BCN provider news

SEPTEMBER – OCTOBER 2011

Medical Policy updates

The following applies to Blue Care Network members:

- Noncovered services appear first; covered services follow.
- The effective date is indicated for the service, technology or procedure.

Noncovered services

Open treatment of rib fracture using internal fixation

- **New policy**
- **Effective date: July 1, 2011**
- **Procedure codes: *0245T, *0246T, *0247T, *0248T**

Flail chest (at least three ribs close together broken in two or more places) occurs when a portion of the rib cage is separated from the rest of the chest wall, usually due to a severe blunt trauma, such as a serious fall or a car accident. Because the rib cage helps to expand the lung, when a large portion of the rib cage is broken, the patient has difficulty breathing and experiences severe pain. In some cases, flail chest can lead to long-term disability and possibly death due to possible internal injuries from the broken ribs. The immediate treatment for flail chest is to stabilize the chest wall, followed by identification and treatment of all injuries in and around the chest. In some cases, mechanical ventilation using positive pressure may be required.

Physicians have attempted to stabilize certain patients with multiple rib fractures using fixation devices that are inserted during an open surgery to the ribs. However, there are many issues concerning the effectiveness of this procedure and the appropriate timing of the surgery for patients on mechanical ventilation. Patients requiring prolonged ventilation may not be good candidates for early surgical stabilization. More randomized studies need to be done to determine the long-term outcomes of the patients who have had surgery for the stabilization of fractured ribs. Therefore, this procedure is considered experimental and is not a covered service for BCN members.

Stem cell therapy in the treatment of peripheral artery disease

- **New policy**
- **Effective date: Sept. 1, 2011**
- **Procedure codes:* 0263T, *0264T, *0265T**

Peripheral artery disease is caused by obstruction or blockage of large arteries of the extremities. Narrowing of the peripheral arteries can be the result of atherosclerosis or blood clots, which results in decreased blood flow through the remainder of the artery. Peripheral artery disease most often affects the legs and can cause pain with activities, wounds that do no heal properly and discoloration of the skin below the blockage.

There are many different treatments for peripheral artery disease, and the treatment often depends on the severity of the disease. Treatment of peripheral artery disease using stem cell therapy is being used to increase blood flow, improve wound healing and reduce symptoms of peripheral artery disease.

Several clinical trials are in progress and the results from these trials are needed to evaluate the impact on health outcome of stem cell therapy for peripheral artery disease. Information on the safety and durability of stem cell therapy is also needed.

Treatment of peripheral arterial disease, including critical limb ischemia, with injection or infusion of cells concentrated from bone marrow aspirate is considered experimental. Therefore, stem cell therapy for the treatment of PAD is not a covered service for BCN members.

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Covered services

High-resolution anoscopy

- **New policy**
- **Effective date: Sept. 1, 2011**
- **Referral required**
- **Procedure codes: *0226T, *0227T**

High-resolution anoscopy is a procedure that allows for examination and evaluation of the anal canal. It is a technique used to directly identify and treat anal dysplasia. The technique is similar to colposcopy and is used because the severity of anal intraepithelial neoplasia can be established only after a biopsy with assessment by a pathologist. It is usually performed in patients who are experiencing anorectal bleeding, discharge, pain and/or itching. It is typically performed on a patient with an abnormal anal cytology or anal Pap test. HRA has been studied as a way to identify abnormal anal cytology in high-risk populations. It has also been proposed as an additional tool in anal cytology screening.

The safety and effectiveness of high-resolution anoscopy have been established. It is a useful diagnostic option for specified patients meeting selection criteria. HRA is established for patients at high risk for anal cancer, including but not limited to:

- Men who have sex with men who have positive anal cytology or positive HPV DNA testing results
- Men who have sex with men and women who are HIV positive (regardless of cytology)
- Women with cervical intra-epithelial neoplasia or vulvar intraepithelial neoplasia who have perianal disease or positive cytology
- Immunosuppressed patients, such as transplant recipients, who have been treated for HPV-related disease, have perianal disease or have positive cytology
- Surveillance of patients with known low-grade anal intraepithelial neoplasia or high-grade anal intraepithelial neoplasia (HGAIN or HSIL), or low-grade squamous intraepithelial lesions or high-grade squamous intraepithelial lesions who have been treated for anal warts, have visible disease on exam or positive anal cytology. Surveillance should occur at intervals of one year if the patient is HIV positive or two to three years if the status is HIV negative.

