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Protocol

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Medical Services Protocol Updates

The following clinical Protocol update includes information on Protocols that have recently undergone an annual review. The review may have resulted in a revision to the guidelines or no changes at all. Nine new Protocols have been added and two existing Protocols have been deleted.

Please note that portions of this Protocol update may not pertain to the members to whom you provide care.

Protocol Revision Summary

The effective date of these changes is January 1, 2012:

Allogeneic Pancreas Transplant*

Added not medically necessary indications regarding:

- malignancy (recent with high risk for recurrence or current),
- infection (where immunosuppression would be unsafe) and,
- terminal conditions (other than end stage disease not related to kidney or pancreas disease)

Changes made to the Policy Guideline Section: clarified relative contraindications

Separate Medicare Advantage policy statement added

Allogeneic Stem-Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms*

Separate Medicare Advantage policy statement added

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

- Removed from the medical necessity statement: Requirement that meniscal pathology be absent
- Added to the guideline: Meniscal allograft transplantation may be performed in combination with autologous chondrocyte implantation

Biofeedback as a Treatment of Fecal Incontinence or Constipation

Scope of Protocol now includes treatment for constipation, which is investigational

Biofeedback for Miscellaneous Indications

Autism and motor function after lower-limb surgery added to the investigational uses

Carotid Percutaneous Transluminal Angioplasty (PTA) with Stenting

Removing investigational statement about lesions of vertebral and cerebral arteries as it has been moved to separate Protocol Endovascular Procedures (Angioplasty and/or Stenting) for Intracranial Arterial Disease (Atherosclerosis and Aneurysms) (see New Protocols below)

Continuous Passive Motion (CPM) in the Home Setting

Preauthorization required for all products, not just Medicare Advantage

Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood*

Separate Medicare Advantage policy statement added

Implantable Cardioverter Defibrillator (ICD)

Revised policy statement:

- To clarify the indications for ischemic cardiomyopathy with separate indications for class II/III and class I patients
- Nine month waiting time in nonischemic cardiomyopathy removed
- Added pediatric guidelines

Liver Transplant*

Separate Medicare Advantage policy statement added

Lung and Lobar Lung Transplant*

Changes made:

- Medical necessity policy statement and guidelines reorganized
- Criteria related to prior malignancy revised (no cancer within last five years changed to no current cancer, or no recent cancer with high incidence of recurrence, or history of cancer with moderate risk for recurrence)
- Separate Medicare Advantage policy statement removed

Lung Volume Reduction Surgery for Severe Emphysema

FEV-1 criteria in the medical necessity statement was changed to less than 45 percent predicted for patients age 70 or younger and greater than 15 percent predicted for patients over age 70.

Novel Lipid Risk Factors in Risk Assessment and Management of Cardiovascular Disease**

Added separate Medicare Advantage policy statement to indicate this is not medically necessary (statement previously indicated investigational)

Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

- Removed from the medical necessity statement: Requirement that meniscal pathology be absent
- Added to the guideline: Meniscal allograft transplantation may be performed in combination with osteochondral grafts

Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux

Preauthorization is required

Periurethral Bulking Agents for Treatment of Urinary Incontinence

- Changed medical necessity policy statement to specify that it applies to patients who fail appropriate conservative therapy, and a new statement was added that periurethral

- bulking agents for urge incontinence is considered investigational
- Added “incontinence” to title
- Separate Medicare Advantage policy statement added

Pneumatic Compression Pumps for Treatment of Lymphedema

- Brand name Flexitouch™ removed from the investigational statement for the two-phase multi chamber pump
- Investigational statement added for single and multi chamber programmable pumps if they do not meet the (unchanged) medical necessity criteria

Radiofrequency Ablation of Primary or Metastatic Liver Tumors

Added that this is medically necessary as a bridge to transplant - where the intent is to prevent further tumor growth and maintain candidacy for liver transplant

