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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. Three new Protocols have been added and nine 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, 2011:

Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry

- The Benefit Application section was removed and the policy statement remains that outpatient cardiac telemetry as a diagnostic alternative in patients who experience infrequent symptoms suggestive of arrhythmias is considered not medically necessary, which as explained is because it is not more beneficial but generally more expensive; all of our products, except Medicare Advantage, have member contract language that indicates more expensive, but not more beneficial services, are considered not medically necessary
- Preauthorization is required if, despite this, the physician feels it is medically necessary
- The separate Medicare Advantage criteria has no change

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

Added to the Medicare Advantage guideline statement this test is also medically necessary for patients with:

- Estrogen receptor positive micrometastases of carcinoma of the breast or
- Estrogen positive breast carcinoma with 1-3 positive nodes

Added a Benefit Application section for all products that states:

- Labs performing HER2 testing should be enrolled in and have satisfactory performance in a HER2 proficiency testing program and
- Testing performed by immunohistochemistry (IHC) which yields a HER2 determination of 2+ is also required to have the HER2 status determined by in situ hybridization (ISH)

Autologous Chondrocyte Implantation and Other Cell-based Treatments of Focal Articular Cartilage Lesions

Added a policy statement that minced cartilage and allogenic cartilage cells implantation is investigational

Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid

- Removed the words “up to” from the first sentence of policy statement: “Intermittent monitoring, i.e., 72 hours ...”
- The preauthorization requirement for 72 hour usage has been removed

Dynamic Posturography

Changing the policy statement from “not medically necessary” to “investigational”

Enhanced External Counterpulsation (EECP) for Chronic Stable Angina or Congestive Heart Failure

The separate Medicare Advantage heading has been removed because we are applying the Medicare National Coverage Decision to all products. In summary, this service may be considered medically necessary for patients who have been diagnosed with disabling angina who, in the opinion of a cardiologist or cardiothoracic surgeon, are not readily amenable to surgical intervention, such as percutaneous transluminal coronary angioplasty or cardiac bypass because: 1) Their condition is inoperable, or at high risk of operative complications or post-operative failure; 2) Their coronary anatomy is not readily amendable to such procedures; or 3) They have co-morbid states which create excessive risk. Use for all other cardiac conditions, including but not limited to congestive heart failure, acute myocardial infarction and cardiogenic shock is investigational.

Heart/Lung Transplant

Criteria related to prior malignancy was revised

Heart Transplant

Revisions made include:

- Pulmonary hypertension added as a contraindication
- Criteria related to prior malignancy revised
- United Network for Organ Sharing (UNOS) candidate prioritization added to the policy guideline section

Hematopoietic Stem-Cell Transplantation for Autoimmune Diseases

Added juvenile idiopathic arthritis and type I diabetes mellitus as investigational uses

Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood

Policy statements modified to state specifically that “tandem autologous-autologous” HSCT is considered investigational and that “allogeneic (myeloablative or nonmyeloablative)” HSCT is considered investigational in the treatment of pediatric solid tumors

Home Prothrombin Time Monitoring

- Updated the policy statement to indicate this is not medically necessary except for Medicare Advantage (all of our products, except Medicare Advantage, have member contract language that indicates more expensive, but not more beneficial services, are considered not medically necessary)
- The Medicare Advantage criteria continues to provide medically necessary indications but only if the service is provided by an Independent Diagnostic Testing Facility; preauthorization is required for Medicare Advantage

Low-Level Laser Therapy

This policy addresses all uses of low-level laser, so redundant wording was removed from the Policy Guideline section

Magnetoencephalography/Magnetic Source Imaging

Removed the separate Medicare Advantage guideline section because Medicare has no guideline on this and therefore our corporate policy is applied

Microarray-Based Gene Expression Testing for Cancers of Unknown Primary

Added new test, formalin-fixed paraffin-embedded (FFPE) specimens, to the investigational policy statement

Orthoptic/Vision Therapy

The third medically necessary indication (third bullet) clarifies postoperative to be postoperative for strabismus surgery when there are residual symptoms