Genetic testing for cytochrome P450 polymorphisms

- **Revised policy**
- **Effective date: Sept. 1, 2011**
- **Plan approval with clinical review**
- **Procedure code: *88299**

A physician may use cytochrome P450 testing to help determine when a particular prescription medication may be effective for a patient. Medications affect each individual differently because of inherited traits. By checking the patient's DNA for gene variations, cytochrome P450 tests can offer clues about how the patient's body may respond to a particular medication.

This test has been ordered for patients before starting them on certain classes of medications, including clopidogrel (Plavix®), prior to initiation of therapy, antidepressants, antipsychotics, atomoxetine (for attention deficit hyperactivity disorder), certain HIV medications, certain anticancer medications and certain beta blocker medications (for high blood pressure). This test has also been offered prior to prescribing codeine to a pregnant woman on the chance that she may metabolize it too quickly and cause damage to the fetus.

While this test is proposed for numerous drug indications, BCN has determined that only one indication is currently supported in medical literature. CYP450 phenotyping for testing of patients with cardiovascular disease undergoing treatment with clopidogrel (Plavix®) in order to identify those who are poor metabolizers of the drug (patients with CYP2C19*2/2,*3/3, and *2/3 genotypes) and who are, therefore, likely to exhibit poor response to the drug has been determined to be an established procedure. There is insufficient evidence in medical literature to support CYP450 testing for any other indication. Therefore, the use of CYP450 testing for conditions other than for patients who are being considered for Plavix therapy is considered experimental.

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Glaucoma surgery

- **Revised policy**
- **Effective date: Sept. 1, 2011**
- **Referral required**
- **Procedure code: *66174, *66175**

The condition of elevated intraocular pressure inside the eye is called glaucoma, which can result in visual field loss and structural damage to the optic nerve. If medications and eye drops fail to lower the IOP to a manageable level, surgery may be required. Canaloplasty is a form of glaucoma surgery for the treatment of glaucoma and is designed to avoid some of the complications associated with trabeculectomy, the traditional surgery for glaucoma.

Canaloplasty is considered an established procedure for patients with glaucoma when traditional treatments such as standard trabeculectomy and prescribed medications fail to reduce the increased IOP in the eye. The surgeon makes a small incision in the eye and inserts a special catheter into the eye's drainage system canal. The surgeon circles and enlarges the canal with the catheter. This will enable the aqueous fluid in the eye to drain properly and will lower the IOP.

Canaloplasty is a reasonable surgical therapy choice for certain patients with elevated IOP. Although trabeculectomy remains the most effective IOP-lowering procedure, it also has the highest rate of serious complications, making canaloplasty the procedure of choice for selected patients. Therefore, the safety and effectiveness of canaloplasty have been established and will be covered for BCN members.

Diabetic Retinal Telescreening

- **New policy**
- **Effective date: Sept. 1, 2011**
- **No referral required**
- **Procedure codes: *92227, *S0625**

Diabetic retinopathy, damage to the eye's retina, can occur with long-term diabetes and is the most common cause of new blindness in adults. The American Diabetes Association recommends annual retinopathy screenings and comprehensive ophthalmic evaluations for diabetics. The gold standard for diabetic retinopathy screening has been performing annual dilated, indirect ophthalmoscopy coupled with biomicroscopy or seven-standard field stereoscopic 30° fundus photography. Because these techniques require a visit to an eye care specialist, usually an ophthalmologist, there is an estimated 30 percent underutilization rate by at-risk individuals. This has resulted in the development of retinal imaging, using film or digital photography, as an alternative to direct ophthalmic examination of the retina.

An alternative method for screening, called retinal telescreening, involves taking digital images of the retina and electronically transmitting them to another location where they are evaluated by trained, nonphysician technicians or ophthalmology specialists. Professionals in specialty centers analyze the images and determine if retinopathy is present and whether follow-up specialist care is needed.

Retinopathy telescreening has the potential to improve compliance with retinopathy screening because it can be performed during a primary care physician office visit without a referral to an ophthalmologist or optometrist.

The safety and effectiveness of retinal telescreening as a screening tool for diabetic retinopathy have been established. It may be considered a useful diagnostic option when indicated for the detection of diabetic retinopathy and is therefore a covered service for BCN members for this indication.

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Retinal telescreening used for monitoring and managing active diabetic retinopathy is experimental. It has not been scientifically demonstrated to improve patient clinical outcomes better than conventional treatment and is not a covered service for BCN members.

