

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

December 30, 2004
MAC-03-04

The *Blue Shield Report* is published by the professional relations department of Blue Cross and Blue Shield of Kansas.

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Inside This Issue:

Family Practice Liaison (July 13, 2004)	pg. 1
• Orthotic Cranioplasty for Plagiocephaly Without Synostosis	pg. 1
• Surgical Treatment of Gynecomastia	pg. 2
Pediatric Liaison (July 28, 2004)	pg. 2
• Orthotic Cranioplasty for Plagiocephaly Without Synostosis	pg. 1
• Surgical Treatment of Gynecomastia	pg. 2
Otolaryngology Liaison (August 11, 2004)	pg. 3
• Allergy Testing	pg. 3
• Excision of Parotid Tumor or Parotid Gland	pg. 3
• Uvulopalatopharyngoplasty and Tongue Base Reduction Surgery ...	pg. 3
Surgery Liaison (August 18, 2004)	pg. 4
• Surgical Treatment of Gynecomastia	pg. 2
• Transesophageal Endoscopy Therapy	pg. 4
• Wireless Capsule Endoscopy	pg. 4
General Information from MAC	pg. 4
• Assistant at Surgery	pg. 4

Medical Advisory Committee (MAC)

November 4, 2004

(Consent Ballot – No Meeting Held)

Changes resulting from the third session of MAC in 2004 (conducted by consent ballot) will be effective February 1, 2005. This newsletter is arranged in chronological order according to liaison dates.

Family Practice Liaison (July 13, 2004)

Orthotic Cranioplasty for Plagiocephaly Without Synostosis

The committee agreed with the current Blue Cross and Blue Shield of Kansas (BCBSKS) guideline on orthotic cranioplasty for plagiocephaly without synostosis (DOC Band) as:

- Medically necessary in patients who have undergone surgery for synostotic plagiocephaly and
- Not medically necessary if surgery has not been accomplished.

Sent to: CAP excluding DDS and Pharmacy

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Surgical Treatment of Gynecomastia

The BCBSKS guideline for surgical treatment of gynecomastia is as follows:

Description:

Gynecomastia refers to the benign enlargement of the male breast, due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. Gynecomastia may be associated with any of the following:

1. Any underlying hormonal disorder, e.g., conditions causing either estrogen excess or testosterone deficiency such as liver disease or an endocrine disorder;
2. A side effect of certain drugs;
3. Associated with obesity;
4. Related to specific age groups, e.g.,
 - a. Neonatal gynecomastia, related to action of maternal or placental estrogens,
 - b. Adolescent gynecomastia that consists of transient, breast enlargement, which may be tender,
 - c. Gynecomastia of aging, related to the decreasing levels of testosterone and relative estrogen excess.

Treatment of gynecomastia involves consideration of the underlying cause. For example, treatment of the underlying hormonal disorder, cessation of drug therapy, or weight loss may all be effective therapies. Adolescent gynecomastia may resolve with aging. No functional impairment is associated with gynecomastia.

Policy:

Mastectomy as a treatment of gynecomastia is considered cosmetic due to the lack of a functional impairment.

Pediatric Liaison (July 28, 2004)**Orthotic Cranioplasty for Plagiocephaly Without Synostosis**

See page 1.

Surgical Treatment of Gynecomastia

See above.

Otolaryngology Liaison (August 11, 2004)**Allergy Testing**

The allergy testing guideline published May 27, 2004, (MAC 01-04) has been revised as follows:

Statement #1 of the RAST testing portion of the guideline has been reworded to replace “second opinion” with “baseline screen” and now says:

RAST testing, limited to 12 units, is allowed on:

1. Members as a baseline screen for substances which may give a negative skin test and who have a history strongly suggesting allergy to that substance;

The remainder of the guideline is unchanged.

Excision of Parotid Tumor or Parotid Gland

The following determinations were made for excision of parotid tumor or parotid gland (CPT code 42415).

- An assistant at surgery is considered medically necessary.
- EMG (needle placement) for facial nerve monitoring is considered content of service of the major procedure and therefore no additional reimbursement is allowed.

Uvulopalatopharyngoplasty (UPPP) and Tongue Base Reduction Surgery

The UPPP guideline published May 27, 2004, (MAC-01-04) has been revised to incorporate a time frame for when polysomnography testing can be performed prior to the surgical procedure. The revised guideline reads as follows:

Patients must have polysomnography testing completed within 18 months, a documented positive cephalometric finding, and a positive Mueller maneuver prior to performing the Uvulopalatopharyngoplasty (UPPP) surgery and tongue base procedure.

- 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, or
 4. Hyoid advancement.
- B. Sagittal mandibular osteotomy
 1. Normally considered after a failed UPPP.
 2. Reviewed by a consultant prior to payment.

Tongue base suspension is considered experimental/investigational.

Surgery Liaison (August 18, 2004)

Surgical Treatment of Gynecomastia

See page 2

Transesophageal Endoscopy Therapy

Transesophageal endoscopy therapy, such as endoscopic submucosal implantation of a biocompatible polymer (i.e., Enteryx™) is considered experimental/investigational for all indications including, but not limited to gastroesophageal reflux disease (GERD).

Wireless Capsule Endoscopy

The wireless capsule endoscopy guideline published January 2, 2004 (MAC-04-03) has been revised. The new guideline reads as follows:

1. Wireless capsule endoscopy is considered medically necessary as an adjunctive diagnostic imaging tool when all other modalities have failed to identify the source of bleeding (e.g., colonoscopy, upper endoscopy, or panendoscopy) and the patient continues to require active medical or surgical treatment for:
 - a. clinically significant bleeding (i.e., drop in hemoglobin or progressive anemia) in chronic or acute obscure small intestinal bleeding.
 - or
 - b. abdominal pain, diarrhea, fever, elevated white blood cell count, elevated erythrocyte sedimentation rate, weight loss, or bleeding in the initial diagnosis with suspected Crohn's disease or Crohn's disease.
2. 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.

All claims will be referred for medical necessity review.

General Information from MAC

Assistant at Surgery

The Medical Advisory Committee (MAC) agreed that the following CPT codes do not require an assistant at surgery.

36555	36556	36557	36558	36560
36561	36563	36565	36566	36568
36569	36570	36571	36575	36576
36578	36580	36581	36582	36583
36584	36585	36589	36590	36595
36596	36597	37765	37766	43237
43238	64449	64517	64681	