

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

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MAC-01-04

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Medical Advisory Committee (MAC)

Results of the first session of MAC in 2004 will be effective July 1, 2004 (unless otherwise noted). This newsletter is arranged in chronological order according to liaison dates.

General MAC Update (April 22, 2004)

Assistant at Surgery

Assistant at surgery is considered not medically necessary for CPT code 20982 – Ablation, bone tumor(s) (e.g., osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance.

Otolaryngology Liaison (December 3, 2003)

Allergy Immunotherapy

No changes were made to the current BCBSKS guideline for allergy immunotherapy, which is as follows:

Allergy immunotherapy is considered medically necessary in individuals with a demonstrated hypersensitivity that cannot be managed by medications or avoidance.

Allergy immunotherapy is considered experimental/investigational in all other cases, including but not limited to, the following:

1. Provocative and neutralization therapy for food allergies using intradermal and subcutaneous routes
2. Repository emulsion therapy
3. Urine auto injections and autogenous immunization therapy
4. Rotational diets and multiple food elimination diets
5. Multiple chemical avoidance, anti-candida drugs, whole body extracts for stinging insects and orthomolecular therapy
6. Enzyme potentiated desensitization (EPD)
7. Acupuncture for allergies
8. Allergoids (modification of allergens to reduce allergenicity)
9. Ecology units/environmental chemical avoidance for multiple chemical sensitivity syndrome
10. Homeopathy for allergies
11. Multiple chemical sensitivity syndrome (i.e., idiopathic environmental intolerance (IEI), clinical ecology, environmental illness, chemical AIDS, environmental/chemical hypersensitivity disease, total allergy syndrome, cerebral allergy, 20th century disease)
12. Photoinactivated extracts
13. Polymerized extracts
14. Poison ivy/poison oak extracts for immunotherapy in the prevention of toxicodendron (Rhus) dermatitis
15. Sublingual drops

Rapid desensitization (rush immunotherapy)

Rapid desensitization is performed to arrive more quickly at a protective dose of immunotherapy. Both rapid and conventional immunotherapies have been shown to work equally well in controlled clinical trials. The up-front costs and risk of rapid versus standard immunotherapy is greater. Except in special situations, (e.g., venom anaphylaxis), use of rapid immunotherapy is considered patient convenience and therefore not covered.

Rapid immunotherapy protocols require considerable pretreatment as well as frequent treatment for reactions during treatment, and therefore patients must be continuously monitored for 5 to 6 hours or more.

Provision of vaccine and administration will also apply to rapid as well as standard immunotherapy.

Allergy Testing

The following methods of allergy testing are considered medically necessary if the condition cannot be managed by medication or avoidance:

1. Percutaneous (scratch, prick, or puncture) tests
2. Intracutaneous (intradermal) tests including: immediate type reaction; delayed type reaction
3. Intradermal dilutional tests (IDT) (SET)
4. Skin patch test (application test)
5. Photo patch test
6. In vitro IgE antibody tests (RAST, MAST, FAST, and ELISA)
7. Total serum IgE concentration
8. Bronchial challenge tests
9. Oral ingestion challenge tests (i.e., double blind food challenge)
10. Exercise challenge test

Unit limitations can be found in the Provider Publications, Manuals section of the BCBSKS Web site.

Investigational: All other tests including, but not limited to, the following are considered investigational when used for the evaluation of allergies:

1. Cytotoxic testing
2. Provocative-neutralization testing (Rinkel Test)
3. Provocative testing for food and food additive allergies (except for double blind food challenge)
4. Leukocyte histamine release test (LHRT)
5. Rebeck skin window test
6. Electrodermal testing
7. Applied kinesiology
8. Pulse test
9. Lymphocyte subset counts
10. Cytokine and cytokine receptor assays
11. Chemical analysis of body tissue
12. Food immune complex assay (FICA)
13. Nasal challenge test and conjunctival challenge test

RAST testing, limited to 12, is allowed on:

1. Members as a "second opinion" to substances which may give a negative skin test who have a history strongly suggesting allergy to that substance.
2. Members who cannot be taken off medication (i.e., antihistamines, tricyclic antidepressants, Accolate, Zyflo, long-term daily or alternate-day oral steroids) because of the likelihood of severe allergic reactions where explicit documentation supports the physician's decision.
3. Members with severe dermatographism conditions prohibiting performance of skin testing.
NOTE: If it is necessary to do more than 12 RAST tests, the physician should submit explicit documentation as to the medical necessity for the additional test and modifier 22 should be appended to the claim. These claims, accompanied by the submitted documentation, are referred to medical review. If documentation does not accompany the claim or does not meet one of the above criteria, the claim will be denied not medically necessary.

4. If retesting is done within a one-year period, the claim should include modifier 22 and a statement from the physician indicating the necessity of retesting.

