



A Division of HealthNow New York, Inc. An Independent Licensee of the BlueCross BlueShield Association

Protocol

Distribution Date: September 1, 2010

Medical Services Protocol Updates

This update includes information on Protocols that have had an annual review recently resulting in a revision to the guidelines or no changes at all.

- One (1) new Protocol has been added
- Three (3) 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.

New Protocol

The effective date of the following new Protocol was June 1, 2009:

Hematopoietic Stem-Cell Transplantation for Multiple Myeloma

Formerly part of Blood or Marrow Transplantation; prior approval required and must be obtained through Case Management.

Deleted Protocols

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

- Rhinomanometry and Acoustic Optical Rhinometry

Effective October 1, 2010, these Protocols are obsolete due to a new combined Protocol (details listed below*):

- Minimally Invasive Surgery for Snoring, Obstructive Sleep Apnea Syndrome/Upper Airway Resistance Syndrome
- Surgical Management of Obstructive Sleep Apnea Syndrome/Upper Airway Resistance Syndrome

Protocol Revision Summary

The effective date of these changes is October 1, 2010, unless otherwise indicated:

Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses

Added to the policy statement:

- Use of adjustable cranial orthosis for craniosynostosis is **medically necessary** following cranial vault remodeling surgery.
- Cranial orthosis for positional plagiocephaly or craniosynostosis in the absence of surgery and synostosis is **not medically necessary**.
- Title changed from Treatment of Plagiocephaly without Synostosis.

Cardiac Rehabilitation

Added **medical necessity** criteria for intensive cardiac rehabilitation for Medicare Advantage.

Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy

Added to the Medicare Advantage policy statement: suspected irregular astigmatism based on retinoscopic streak or conventional keratometry may be a **medically necessary** indication.

Electrical Bone Growth Stimulation of the Appendicular Skeleton

Added to the policy statement: semi-invasive stimulators are **investigational**.

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

Added to the policy statement:

- Steroid use as another reason to be considered high risk for non-fusion.
- Semi-invasive electrical stimulation is **investigational** as an adjunct to lumbar fusion and failed lumbar fusion.
- Invasive, semi-invasive and non-invasive are **investigational** as adjuncts to cervical fusion or failed cervical fusion.

Gait Analysis

Added to the policy statement:

- Comprehensive gait analysis may be **medically necessary** for planning prior to surgery for patients with gait disorders associated with cerebral palsy.
- Gait analysis includes a quantitative assessment of coordinated muscle function in a dedicated laboratory.

Genetic Testing for Hereditary Breast and/or Ovarian Cancer

Added to policy statement:

- Testing for genomic rearrangements may be considered **medically necessary** in specific situations.
- Testing for cell cycle checkpoint kinase2 (CHEK2) mutations is **investigational**.
- Fallopian tube cancer and primary peritoneal cancer are additional cancers to be assessed in determining family history to assess risk.

Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia

Added to policy statement:

- Allogeneic Hematopoietic Stem-Cell Transplantation (HSCT) may be used in those with poor- to intermediate-risk acute myeloid leukemia (AML) in remission.
- Allogeneic HSCT may be used after failed autologous HSCT.

Hematopoietic Stem-Cell Transplantation in the Treatment of Germ-Cell Tumors

Added to policy statement: tandem-sequential autologous HSCT may be considered **medically necessary** in certain types of testicular cancers.

Hyperbaric Oxygen Pressurization (HBO)

Added to policy statement:

- Autism spectrum disorders and early post-radiation therapy treatment are **investigational**.
- Added Policy Guideline section to include usual number of treatments that might be **medically necessary** for some conditions as well as a definition of Wagner grade (relative to diabetic wounds).

Myoelectric Prosthesis for the Upper Limb

Policy statement re-worded (with no change to intent) to address prosthesis with individually-controlled digits (i-LIMB™ hand and ProDigits™).

Plasma Exchange

Several additions/changes to the indications in the policy statement:

- Guillain-Barré syndrome (GBS) severity grades 1-2 is a **medically necessary** indication.
- In the pediatric population, use is **investigational** for mild and moderate forms of GBS and **medically necessary** for the severe form of GBS.
- Severe manifestations of mixed cryoglobulinemia (MC) is a **medically necessary** indication when used in combination with immunosuppressive therapy.
- Use for typical-hemolytic uremic syndrome is **investigational**.
- Treatment of Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS), Sydenham Chorea, Refsum's disease, cryoglobulinemia (except severe mixed cryoglobulins), and myasthenia gravis with anti-MuSK antibodies is **investigational**.
- Plasmapheresis was also removed from the title.

Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome*

- Two Protocols, *Minimally Invasive Surgery for Snoring, Obstructive Sleep Apnea Syndrome/Upper Airway Resistance Syndrome* and *Surgical Management of Obstructive Sleep Apnea Syndrome/Upper Airway Resistance Syndrome* have been combined into this one Protocol.
- This resulted in re-wording of the policy statement, with the intent unchanged other than to more clearly define criteria for adults vs. children.

Clinical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate:

- Artificial Intervertebral Disc: Cervical Spine
- Chelation Therapy
- Clinical Trials
- Closure Devices for Patent Foramen Ovale and Atrial Septal Defects
- Cognitive Rehabilitation
- Cosmetic vs. Reconstructive Services
- Dermatologic Applications of Photodynamic Therapy
- Dynamic Spinal Visualization
- Epidermal Growth Factor Receptor (EGFR) Mutation Analysis for Patients with Non-Small Cell Lung Cancer (NSCLC)
- Genetic Testing for Congenital Long QT Syndrome
- Genetic Testing for Helicobacter pylori Treatment
- Hematopoietic Stem-Cell Transplantation for Non Hodgkin's Lymphomas
- High-Sensitivity C-Reactive Protein
- Intensity Modulated Radiation Therapy (IMRT) of the Breast and Lung**
- Intensity Modulated Radiation Therapy (IMRT) of the Prostate
- Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain
- Islet Transplantation
- Kidney Transplant
- Low-Density Lipid Apheresis
- Lysis of Epidural Adhesions
- Manipulation under Anesthesia for Treatment of Chronic Spinal or Pelvic Pain

- Mechanical Insufflation-Exsufflation as an Expiratory Muscle Aid
- Microprocessor-Controlled Prostheses for the Lower Limb
- Microwave Thermotherapy for Primary Breast Cancer
- MRI-Guided Focused Ultrasound (MRgFUS) for the Treatment of Uterine Fibroids and Other Tumors
- Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus
- Pelvic Floor Stimulation as a Treatment of Urinary Incontinence
- Sacroiliac Joint Arthrography and Injection
- Selective Internal Radiation Therapy for Primary and Metastatic Tumors of the Liver
- Small Bowel/Liver and Multivisceral Transplant
- Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea
- Surgical Ventricular Restoration
- Thermography
- Transanal Radiofrequency Treatment of Fecal Incontinence
- Ultrasound Accelerated Fracture Healing Device
- Vertebral Axial Decompression
- Vertebral Fracture Assessment with Densitometry

**See separate STAT Bulletin regarding change effective September 1, 2010.

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