Real-Time Intra-Fraction Target Tracking During Radiation Therapy

Added a Benefit Application section which says: If real-time intra-fraction target tracking is billed in addition to radiation therapy, because it is not medically necessary, it will be considered incidental to the radiation therapy service (this is information that was also communicated in a previous issue of our newsletter *Vital Signs*)

Total Artificial Hearts and Implantable Ventricular Assist Devices

Clarifying that the policy statement addresses medical necessity for *implantable* ventricular assist devices and total artificial hearts

For Medicare Advantage:

- The policy statement is updated to include that it is medically necessary as destination therapy
- Patient selection criteria were added

New Protocols

The effective date of these changes is April 1, 2011:

- Cytoreduction and Hyperthermic Intraperitoneal Chemotherapy for the Treatment of Peritoneal Carcinomatosis of Gastrointestinal Origin*
- Genetic Testing for Inherited Disorders*
- Genetic Testing for Warfarin Dose
- Proteomics-based Testing for the Evaluation of Ovarian (Adnexal) Masses*

*Preauthorization required

Clinical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate:

- Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias
- Ambulance (Emergency)
- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening
- Artificial Intervertebral Disc: Lumbar Spine
- Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas
- Automated Percutaneous Discectomy
- Balloon Sinuplasty for Treatment of Chronic Sinusitis
- Breast Brachytherapy after Breast-Conserving Surgery, as Boost with Whole Breast Irradiation, or alone as Accelerated Partial Breast Irradiation (APBI) **HOLD**

- Cryoablation of Prostate Cancer
- Cryosurgical Ablation of Primary or Metastatic Liver Tumors
- Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)
- Electrical Stimulation for the Treatment of Arthritis
- Electrostimulation and Electromagnetic Therapy for Treating Wounds
- Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions
- Functional Neuromuscular Electrical Stimulation
- Gastric Electrical Stimulation
- Genetic Testing for Inherited Susceptibility to Colon Cancer, Including Microsatellite Instability Testing
- Hematopoietic Stem-Cell Transplantation for CNS Embryonal Tumors and Ependymoma
- Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer
- Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma
- Hematopoietic Stem-Cell Transplantation for Miscellaneous Solid Tumors in Adults
- Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis or Waldenstrom Macroglobulinemia
- Home Uterine Activity Monitoring
- Implantable Cardioverter Defibrillator (ICD)
- Implantation of Intrastromal Corneal Ring Segments
- In Vitro Chemoresistance and Chemosensitivity Assays
- Intradialytic Parenteral Nutrition
- Isolated Limb Perfusion/Infusion for Malignant Melanoma
- Isolated Small Bowel Transplant
- Keratoprosthesis
- Meniscal Allografts and Collagen Meniscus Implants
- Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
- Percutaneous Intradiscal Electrothermal (IDET) Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty
- Prolotherapy
- Quantitative Sensory Testing
- Reconstructive Breast Surgery/Management of Breast Implants
- Reduction Mammoplasty
- Saturation Biopsy for Diagnosis and Staging of Prostate Cancer
- 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 **HOLD**
- Subtalar Arthroereisis
- T-Wave Alternans
- Threshold Electrical Stimulation as a Treatment of Motor Disorders
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
- Transmyocardial Revascularization
- Treatment of Hyperhidrosis
- Vagus Nerve Stimulation
- Wearable Cardioverter-Defibrillators as a Bridge to Implantable Cardioverter-Defibrillator Placement

Deleted Protocols

Effective immediately, the following Protocols are archived:

- Acupuncture
- Adjustable Cranial Orthosis for Positional Plagiocephaly and Craniosynostoses
- Biomarker Genes for Detection of Lymph Node Metastases in Breast Cancer
- Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds
- Breast Brachytherapy after Breast-Conserving Surgery, as a Boost with Whole Breast Irradiation, or Alone as Accelerated Partial Breast Irradiation (APBI)
- High-Dose Rate Temporary Prostate Brachytherapy
- Intensity Modulated Radiation Therapy (IMRT) of the Breast and Lung
- Intensity Modulated Radiation Therapy (IMRT) of the Prostate
- Salivary Estriol as Risk Predictor for Preterm Labor

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.