Radiofrequency Ablation of Liver Tumors	pg. 7
• Negative Pressure Wound Therapy (NPWT).....	pg. 7
• Lung Volume Reduction Surgery (LVRS)	pg. 8
Urology Liaison (August 27, 2003)	pg. 10
• Prostate Specific Antigen (PSA)	pg. 10
• Cryoablation of the Prostate	pg. 10
• Sural Nerve Graft	pg. 10
• Ultrasound for Post-Voiding	pg. 10
Internal Medicine Liaison (September 3, 2003)	pg. 11
• Ambulatory Blood Pressure Monitoring	pg. 2
• Wireless Capsule Endoscopy	pg. 4
• Osteoporosis Screening	pg. 4
• Continuous Glucose Monitoring	pg. 5
• Lung Volume Reduction Surgery (LVRS)	pg. 8
• Immune Globulin for the Treatment of Amyotrophic Lateral Sclerosis (ALS)	pg. 11
• Enterix InSure™ Fecal Occult Blood Test	pg. 11

Medical Advisory Committee (MAC)

Changes resulting from the last session for MAC in 2003 will be effective February 1, 2004. You will find this newsletter arranged in chronological order according to liaison dates.

General MAC Update (November 6, 2003)

Assistant At Surgery

- Assistant at surgery is considered not medically necessary for HCPCS Code S2091.

Family Practice Liaison (July 22, 2003)

Ambulatory Blood Pressure Monitoring

Ambulatory blood pressure monitoring is allowed for patients with symptoms meeting the following criteria:

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

One follow up test will be allowed at least three weeks after initial test for:

- Patients diagnosed with white-coat hypertension or
- Assessment of hypertension apparently resistant to appropriate therapy.

BCBSKS staff will monitor on a post-pay basis.

Respiratory Syncytial Virus (RSV) Guideline

- A. RSV – Ig an intramuscular (IM) injection, has been approved (by the FDA) for use in the prevention of severe RSV, lower respiratory tract disease in infants and children younger than two (2) years of age with Chronic Lung Disease (CLD) formerly called bronchopulmonary dysplasia, or a history of premature birth (less than 32 weeks of gestation). RSV-Ig is administered once a month during the RSV season (November through April).
- B. RSV-Ig REQUIRES PREDETERMINATION by the Blue Shield Medical Review area.
 1. Covered Areas:
 - a. Children less than two (2) years of age with CLD that have required medical treatment for their CLD within the last six months
 - b. Infants born at 28 weeks of gestation or less may receive prophylaxis if less than or equal to 12 months (<12 months) of age at the start of RSV season
 - c. Infants born at 29 thru 32 weeks of gestation may receive prophylaxis if less than or equal to 6 months (<=6 months) of age at the start of RSV season
 - d. Infants born at 33 to 35 weeks gestation
 - 1) With CLD on medications or treatment within the past six months or

- 2) Prophylaxis of infants without CLD should be reserved for only those infants who are at the greatest risk of severe infection and less than or equal to six months (≤ 6 months) of age at the start of the RSV season.
2. Treatment for RSV may be administered in the physician's office, outpatient setting, outpatient hospital setting, or a home health visit.
3. Respiratory Syncytial Virus Immune Globulin Intravenous (RSV-IGIV) RespiGam® and palivizumab (Synagis®) have been licensed for prevention of RSV disease in selected children younger than 24 months of age with chronic lung disease (CLD [formerly called bronchopulmonary dysplasia]) or with a history of preterm birth (<35 weeks' gestation).

Patient 24 months of age or younger with hemodynamically significant cyanotic and acyanotic congenital heart disease may receive prophylaxis injection of palivizumab (Synagis®). Prophylaxis in children with congenital heart disease should be made on the basis of the degree of physiologic cardiovascular compromise.

Prophylaxis for infants younger than 12 months of age with congenital heart disease is considered medically necessary for an (must meet only one of the following):

- Infant receiving medication to control congestive heart failure.
- Infant with moderate to severe pulmonary hypertension.
- Infant with cyanotic heart disease.

