

Blue Cross and Blue Shield of North Carolina Medical Policy Update for January 5, 2010

<u>Medical Guidelines</u>	<u>Reason for Update</u>
<p>Ambulatory Event Monitors MED1054 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/ambulatory_event_monitors.pdf</p>	<p>HCPCS Codes S0345, S0346, S0347 deleted.</p>
<p>Arthroscopic Surgery for Femoroacetabular Impingement SUR6041 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/arthroscopic_surgery_for_femoroacetabular_impingement.pdf</p>	<p>Information added to Billing/Coding section for clarification.</p>
<p>Automated Nerve Conduction Tests MED1043 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/automated_nerve_conduction_tests.pdf</p>	<p>Added new CPT code, 95905, to "Billing/Coding" section.</p>
<p>Botulinum Toxin Injection DRU4020 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/botulinum_toxin_injection.pdf</p>	<p>Added new HCPCS code, J0586, to "Billing/Coding" section.</p>
<p>Cochlear Implant SUR6150 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/cochlear_implant.pdf</p>	<p>Policy reformatted. HCPCS codes L8627, L8628 and L8629 effective January 1, 2010 added to Billing/Coding Section. System Application Guidelines not updated due to conversion to the QMP real time database.</p>
<p>Code Bundling Rules Not Addressed in Claim Check ADM9028 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/code_bundling_rules_not_addressed_in_claim_c</p>	<p>Added the following statements: Medical Home Program - Medical home program, comprehensive care coordination and planning, initial plan (S0280) and Medical home program, comprehensive care coordination and planning, maintenance of plan (S0281) will be considered incidental to Evaluation</p>

<p style="text-align: center;">heck.pdf</p>	<p>and Management services, Surgical services, and Laboratory services. Separate reimbursement is not allowed for S0280 and S0281.</p>
<p>Cosmetic and Reconstructive Surgery SUR6170 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/cosmetic_and_reconstructive_surgery.pdf</p>	<p>Reformatted information related to medical necessity for panniculectomy and added a requirement of "a BMI of <35". Also added informational note indicating; "The majority of requests for coverage for panniculectomy are for patients who have sustained significant weight loss, or who remain morbidly obese. Because surgical outcomes are superior when performed in patients who have achieved stable weight loss, BCBSNC requires that stable weight loss with BMI less than 35 be obtained prior to authorization of coverage for panniculectomy surgery, except in rare, unusual cases." Reviewed with Senior Medical Director 9/2/09. Notice given 9/28/09. Policy effective 1/5/10.</p>
<p>Epiretinal Radiation Therapy for Age-Related Macular Degeneration RAD5047</p>	<p>New policy issued. Epiretinal Radiation Therapy for Age-Related Macular Degeneration is considered investigational.</p>
<p>Exhaled Nitric Oxide Measurement MED1139 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/exhaled_nitric_oxide_measurement.pdf</p>	<p>CPT Code 0140T deleted and replaced with CPT 83987.</p>
<p>Implantable Bone Conduction Hearing Aids SUR6381 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/implantable_bone_conduction_hearing_aids.pdf</p>	<p>HCPCS code L8692 effective January 1, 2010 added to Billing/Coding section.</p>
<p>Intradiscal Electrothermal Annuloplasty https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/intradiscal_electrothermal_annuloplasty_(idet).pdf SU R6568.01</p>	<p>Deleted HCPCS codes 0062T and 0063T from the "Coding/Billing" section.</p>

<p>Microprocessor-Controlled Prostheses for the Lower Limb THER7015 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/microprocessor_controlled_prostheses_for_the_lower_limb.pdf</p>	<p>HCPCS Code L5973 added to Billing/Coding section.</p>
<p>Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT) SUR6568.02 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/percutaneous_intradiscal_radiofrequency_thermo_coagulation_(pirft).pdf</p>	<p>Deleted HCPCS codes 0062T and 0063T from the "Coding/Billing" section.</p>
<p>Pulmonary Hypertension, Drug Management DRU4065 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/pulmonary_hypertension_drug_management.pdf</p>	<p>HCPCS Code Q4080 replaced with Code Q4074.</p>
<p>Pulmonary Rehabilitation OTH8120 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/pulmonary_rehabilitation.pdf</p>	<p>HCPCS Code G0424 added to Billing/Coding section</p>
<p>Selective Internal Radiation Therapy for Tumors of the Liver THER7040 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/selective_internal_radiation_therapy_for_tumors_of_the_liver.pdf</p>	<p>Reviewed with Senior Medical Director 9/1/09. "Description" section revised. "Policy" statement changed to indicate "BCBSNC will <u>not</u> provide coverage for selective internal radiation therapy using intra-arterial injection of radiolabeled microspheres to treat primary or metastatic liver tumors because it is considered investigational." Removed coverage statement in the "When Covered" section that stated; "Selective internal radiation therapy may be considered medically necessary for treatment of unresectable hepatocellular carcinoma." and replaced with "Not applicable." Under the "When Not Covered" section revised non coverage statement to indicate;</p>

