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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. Twenty-three (23) new Protocols have been added and eleven (11) 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 January 1, 2011 unless otherwise indicated:

Biofeedback as a Treatment of Headache

Added cluster headaches to the investigational policy statement

Biofeedback for Miscellaneous Conditions

Added use for sleep bruxism and motor function after stroke/injury as investigational to policy statement

Biventricular Pacemakers for the Treatment of Congestive Heart Failure

Added "sinus rhythm" to the list of criteria needed to support medical necessity of this service

Cognitive Rehabilitation

Traumatic brain injury added as a medically necessary indication; prior approval is required through the behavioral health services vendor

Continuous Passive Motion (CPM) in the Home Setting

Investigational changed to not medically necessary in policy statement

Cytochrome p450 Genotyping

Added to policy statement:

- Service is medically necessary to identify poor metabolizers in those receiving clopidogrel
- Using it to guide selection of dose of beta blockers is investigational

External Infusion Pump

Separate Medicare Advantage criteria removed because the differences that had been included were specific medication-related and medications are addressed by Drug Therapy Guidelines, if a policy is necessary

Intensity-Modulated Radiation Therapy (IMRT): Abdomen and Pelvis

Added anal carcinoma as medically necessary; protocol was previously communicated in a STAT Bulletin and is already in effect as of September 1, 2010

Intensity Modulated Radiation Therapy (IMRT) of the Breast and Lung

Changed from investigational to not medically necessary for contracts that have a medical necessity definition that includes that a service cannot be more costly than other appropriate treatments to treat the condition; protocol was previously communicated in a STAT Bulletin and is already in effect as of September 1, 2010

Lung Volume Reduction Surgery for Severe Emphysema

The criterion on tobacco use in the medical necessity statement is changed from “abstinence from cigarette smoking” to “abstinence from cigarette smoking for at least four months”, additional National Emphysema Treatment Trial (NETT) inclusion criteria was added in a Policy Guidelines

Negative Pressure Wound Therapy in the Outpatient Setting

Format change only (no change to policy statement intent)

Percutaneous Vertebroplasty and Kyphoplasty

Added use in acute vertebral fractures is investigational

Periurethral Bulking Agents for the Treatment of Incontinence

Ethylene vinyl alcohol copolymer (Tegress™) was withdrawn from the market and was therefore removed from list of medically necessary bulking agents

Pneumatic Compression Pumps for the Treatment of Lymphedema

Several Changes:

- Title changed from Lymphedema Pumps
- “Non-programmable” added to first medically necessary policy statement (for treatment of lymphedema that has failed to respond to conservative measures)
- “Elastic garments” changed to “compression garments”
- Programmable pumps changed to medically necessary if certain criteria is met
- Added that two-phase multi-chamber pumps are investigational
- Prior approval will be required

Radioembolization for Primary and Metastatic Tumors of the Liver

- Title changed from “Selective Internal Radiation Therapy for Primary and Metastatic Tumors of the Liver”
- Policy statement changes: Medically necessary for selective cases of hepatocellular carcinoma and metastatic neuroendocrine tumors; and medically necessary for Medicare Advantage in all cases of primary and metastatic tumors of the liver

Radiofrequency Ablation of Primary or Metastatic Liver Tumors

Added:

- Medically necessary as a bridge to transplant, where the intent is to prevent further tumor growth and maintain candidacy for liver transplant
- Medically necessary as treatment for hepatic mets from neuroendocrine tumors which is symptomatic and uncontrolled by systemic therapy
- Medically necessary as primary treatment for those with no more than three nodules and who cannot undergo a curative procedure

Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma

Added that the use of tositumomab (Bexxar) or ibritumomab tiuxetan (Zevalin) may be medically necessary for the initial treatment of follicular lymphoma for certain patients and for consolidation after chemotherapy for certain patients

Sacral Nerve Neuromodulation/Stimulation for Pelvic Floor Dysfunction

Added treatment of chronic fecal incontinence as medically necessary

Temporomandibular Joint Dysfunction

Added acupuncture to the list of investigational non-surgical treatments; the preauthorization statement was updated to indicate that preauthorization is not required

Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus and Colon

Minor changes made to the Medicare Advantage criteria to match the local Medicare carrier policy

New Protocols

The effective date of these changes is January 1, 2011, unless otherwise indicated:

- Array Comparative Genomic Hybridization (aCGH) for the Genetic Evaluation of Patients with Developmental Delay/Mental Retardation or Autism Spectrum Disorder
- Auditory Brainstem Implant
- Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Conditions
- Electromagnetic Navigation Bronchoscopy
- Extracorporeal Photopheresis as Treatment for and Prevention of Organ Rejection after Solid Organ Transplant
- Genetic Testing for Cutaneous Malignant Melanoma
- Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis
- Immune Cell Function Assay in Solid Organ Transplantation
- Ingestible pH and Pressure Capsule
- Multigene Expression Assay for Predicting Recurrence in Colon Cancer
- Non-BRCA Breast Cancer Risk Assessment (OncoVue)
- Novel Lipid Risk Factors in Risk Assessment and Management of Cardiovascular Disease*
- Occipital Nerve Stimulation
- Orthopedic Applications of Stem-Cell Therapy
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux
- Plugs for Fistula Repair
- Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia
- Scintimammography/Breast-Specific Gamma Imaging (communicated in a previous STAT Bulletin as effective August 1, 2010)
- Systems Pathology for Predicting Risk of Recurrence in Prostate Cancer
- Total Ankle Replacement
- Treatment of Varicose Veins/Venous Insufficiency**
- Use of Common Genetic Variants to Predict Risk of Nonfamilial Breast Cancer

Clinical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate:

- Allogeneic Pancreas Transplant
- Allogeneic Stem-Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms
- Ambulatory Blood Pressure Monitoring
- Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
- Anti-CCP Testing for Rheumatoid Arthritis
- Arthroscopic Debridement and Lavage as Treatment for Osteoarthritis of the Knee
- Biofeedback as a Treatment of Chronic Pain
- Biofeedback as a Treatment of Fecal Incontinence
- Biofeedback as a Treatment of Urinary Incontinence in Adults
- Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds
- Carotid Percutaneous Transluminal Angioplasty (PTA) with Stenting
- Computer-Aided Evaluation of Malignancy with Magnetic Resonance Imaging of the Breast
- Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors
- Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)
- Deep Brain Stimulation
- Gene-Based Tests for Screening, Detection, and/or Management of Prostate Cancer
- High-Dose Rate Temporary Prostate Brachytherapy
- Hippotherapy
- Homocysteine Testing in the Screening, Diagnosis, and Management of Cardiovascular Disease
- Intensity-Modulated Radiation Therapy (IMRT): Head and Neck Cancers
- Interspinous Distraction Devices (Spacers)
- Liver Transplant
- Lung and Lobar Lung Transplant
- Neurofeedback
- Orthognathic Surgery
- Orthoptic Training for the Treatment of Learning Disabilities
- Orthoptic/Vision Therapy
- PathfinderTG Molecular Testing
- Percutaneous Axial Anterior Lumbar Fusion
- Phototherapeutic Keratectomy
- Phototherapy Light for the Treatment of Seasonal Affective and Other Depressive Disorders
- Posterior Tibial Nerve Stimulation for Voiding Dysfunction
- Prophylactic Mastectomy
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Radiofrequency Facet Joint Denervation
- Signal-Averaged Electrocardiography
- Surgical Treatment for Femoroacetabular Impingement
- Technology Assessment
- Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies
- Transcutaneous Electrical Nerve Stimulation (TENS)

- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence
- Treatment of Tinnitus
- Wireless Pressure Sensors in Endovascular Aneurysm Repair

Deleted Protocols

Effective immediately, the following Protocols are archived:

- Mechanical Insufflation-Exsufflation as an Expiratory Muscle Aid
- Oxygen
- Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease
- Unicompartmental Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee

*Effective January 1, 2011, these protocols are obsolete due to the new protocol replacing them:

- Apolipoprotein E Genotype or Phenotype in the Management of Cardiovascular Disease
- High Density Lipoprotein Subclass Testing in the Diagnosis and Management of Cardiovascular Disease
- Lipoprotein(a) Enzyme Immunoassay in the Management of Cardiovascular Disease
- Measurement of Small Low-Density Lipoprotein (LDL) Particles and Concentration of LDL Particles in Cardiac Risk Assessment and Management

**Effective January 1, 2011, these protocols are obsolete due to the new protocol replacing them:

- Perforator Vein Surgery for Chronic Venous Insufficiency
- Sclerotherapy as a Treatment of Varicose Veins
- Transilluminated Powered Phlebectomy

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.