NOTE: Because of the decrease in palivizumab (Synagis®) after the use of cardiopulmonary bypass, a postoperative dose of palivizumab Synagis® should be considered.

Prophylaxis is not considered medically necessary for an:

- Infant with hemodynamically insignificant heart disease (e.g., secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta and patent ductus arteriosus).
 - Infant with lesions adequately corrected by surgery unless they continue to require medication for congestive heart failure.
 - Infant with mild cardiomyopathy who is not receiving medical therapy.
4. Although specific recommendations for all immunocompromised patients cannot be made, children with severe immunodeficiencies may benefit from RSV-Ig. Providers may consider substituting RSV-Ig during the RSV season for patients receiving IGIV monthly.

Home Phototherapy

- A. Home phototherapy is covered for full term babies (37 weeks gestation or greater) if the baby is:
 1. between 25 to 48 hours of age and the bilirubin exceeds 15 mg % or
 2. between 49 to 72 hours of age and the bilirubin exceeds 18 mg % or
 3. greater than 72 hours of age and bilirubin greater than 20 mg %.
- B. Home phototherapy for infants less than 37 weeks of gestation will be reviewed by a BCBSKS medical director or consultant.

Wireless Capsule Endoscopy

Wireless capsule endoscopy is considered medically necessary as an adjunctive diagnostic imaging tool to evaluate chronic or acute obscure small intestinal bleeding when all other modalities have failed to identify the source of bleeding (e.g. colonoscopy, upper endoscopy, panendoscopy, push enteroscopy, and small bowel series or enteroclysis) and the patient continues to require active medical or surgical treatment for clinically significant bleeding (i.e. drop in hemoglobin or progressive anemia). The current standard for investigating small intestinal bleeding is push enteroscopy.

Wireless capsule endoscopy is considered investigational for all other indications, including, but not limited to the study of the colon or stomach and investigating suspected diseases in the absence of bleeding.

Osteoporosis Screening

A baseline, central (not peripheral) bone density measurement is considered medically necessary if ONE of the following criteria (1-7) is met:

1. All postmenopausal (amenorrheic for longer than 6 months) women under age 65 who have one or more risk factors for osteoporotic fracture (besides menopause) listed below:
 - a. Personal history of recent fracture
 - b. First degree relative with history of osteoporosis
 - c. Currently smokes tobacco
 - d. Excessive alcohol intake (history of or current use)
2. All women aged 65 and older, regardless of additional risk factors
3. Postmenopausal women (amenorrheic for longer than 6 months) who are considering therapy for osteoporosis when results will facilitate treatment decisions
4. Repeat or follow-up central bone density measurement will be considered medically necessary if at least 23 months have passed since last bone density measurements
5. Primary hyperparathyroidism (male or female)
6. Receiving long-term glucocorticoid therapy equivalent to or greater than 7.5 mg/day of prednisone, for three months or longer (male or female)
7. Bone density measurement will be considered for the following conditions (male or female):
 - a. Anorexia nervosa
 - b. Calcitonin deficiency
 - c. Chemotherapeutic agents which affect bone density
 - d. Chronic renal failure
 - e. Chronic use of anti-convulsants (particularly Dilantin)
 - f. Chronic use of heparin
 - g. Cushing's syndrome
 - h. Fragility fracture
 - i. Hypersecretion of calcitonin
 - j. Hyperthyroidism or Hypothyroidism
 - k. Hypogonadism
 - l. Lupron therapy in men
 - m. Malabsorption syndromes
 - n. Malignancies (multiple myeloma)
 - o. Organ transplantation

- p. Prolonged amenorrhea (6 months duration or longer)
- q. Prolonged immobilization
- r. Radiologic evidence of osteopenia
- s. Rheumatoid arthritis
- t. Untreated premature menopause

Bone density measurement is considered not medically necessary in the following:

1. Routine screening for osteoporosis or osteoporosis risk when criteria above are not met
2. Individuals who do not intend to use hormonal or non-hormonal therapy
3. When the results obtained will not influence treatment decisions
4. Peripheral bone density studies

(Note: Bone density measurements done at peripheral sites with tests such as peripheral dual-energy x-ray absorptiometry (pDEXA) of the forearm, radiographic absorptiometry of the phalanges, or ultrasound of the heel may not change reliably with treatment. Central measurements of the hip and spine are more predictive of fracture than peripheral sites.)

