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# Protocol

**Distribution Date: June 1, 2011**

## **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. Two (2) 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 July 1, 2011, unless otherwise noted:

#### **Aqueous Shunts and Devices for Glaucoma**

Added a medically necessary guideline for Medicare Advantage

#### **Catheter Ablation of the Pulmonary Veins as Treatment for Atrial Fibrillation**

Statement that cryoablation technique is investigational added to the medical guideline

#### **Charged-Particle (Proton or Helium Ion) Radiation Therapy**

- Medical guideline statement regarding lung cancer removed
- Protocol updated to direct users to the radiology oncology services vendor for policy and preauthorization requests related to cancers of the prostate, breast, lung, colon and rectum

#### **Cochlear Implant**

Typographical error in the first statement of the medical guideline corrected: *100 Hz* changed to *1000 Hz*

#### **Dermatologic Applications of Photodynamic Therapy**

- Editorial rewording of medical guideline statements for general business and Medicare Advantage, not changing the intent of Protocol position
- Note: All general business products have contract language that include as part of the medical necessity definition that, if a service is not more beneficial than other appropriate service(s), but is more costly, the more costly service is considered not medically necessary

#### **Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome**

Added medical necessity indications for Medicare Advantage for initiation of CPAP as well as indications when an oral appliance would be considered medically necessary

## **Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures**

Inserted word *lumbar* into first two medical guideline statements to read *failed lumbar spinal fusion*. This does not change the intent of the medical guideline statement because the last medical guideline statement did specify that all types of electrical bone growth stimulation are investigational relative to *cervical fusion surgery* as an adjunct or for failures. This clarification is effective immediately.

## **Extracorporeal Photopheresis as a Treatment for and Prevention of Organ Rejection after Solid-Organ Transplant**

Editorial change made to combine this Protocol with Protocol Extracorporeal Photopheresis as a Treatment of Graft-versus-Host Disease, Autoimmune Disease, and Cutaneous T-Cell Lymphoma

## **Extracorporeal Photopheresis as a Treatment of Graft-versus-Host Disease, Autoimmune Disease, and Cutaneous T-Cell Lymphoma**

- Autoimmune bullous disorders added as investigational
- Editorial change being made to combine this Protocol with Protocol Extracorporeal Photopheresis as a Treatment for and Prevention of Organ Rejection after Solid-Organ Transplant

## **Implantable Bone-Conduction and Bone-Anchored Hearing Aids**

- Audiologic criteria moved from policy guidelines section to medical guidelines section
- Revised to reflect FDA indications
- Recommendation of presurgical trial of headband reworded, but medically necessary indications remain unchanged

## **Intensity Modulated Radiation Therapy (IMRT): Abdomen and Pelvis**

- Medical guideline statement regarding colon and rectal cancer removed
- Protocol updated to direct users to the radiology oncology services vendor for policy and preauthorization requests related to cancers of the colon and rectum

## **Intensity Modulated Radiation Therapy (IMRT): Cancer of the Head and Neck or Thyroid**

- New statement added to medical guideline that IMRT is considered investigational for thyroid cancer
- Title of the Protocol changed to include thyroid cancer
- Separate medical guideline added for Medicare Advantage which indicates potential for medical necessity for thyroid and head/neck cancers

## **KRAS Mutation Analysis in Non-Small Cell Lung**

Testing to predict non-response to anti-EGFR monoclonal antibody (cetuximab) added to the medical guideline section as investigational

## **Occlusion of Uterine Arteries Using Transcatheter Embolization**

Statement about laparoscopic occlusion of uterine arteries by bipolar coagulation removed from medical guideline section as well as the title

## **Outpatient Pulmonary Rehabilitation**

- Addition to medical guideline that home pulmonary rehabilitation is investigational
- Existing medical guideline statements clarified that they pertain to *ambulatory* outpatient pulmonary rehabilitation

### **Real-Time Intra-Fraction Target Tracking During Radiation Therapy**

- Target tracking that is part of stereotactic radiotherapy has been removed from the description because it is included in Protocol Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- While this service is not separately payable, the Protocol was updated to direct users to the radiology oncology services vendor for policy and preauthorization requests related to cancers of the prostate, breast, lung, colon and rectum

### **Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy**

- Medical guideline statement regarding lung cancer removed
- Protocol updated to direct users to the radiology oncology services vendor for policy and preauthorization requests related to cancers of the prostate, breast, lung, colon and rectum

### **Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies**

Added that transcatheter hepatic arterial chemoembolization is investigational as neoadjuvant or adjuvant therapy in hepatocellular cancer that is considered resectable

### **Clinical Protocols Reviewed Without Change**

Previous effective dates indicated remain accurate:

- Artificial Intervertebral Disc: Cervical Spine
- Bariatric Surgery
- Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
- Dynamic Spinal Visualization
- Electrical Bone Growth Stimulation of the Appendicular Skeleton
- End Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus
- Endovascular Grafts for Abdominal Aortic Aneurysms
- Fetal Surgery for Prenatally Diagnosed Malformations
- Genetic Testing for Congenital Long QT Syndrome
- Genetic Testing for Familial Alzheimer's Disease
- Genetic Testing for Helicobacter Pylori Treatment
- Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia
- Hematopoietic Stem-Cell Transplantation for Breast Cancer
- Hematopoietic Stem-Cell Transplantation for Chronic Myelogenous Leukemia
- Laboratory Testing for HIV Tropism
- Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders
- Nerve Graft in Association with Radical Prostatectomy
- Open and Thorascopic Approaches to Treat Atrial Fibrillation (Maze and Related Procedures)
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders
- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT)
- Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines
- Spinal Cord Stimulation
- Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders

- Vertebral Axial Decompression

## **Deleted Protocols**

Effective immediately, the following protocols are archived:

- Biopsy of the Prostate
- Microwave Thermotherapy for Primary Breast Cancer

The protocols listed above are brief summaries. For details on updated protocols and new protocols that affect your practice, please refer to the protocols posted on the provider web site. If you need assistance obtaining specific protocol updates, please contact Provider Service.