Uvulopalatopharyngoplasty (UPPP) and Tongue Base Reduction Surgery

The BCBSKS guideline for Uvulopalatopharyngoplasty (UPPP) and Tongue Base Reduction Surgery is as follows:

- A. Uvulopalatopharyngoplasty (UPPP) with one of the following tongue base procedures will be reviewed by a consultant prior to payment:
 1. Radiofrequency ablation of the tongue base
 2. Glossectomy
 3. Mandibulotomy
 4. Hyoid advancement
- B. Both a positive cephalometric finding and a positive Mueller maneuver must be documented prior to performing a UPPP and tongue base procedure.
- C. Sagittal mandibular osteotomy is:
 1. Normally considered after a failed UPPP
 2. Reviewed by a consultant prior to payment
- D. Tongue base suspension is considered experimental/investigational.

Orthopedic Liaison (January 7, 2004)

Content of Service With Shoulder Arthroscopy Procedures

The BCBSKS guideline related to content of service with shoulder arthroscopy procedures as reported in MAC-02-03 has been changed as follows:

- Arthroscopy rotator cuff repair surgery is **not** content of service to SLAP repair surgery (effective January 7, 2004).

The following statement has been added to the guideline:

- Decompression arthroscopic acromioplasty is not content of service to SLAP repair surgery (effective July 1, 2004).

Equipment for Cold Therapy

Water circulating pads and pumps (E0218 and E0236) for cold therapy are denied content of service to the facility fee. They are considered patient convenience for home use and will be denied not covered.

Extracorporeal Shock Wave Therapy (ESWT) Involving Plantar Fascia (Orthotripsy)

The following statements are being added to the current Extracorporeal Shock Wave Therapy (ESWT) policy for chronic plantar fasciitis (see MAC-01-02).

- The use of high-energy (electrohydraulic or electromagnetic shock) machines approved by the FDA for chronic plantar fasciitis is covered. The use of all other machines is considered experimental/investigational.
- Extracorporeal shock wave therapy (ESWT) for chronic plantar fasciitis is comparable in relative value to a plantar fasciotomy.

Extracorporeal Shock Wave Therapy (ESWT) for Tennis Elbow

ESWT for tennis elbow is considered experimental/investigational.

Osteochondral Knee Allograft and Autografts

Allograft (Mosaic) and autograft (OAT) are covered if all the following criteria are met:

1. Failure to respond to non-operative treatment
2. Isolated full thickness lesion surrounded by healthy tissue not more than 20 mm in greatest dimension
3. Single side of joint only; no “kissing” lesions
4. Otherwise healthy non-elderly patient who can comply with the post-operative regimen including physical therapy
5. No radiologic evidence of degenerative arthritis and stable correctly aligned knee (or a patient less than 40 years of age with a realignment procedure)
6. Stage 4 osteochondritis
7. Autograft (non allograft) recommended for avascular necrosis (AVN)/osteonecrosis of the femoral condyle

Radiology Liaison (February 10, 2004)

MRI of the Breast

MRI of the breast may be covered, considered for coverage, or not covered as indicated below.

MRI of the breast is allowed for evaluation of ruptured breast implants in patients when there is breast pain and/or abnormal ultrasound of the breast.

MRI of the breast may be considered medically necessary as a screening technique for breast cancer in women with a known BRCA1 or BRCA2 mutation; at high-risk of BRCA1 or BRCA2 mutation due to a known presence of the mutation in relatives; or with a pattern of breast cancer history in multiple first-

degree relatives, often occurring at a young age and bilaterally, consistent with a high probability of harboring BRCA mutations or other hereditary breast cancer.

If a patient has metastatic adenocarcinoma to an axillary node with unknown primary, negative physical exam, and negative standard radiological mammogram, then an MRI of the breast would be allowed.

MRI of the breast is not the standard of care in screening or diagnosing breast cancer. An exception could be made for patients who have dense breast tissue, negative physical exam, negative mammogram, and strong family history of breast cancer.

MRI of the breast as a technique to further characterize indeterminate breast lesions identified by clinical exam, mammography, or ultrasound, is considered experimental/investigational.

MRI of the breast as a technique to evaluate the presence of multicentric disease in patients with clinically localized breast cancer is considered experimental/investigational.

Virtual Colonoscopy

Virtual colonoscopy is a new technique that uses computed tomography (CT) scan and computer virtual reality software to look at the interior of the colon from different angles to detect polyps. The CAT scanner provides the X-ray images and the image processing computers create the 3-D display for the final interpretation.

Virtual colonoscopy is considered experimental/investigational.

Oncology Liaison (February 17, 2004)

Prophylactic Mastectomy

Prophylactic mastectomy will be covered under the following criteria.

- A. Women without breast cancer by history (must have one of the following four):
 1. BRCA1/BRCA2 gene mutation by genetic testing
 2. Atypical breast hyperplasia by biopsy
 3. Diffuse microcalcifications
 4. Breast cancer in first degree relative by history (must have one of the following three):
 - a. Two first degree relatives with unilateral breast cancer
 - b. One first degree relative with bilateral breast cancer
 - c. One first degree relative with premenopausal breast cancer
- B. Women with a personal history of breast cancer, including a single biopsy with hyperplasia with atypia, lobular carcinoma in situ; or ductal carcinoma in situ.