Continuous Glucose Monitoring

Continuous glucose monitoring requires prior approval and may be considered a covered benefit when a patient is compliant with a prescribed intensive insulin program/therapy and one of the following conditions have been met:

- Unexplained large fluctuations in daily pre-prandial glucose values, or
- Unexplained frequent hypoglycemic attacks, or
- Episodes of ketoacidosis or hospitalization for glucose out of control, or
- Suboptimal glycemic control as reflected by a glycohemoglobin (HbA1c) value of greater than 7.0 percent

Repeat testing for continuous glucose monitoring

- Requires prior approval, and
- Patient is compliant on a prescribed intensive insulin program/therapy, and
- May occur four to six weeks following the initial study.

Use of noninvasive continuous glucose monitoring devices (e.g., GlucoWatch® Biographer) and related supplies is considered experimental/investigational for all indications.

OB/GYN Liaison (July 23, 2003)

Osteoporosis Screening

See page 4

Continuous Glucose Monitoring

See page 5

Prophylactic Oophorectomy/Hysterectomy

Prophylactic bilateral oophorectomy is covered for selected women with risk factors for ovarian carcinoma – including nulliparity, low parity, infertility, early menarche, late menopause, and late first pregnancy – if they meet ANY of the following criteria:

1. Women who have been diagnosed with a hereditary ovarian cancer syndrome based on a family pedigree constructed by a genetic counselor or physician competent in determining the presence of an autosomal dominant inheritance pattern; OR
2. Women with a personal history of breast cancer and at least one first degree relative (e.g., mother, sister, daughter) with history of ovarian cancer; OR
3. Women who have two first degree relatives (e.g., mother, sister, daughter) with a history of ovarian cancer; OR
4. Women with one first degree relative (e.g., mother, sister, daughter) and one or more second degree relatives (e.g., maternal or paternal aunt, grandmother, niece) with ovarian cancer; OR
5. Women with BRCA I or BRCA II mutations confirmed by molecular susceptibility testing.
6. Women from families with Lynch syndrome I (familial cancer syndrome characterized by an inherited predisposition to the development of the early onset of adenocarcinomas of the colon, ovary, pancreas, breast, bile duct, cervix, endometrium, and urologic and gastrointestinal systems).

A unilateral oophorectomy at the time of hysterectomy when both ovaries are in place is considered inappropriate under current, generally accepted guidelines, and is not covered.

Hysteroscopic Tubal Sterilization: Essure Micro-Insert

BCBSKS will allow hysteroscopic tubal sterilization with an Essure micro insert. To confirm the occlusion of the fallopian tubes, the hysterosalpingogram will be allowed following the sterilization.

Pediatrics Liaison (July 30, 2003)

Respiratory Syncytial Virus (RSV) Guideline

See page 2

Home Phototherapy

See page 3

Continuous Glucose Monitoring

See page 5

Otolaryngology Liaison (August 13, 2003)

Cautery and/or Ablation of Turbinates

Cautery and/or ablation of mucosa of turbinates are content of service when performed with any other nasal turbinate reduction procedures.

Excision of the turbinate, partial or complete, and submucous resection turbinate, partial or complete, are content of service of acute treatments of facial injuries, (21325, 21330, 21335, 21336, 21337, 21338, 21339, 21346, and 21347) or to each other on the same turbinate. These procedures are also content for control of nasal hemorrhage. If providers bill excision of the turbinate, partial or complete, on one turbinate and submucous resection turbinate, partial or complete, on the opposite turbinate, they should use modifier 22 with right and left modifiers.