Hypothermia, total body or selective head, for the treatment of hypoxic-ischemic encephalopathy in the neonate

- **New policy**
- **Effective date: Sept. 1, 2011**
- **Referral required**
- **Procedure codes: *0260T, *0261T**

Hypoxic-ischemic encephalopathy is a type of brain injury that can occur in a newborn infant who is deprived of oxygen before or during birth. A lack of oxygen and blood supply can injure the brain, lungs, heart, liver and kidneys. If the period of hypoxic-ischemia is short, the body may recover without damage. If the damage is not great, it may be reversible.

Whole body or selective head hypothermia is a new procedure aimed at protecting the infant's brain from the damaging effects of lack of oxygen by lowering the infant's metabolic needs. It is a type of neuroprotective therapy. Using a special cooling blanket, the baby's body temperature is lowered to about 92 degrees Fahrenheit (33.5 degrees Celsius). The cooling treatment lasts for about 72 hours, at which time the baby's temperature is slowly raised.

Hypothermia is the only effective neuroprotective therapy currently available for treatment of neonatal encephalopathy, and is safe and easy to administer. The theory is that whole body hypothermia reduces the risk of death or disability in infants with moderate or severe HIE. Alternatively, some institutions have been using a special cooling cap to provide hypothermia only to the infant's head. This procedure also appears to have a neuroprotective effect. The safety and effectiveness of whole body or regional hypothermia for the treatment of severe hypoxic-ischemic encephalopathy have been established. It is a useful therapeutic option for infants meeting the patient selection criteria.

Eye movement desensitization and reprocessing for post traumatic stress disorder

- **New policy**
- **Effective date: Sept. 1, 2011**
- **Plan approval with clinical review required**
- **Procedure code: *90899**

Eye movement desensitization and reprocessing (EMDR) therapy is a behavioral health intervention for post traumatic stress disorder. The EMDR techniques used by a therapist assist the patient in processing traumatic memories in order to resolve them.

EMDR is different from other forms of treatment in that it uses dual stimulation of the brain, such as eye movement or other forms of rhythmical stimulation (for example, sound and touch) to stimulate the brain's information processing system. During EMDR therapy, the patient recalls memories of traumatic events or triggers while focusing on an outside stimulus, such as the therapist's finger moving back and forth or repetitive tapping. This technique generally guides the patient to gain new insight associated with the traumatic experience and enables him or her to manage it more effectively.

Eye movement desensitization and reprocessing is an established therapy for adult onset post traumatic stress disorder and may be a covered service for BCN members when indicated.

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Endoscopic radiofrequency ablation and cryoablation for Barrett's esophagus

- **New policy**
- **Effective date: Sept. 1, 2011**
- **Plan approval with clinical review**
- **Procedure code: *43499**

Barrett's esophagus is a condition in which the lining of the esophagus is damaged, often as a result of stomach acid reflux. Changes in the cells of the tissue, called dysplasia, may occur. When dysplasia is present, the risk of getting cancer of the esophagus increases. Low-grade dysplasia only requires periodic monitoring, whereas high-grade dysplasia requires more aggressive treatment to remove the precancerous lining of the esophagus.

Radiofrequency ablation is a technique that uses heat energy to destroy the top layer of cells that line the esophagus. While the patient is sedated, a device called an endoscope is inserted through the mouth into the esophagus. An ablation catheter is used to deliver a controlled level of energy to remove a thin layer of the precancerous tissue. Less than one second of energy removes tissue to a depth of about one millimeter. Larger areas of Barrett's tissue are treated with a balloon-mounted catheter, and smaller areas are treated with an endoscope-mounted catheter.

Another technique to remove precancerous tissue from the esophagus is called cryoablation. Cryotherapy involves spraying a super-cooled liquid or gas onto the diseased lining of the esophagus via an endoscope. There is a lack of clinical evidence available for this method.

The safety and effectiveness of radiofrequency ablation for high-grade dysplasia in Barrett's esophagus have been established. It may be a useful therapeutic option when indicated for patients meeting patient selection criteria.

Radiofrequency ablation for the treatment of Barrett's esophagus with low-grade dysplasia or in the absence of dysplasia is experimental. While this procedure may be safe, its effectiveness for this clinical indication has not been established.

Cyroablation for Barrett's esophagus, with or without dysplasia, is experimental. While this procedure may be safe, its effectiveness for this clinical indication has not been established.