	<p>"BCBSNC will <u>not</u> provide coverage for selective internal radiation therapy using intra-arterial injection of radiolabeled microspheres to treat primary or metastatic tumors of the liver because it is considered investigational." Updated rationale in the "Policy Guidelines" section. Added CPT codes "75894 and 77778" to "Billing/Coding" section. References added. Notice given 9/28/09. Policy effective 1/5/2010.</p>
<p>Sleep Apnea and Breathing Related Sleep Disorders in Adults OTH8138 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/sleep_apnea_and_breathing_related_sleep_disorders_in_adults.pdf</p>	<p>Policy reformatted. CPT codes 0203T and 0204T effective January 1, 2010 and HCPCS codes G0398, G0399, G0400 and S8040 added to Billing/Coding section. System Application Guidelines not updated due to conversion to the QMP real time database.</p>
<p>Spinal Cord Stimulation SUR6680 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/spinal_cord_stimulation.pdf</p>	<p>Added new CPT codes: 63661, 63662, 63663, and 63664 to "Billing/Coding" section. Removed deleted CPT code 63660.</p>
<p>Surgery for Morbid Obesity SUR6710 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/surgery_for_morbid_obesity.pdf</p>	<p>Policy reformatted. CPT code 43775 effective January 1, 2010 added to Billing/Coding section. System Application Guidelines not updated due to conversion to the QMP real time database.</p>
<p>Telemedicine MED1395 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/telemedicine.pdf</p>	<p>HCPCS Codes G0425, G0426, G0427 added to Billing/Coding section.</p>
<p>Temporary Prostatic Stent MED1396</p>	<p>New policy issued. The use of a temporary prostatic stent is considered investigational.</p>
<p>Ultrasound for the Evaluation of Paranasal Sinuses RAD5240</p>	<p>References added. Policy archived.</p>
<p>Varicose Veins, Treatment for SUR6817 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/varicose_veins_treatment_for.pdf</p>	<p>Policy reformatted. CPT code 37761 effective January 1, 2010 added to Billing/Coding section. System Application Guidelines not updated due to conversion to the QMP real time database.</p>

Evidence Based Guidelines	
<p>Human Antihemophilic Factor (Factor VIII Human AHF) EBG.MED1200 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/human_antihemophilic_factor_(factor_viii_human_ahf).pdf</p>	<p>Added new HCPCS code, J7185, to "Billing/Coding" section. Deleted Q2023.</p>
<p>Hysteroscopic Tubal Occlusion for Permanent Sterilization EBG.OBGYN3018 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/hysteroscopic_tubal_occlusion_for_permanent_sterilization.pdf</p>	<p>HCPCS code A4264 effective January 1, 2010 added to Billing/Coding section.</p>
<p>Intra Articular Hyaluronan Injections for Osteoarthritis of the Knee EBG.MED1250 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/intra_articular_hyaluronan_injections_for_osteoarthritis_of_the_knee.pdf</p>	<p>HCPCS Code J7322 replaced with Code J7325.</p>
<p>Respiratory Syncytial Virus Prophylaxis EBG.DRU4170 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/respiratory_syncytial_virus_prophylaxis.pdf</p>	<p>Deleted Codes 90379 and J1565 from Billing/Coding section.</p>
<p>Ventricular Assist Devices and Total Artificial Hearts EBG.SUR6810 https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/ventricular_assist_devices_and_total_artificial_hearts.pdf</p>	<p>CPT codes 33981, 33982, 33983 and 93750 added to Billing/Coding section.</p>

***Blue Cross and Blue Shield of North Carolina Medical Policy Update for
January 19, 2010***

<u>Medical Guidelines</u>	<u>Reason for Update</u>
Brachytherapy Treatment of Breast Cancer RAD5020	Specialty Matched Consultant Advisory Panel review 8/28/09. "Description" section revised. Added an additional indication under the "When Not Covered" section to state; "Accelerated partial breast irradiation using an electronic radiotherapy device is considered investigational." Updated the rationale in the "Policy Guidelines" section. Removed "3-D conformal external beam radiation" from the "Definitions" section. References added. Notice given 10/12/09. Policy effective 1/19/2010.

***Notification of Policy Revisions Effective April 13, 2010
Posted January 5, 2010***

<u>Medical Policy</u>	<u>Revision</u>
Immune Cell Function Assay in Solid Organ Transplantation	Evidence Based Guideline converted to Corporate Medical Policy. "BCBSNC will <u>not</u> provide coverage for Immune Cell Function Assay in Solid Organ Transplantation because it is considered investigational. BCBSNC does not cover investigational services." Added new CPT code, 86352, to the "Billing/Coding" section. Changed the wording of "Providers <u>may</u> be submitting claims using CPT codes 86353 and/or 82397." to "Providers <u>should not</u> be submitting claims using CPT codes 86353 and/or 82397." Notice given 1/5/2010. Policy effective 4/13/2010.
Tumor Markers	ADDED "K. HUMAN EPIDIDYMIS PROTEIN 4 (HE4) MAY BE MEDICALLY NECESSARY FOR MONITORING PATIENTS WITH AN EXISTING DIAGNOSIS OF EPITHELIAL OVARIAN CANCER." TO THE "WHEN COVERED" SECTION. ADDED TO THE "WHEN NOT COVERED" SECTION, "C. HUMAN EPIDIDYMIS PROTEIN 4 (HE4) IS CONSIDERED INVESTIGATIONAL IN THE DIAGNOSIS OF PATIENTS PRESENTING WITH OVARIAN MASSES." ADDED NEW CPT CODE, 86305, TO THE "BILLING/CODING SECTION. NOTICE GIVEN 1/5/10. POLICY EFFECTIVE 4/13/10.