To improve the patient's airway, reduction of the inferior turbinates will be allowed as part of partial or complete polyp or turbinate reduction procedures.

Surgery Liaison (August 20, 2003)

Prophylactic Oophorectomy/Hysterectomy

See page 6

Radiofrequency Ablation of Liver Tumors

Radiofrequency ablation of liver tumors, treatment and re-treatment, requires predetermination.

Negative Pressure Wound Therapy (NPWT)

Negative Pressure Wound Therapy (NPWT) (such as V.A.C.® Therapy™) is considered medically necessary in the home setting to promote the closure of chronic wounds when initiated in the home setting, or in the hospital or skilled nursing facility prior to discharge, when one of the following chronic wound conditions is present:

- Pressure ulcers – Stage III or Stage IV
- Venous or arterial insufficiency ulcers
- Dehisced wounds or wounds with exposed hardware or bone
- Neuropathic ulcers
- Complications of a surgically created (i.e. large incisional hernia with mesh) or traumatic wound (i.e. diabetic ulcers with no presence of infection) where accelerated granulation therapy is necessary which cannot be achieved by other available topical wound treatment
- Poststernotomy wound infection or mediastinitis

AND:

- It is used as an adjunct therapy or as an alternative to surgery; and

- there is support to change the device and provide home care for the wound; and
 - patient selection criteria have been met. (*See policy guidelines below.*)
- AND, for NPWT to be initiated in the home setting:
- Progressive wound healing has failed following 30 days of conservative wound treatment. (Treatment less than 30 days can be reviewed by a consultant if medical records are provided).

Policy Guidelines: Patient Selection Criteria

The criteria listed below as items #1 through #6 must be met for all conditions.

1. The wound has been debrided and is free of all the following:
 - Nonviable or necrotic tissue (eschar)
 - Macroscopic contamination
 - Non-enteric and unexplored fistulas
 - Malignant or metastatic cells
 - Active bleeding
 - Pressure on wound
2. The wound does not contain exposed arteries or veins.
3. The patient is free from active osteomyelitis.
4. The medical record documents that the patient is not nutritionally compromised, or if nutritionally compromised, the medical record documents appropriate interventions have been implemented.
5. The medical record documents that the patient is willing and able to comply with using continuous or intermittent NPWT application 22 of 24 hours per day.
6. The additional criteria listed below must be met for specific wound types and treatment regimes:
 - a. Neuropathic ulcers: the patient has been on a comprehensive management program and evidence of adequate vascularization and appropriate treatment to relieve pressure on a foot ulcer has been rendered.
 - b. Venous or arterial insufficiency ulcers: the patient has had compressive bandages and/or garments and leg elevation consistently applied and/or utilized under physician supervision and ambulation has been encouraged.

Continuation of Treatment:

Initial approval will be for four weeks. For coverage to continue beyond four weeks, the medical records (progress notes) should indicate the following:

1. Weekly assessment of the wound(s) dimensions and characteristics by a licensed healthcare professional
2. Documentation of progressive wound healing without intervening complications at least monthly

All other applications for NPWT therapy are considered not medically necessary in the home setting.

Lung Volume Reduction Surgery (LVRS)

With adoption of InterQual® criteria, items J and K have been added to the following guidelines:

- I. Emphysema (secondary review mandatory) (ALL)
 - A. Dyspnea (BOTH)
 1. Onset at rest/with minimal exertion
 2. Unresponsive to medical Rx

