BlueCross BlueShield of Western New York

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Protocol

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Medical Services Protocol Updates

The following clinical protocol update includes information on protocols that have had an annual review recently resulting in a revision to the guidelines or no changes at all. Sixteen new Protocols have been added and eight existing protocols have been deleted.

Please note that some of this protocol update may not pertain to the members you provide care to, as it may relate to contracts that are not available in your geographic area.

Protocol Revision Summary

The effective date of these changes is April 1, 2010:

Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

Added to the policy statement:

- The **medically necessary** criteria apply to women with *primary* breast cancer
- Specifies that the tissue sample must be the one from the lesion removal and not the biopsy specimen
- For multiple ipsilateral primaries, the specimen should be the one that has the most aggressive histological characteristics
- The test must be ordered within six months following diagnosis
- It is **investigational** in lymph node positive disease
- The names of the other assays which are available.

Autologous Chondrocyte Implantation: Added that matrix-induced autologous chondrocyte implantation is considered **investigational**.

Biventricular Pacemakers for the Treatment of Congestive Heart Failure: Added to policy statement that use in patients with class I/II heart failure is **investigational**.

Functional Neuromuscular Electrical Stimulation: "To Provide Ambulation" has been removed from the title and the policy statement now includes an additional use that is **investigational**: "To provide upper extremity function in patients with nerve damage (e.g., spinal cord injury or post-stroke)"

Isolated Limb Perfusion/Infusion for Malignant Melanoma

Added:

- "Infusion" to the title
- New policy statement that isolated limb **infusion** with melphalan may be considered **medically necessary** for therapeutic treatment of a local recurrence of nonresectable melanoma

- A note that isolated limb infusion may have a lower response rate than isolated limb perfusion, but is associated with fewer severe side effects and is therefore viewed as another option for these patients
- A statement that isolated limb infusion for all other conditions is **investigational**.

Keratoprosthesis

Policy statement change: The Boston Keratoprosthesis (Boston KPro) may be considered **medically necessary** for the treatment of corneal blindness under the following conditions:

- The cornea is severely opaque and vascularized; AND
- The patient has had two or more prior failed corneal transplants.
- Patients should be expected to be able to be compliant with postoperative care.

All other keratoprosthesis remain **investigational**.

Low-Level Laser Therapy

The policy statement and Protocol title previously focused on use for carpal tunnel; now the policy will read: "Low-level laser therapy is **investigational** for all indications including, but not limited to treatment of carpal tunnel syndrome."

Meniscal Allografts and Collagen Meniscus Implants

The policy statement and title now address collagen meniscus implants which are **investigational**.

Reduction Mammoplasty

Photographs are required to support *all* criteria of the policy statement that the patient meets.

Transmyocardial Revascularization

Policy has been rearranged with minimal change in **medically necessary** criteria (ejection fraction changed to greater than 30%); separate Medicare Advantage guideline added in order to accommodate slightly different Medicare criteria (i.e., ejection fraction).

New Protocols

The effective dates of the following are April 1, 2010, unless otherwise indicated:

- Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias (effective June 1, 2009, formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management)
- Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas (effective June 1, 2009, formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management)
- Genetic Testing for Inherited Susceptibility to Colon Cancer Including Microsatellite Instability Testing (Prior approval is required)
- Heart Transplant (Prior approval required and must be obtained through Case Management)
- Heart/Lung Transplant (Prior approval required and must be obtained through Case Management)
- Hematopoietic Stem-Cell Transplantation for Autoimmune Diseases (effective June 1, 2009, formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management)
- Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma (effective June 1, 2009, formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management)

- Hematopoietic Stem-Cell Transplantation for Miscellaneous Solid Tumors in Adults (effective June 1, 2009, formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management)
- Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis or Waldenstrom Macroglobulinemia (effective June 1, 2009, formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management)
- Hematopoietic Stem-Cell Transplantation for CNS Embryonal Tumors and Ependymoma (effective June 1, 2009, formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management)
- Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood (effective June 1, 2009, formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management)
- Home Prothrombin Time Monitoring (Prior approval is required)
- Isolated Small Bowel Transplant (Prior approval required and must be obtained through Case Management)
- Real-Time Intra-Fraction Target Tracking During Radiation Therapy (effective November 1, 2009, prior approval is not required but is recommended if you feel the service is medically necessary)
- Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee
- Ventricular Assist Devices and Total Artificial Hearts (Prior approval required and must be obtained through Case Management)

Clinical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate:

- Acupuncture
- Ambulance (Emergency)
- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening
- Artificial Intervertebral Disc: Lumbar Spine
- Automated Percutaneous Discectomy
- Balloon Sinuplasty for Treatment of Chronic Sinusitis
- Biofeedback as a Treatment of Chronic Pain
- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
- Cryoablation of Prostate Cancer
- Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors
- Cryosurgical Ablation of Primary or Metastatic Liver Tumors
- Decompression of the Intervertebral Disc Using Laser (Laser Discectomy) or Radiofrequency (DISC Nucleoplasty™) Energy
- Enhanced External Counterpulsation (EECP) for Chronic Stable Angina or Congestive Heart Failure
- Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions
- Gastric Electrical Stimulation
- Home Uterine Activity Monitoring
- Implantable Cardioverter Defibrillator (ICD)
- In Vitro Chemoresistance and Chemosensitivity Assays
- Intradialytic Parenteral Nutrition
- Magnetoencephalography/Magnetic Source Imaging

- Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
- Percutaneous Intradiscal Electrothermal (IDET) Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty
- Percutaneous Vertebroplasty and Kyphoplasty
- Prolotherapy
- Quantitative Sensory Testing
- Reconstructive Breast Surgery/Management of Breast Implants
- Semi-Implantable Middle Ear Hearing Aid for Moderate to Severe Sensorineural Hearing Loss
- Sensory Integration Therapy
- Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- Threshold Electrical Stimulation as a Treatment of Motor Disorders
- Treatment of Hyperhidrosis
- T-Wave Alternans
- Vagus Nerve Stimulation

Deleted Protocols

Effective immediately, the following Protocols are archived; refer to the Technology Assessment Protocol for criteria that must be met to support medical necessity:

- Cutaneous Electrogastrography (EGG)
- Daily Hemodialysis in the Home
- Intravascular Brachytherapy for Preventing and Managing Restenosis after Percutaneous Transluminal Angioplasty (PTA)
- Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids
- Laser-Assisted Tonsillectomy
- Ultrasound in Maternity Care

Effective immediately, the following Protocol is archived; refer to the Immunization and Preventive Health Practice Guidelines for children on the Provider web site:

- Well Child Care

This protocol is archived and not replaced due to a national criteria set that is followed with possible reissue of a corporate medical protocol in the future.

- Immunotherapy for Allergic Disorders

The above are brief summaries. Please refer to the Protocols, posted on the Provider web site, for the details of the updated Protocols and the new Protocols that affect your practice. If you need assistance obtaining specific Protocol updates, please contact Provider Service.