Temporomandibular Joint Dysfunction

- Clarified that the diagnostic sonograms listed under investigation services are “ultrasound imaging/sonograms”
- Added Medicare Advantage policy statement which says oral appliances are non-covered

New Protocols

The effective date of these new Protocols is January 1, 2012:

Analysis of Proteomic Patterns for Early Detection of Cancer**

This service is investigational

Digital Breast Tomosynthesis

This service is investigational

Endovascular Procedures (Angioplasty and/or Stenting) for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)

- Considered medically necessary in patients with 50–99 percent stenosis (NASCET measurement); and symptoms of focal cerebral ischemia (transient ischemic attack or monocular blindness) in previous 120 days, symptom duration less than 24 hours, or nondisabling stroke and anatomic contraindication for carotid endarterectomy (such as prior radiation treatment or neck surgery, lesions surgically inaccessible, spinal immobility, or tracheostomy)
- Separate Medicare Advantage policy statement included that indicates this investigational
- Preauthorization is required

Facet Arthroplasty

This service is investigational

Gene Expression Testing to Predict Coronary Artery Disease**

This service is investigational

Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis*

This Protocol was previously combined with the Protocol listed next

- Separate Medicare Advantage policy statement has been added
- Preauthorization is required through case management

Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia*

This Protocol was previously combined with the above Protocol

- Policy statement changed to indicate autologous stem-cell transplantation is medically necessary as salvage therapy for chemosensitive Waldenstrom macroglobulinemia
- Preauthorization is required through case management

KIF6 Genotyping for Predicting Cardiovascular Risk and/or Effectiveness of Statin Therapy**

This service is investigational

Preimplantation Genetic Testing**

- Medical necessity criteria for preimplantation diagnosis is indicated and it is investigational if does not meet the criteria, as well as for screening
- **Note:** A Benefit Application section indicates: Assisted reproductive techniques may be subject to specific contractual restrictions that supersede this Protocol and most of our contracts have this as an exclusion, therefore this will be a non covered benefit for most contracts

*Includes a Benefit Application section to remind the reader that individual transplant facilities may have *additional* criteria or protocol that must be met for a patient to be considered eligible for a transplant.

**As a reminder, for laboratory services, many of our members have contracts that do not permit a lab specimen to be sent to a laboratory other than a contractually designated laboratory unless advance approval is given by us.

Clinical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Anti-CCP Testing for Rheumatoid Arthritis
- Array Comparative Genomic Hybridization (aCGH) for the Genetic Evaluation of Patients with Developmental Delay/Mental Retardation or Autism Spectrum Disorder
- Biofeedback as a Treatment of Urinary Incontinence in Adults
- Cognitive Rehabilitation (**Note:** This continues to require preauthorization through the behavioral health service vendor for traumatic brain injury)
- 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
- Electromagnetic Navigation Bronchoscopy
- Genetic Testing for Familial Cutaneous Malignant Melanoma
- Immune Cell Function Assay in Solid Organ Transplantation
- Neurofeedback
- Non-BRCA Breast Cancer Risk Assessment (OncoVue)
- Orthognathic Surgery
- Percutaneous Intradiscal Electrothermal (IDET) Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty
- Prolotherapy
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors

- Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma
- Sacral Nerve Neuromodulation/Stimulation for Pelvic Floor Dysfunction
- Signal-Averaged Electrocardiography
- Transcutaneous Electrical Nerve Stimulation (TENS)
- Transmyocardial Revascularization
- Treatment of Tinnitus
- Total Ankle Replacement
- Use of Common Genetic Variants to Predict Risk of Nonfamilial Breast Cancer
- Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon
- Wireless Pressure Sensors in Endovascular Aneurysm Repair

Deleted Protocols

Effective immediately, the following Protocols are archived:

- Isolated Limb Perfusion/Infusion for Malignant Melanoma
- Phototherapeutic Keratectomy

The above are brief summaries. Please refer to the Protocols, posted on the provider website, 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.