- B. Findings (ALL)
 - 1. Bilateral emphysema by CT
 - 2. BMI (ONE)
 - a. $\leq 31.1 \text{ kg/m}^2$ (men)
 - b. $\leq 32.3 \text{ kg/m}^2$ (women)
 - 3. Abnormal PFT results (ALL)
 - a. FEV₁ (ONE)
 - 1) $< 45\%$ and $> 20\%$ predicted
 - 2) $\leq 20\%$ with (BOTH)
 - a) D_L CO $> 20\%$ predicted
 - b) Heterogenous emphysema by CT
 - b. TLC $\geq 100\%$ predicted
 - c. RV $\geq 150\%$ predicted
 - 4. Abnormal ABG results on RA (BOTH)
 - a. PO₂ ≥ 45 mmHg
 - b. PCO₂ ≤ 60 mmHg
- C. Nonsmoker/smoking cessation for ≥ 6 months
- D. Exercise tolerance (BOTH)
 - 1. Able to ambulate > 140 m in 6 minutes
 - 2. Able to complete 3 min bicycle ergometry test
- E. Comorbid condition (ONE)
 - 1. No significant cardiac/pulmonary comorbid condition
 - 2. Comorbid cardiac condition and cleared for surgery by cardiologist (ONE)
 - a. LVEF $< 45\%$
 - b. Unstable angina
 - c. Cardiac arrhythmia
 - d. CAD/ventricular dysfunction by dobutamine nuclear stress test
- F. Completion of ≥ 6 wks supervised pulmonary rehabilitation program
- G. Patient understanding of surgical risk and post procedure compliance and follow up
- H. Pulmonologist and surgeon agree
- I. Secondary review completed
- J. Must be 70 years of age or LESS
- K. Exclusion Criteria
 - 1. High dose steroids – MORE THAN 20 MG'S PER DAY.
 - 2. Systemic pulmonary hypertension, MORE than 50 mmHg 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 rehabilitation.
 - 7. Severe Scoliosis/Kyphosis.
 - 8. Obesity or Cachexia.
 - 9. Presence of homogeneous emphysema.

Urology Liaison (August 27, 2003)

Prostate Specific Antigen (PSA)

To assist providers in billing PSA, the following guidelines are recommended:

Guideline	CPT Code	Diagnosis Code
Annual screening, men 40 through 49 years of age with a family history of prostate cancer	84153	V16.4
Annual screening, routine, men 50 to 80 years of age	84153	Code primary reason for visit
Confirmed PSA management, any age	84153	One of the following: 185, 599.7, 600.0-600.9, 601.0, 601.1, 601.2, 601.3, 601.4, 601.8, 601.9, 602.0, 602.2, 602.3, 602.8, 602.9 or 608.82

Cryoablation of the Prostate

Cryoablation of the prostate is approved for primary therapy of clinically localized prostate cancer or as a salvage therapy for localized prostate cancer in individuals who failed a course of radiation therapy or other cryotherapy as their primary treatment. "Localized prostate cancer" would include primary tumor classifications of T1, T1a, T1b, T1c, T2, T2a, T2b, T3 and T3a. Cryoablation of the prostate for T3b will be reviewed by a consultant and T4 will be denied not medically necessary.

The medical records must accompany the claim and the documentation must indicate the tumor classification.

Sural Nerve Graft

Sural nerve grafts are considered experimental/investigational due to no long-term studies.

Ultrasound for Post-Voiding

This service continues to be considered content of service of an evaluation and management (E/M) visit on the same day.

Internal Medicine Liaison (September 3, 2003)

Ambulatory Blood Pressure Monitoring

See page 2.

Wireless Capsule Endoscopy

See page 4

Osteoporosis Screening

See page 4

Continuous Glucose Monitoring

See page 5

Lung Volume Reduction Surgery (LVRS)

See page 8

Immune Globulin for the Treatment of Amyotrophic Lateral Sclerosis (ALS)

Immune globulin for the treatment of amyotrophic lateral sclerosis (ALS) is considered experimental/investigational.

Enterix InSure™ Fecal Occult Blood Test

There is no data to support that the InSure™ for fecal occult blood test offers anything over the standard occult test. It is therefore considered experimental/investigational.