



Gastroenterology, Nutrition and Organ Transplantation

Medical Policy Group

Co-chairs

Katherine Dallow, MD, MPH • Vice President • Clinical Programs and Strategy
Desiree Otenti, ANP, MPH, Associate Director • Medical Policy Administration

Meeting #253	October 30, 2018	12–2 PM	101 Huntington Avenue Boston, MA 02115 For questions: EBR@bcbsma.com	Conference Center : 12-I
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Invited: Katherine Dallow, MD, co-chair (Internal Medicine); Desiree Otenti, ANP, co-chair, (Medical Policy Administration); Grace Baker, MSW, (Medical Policy Administration) Craig Haug, MD, (Surgery); Thomas Hawkins, MD, (Internal Medicine); Kenneth Duckworth, MD, (Psychiatry); Mary Beth Erwin, R.Ph, (Pharmacy Operations); Thomas Kowalski, R.Ph, (Clinical Pharmacy)

Invited Physician Guest(s): Representatives from the Massachusetts Society for Gastroenterology; Representatives from Nutrition and Organ Transplantation

RSVP to EBR@BCBSMA.com

Network physicians who plan to attend the meeting must confirm and provide their contact information by email to EBR@bcbsma.com at least 48 hours before the meeting. It is important that Blue Cross Blue Shield have the contact information for any physician who will be attending this meeting, since we need to mail confidentiality and conflict-of-interest forms. Attending physicians may either take part in the meeting in person or via conference call. If a physician would like to call in to the meeting, a conference number will be provided by BCBSMA prior to the meeting date. **Note:** Please be aware that this meeting may end early if there are no attending providers.

To view each medical policy on the agenda

The policies are hyperlinked to each entry on the list and can be opened by clicking on the policy number following the policy title.

To access the medical policies

We are currently experiencing intermittent website access issues with our medical policies. [Click here](#) for an alternate way to access the policies, and then enter the policy number or policy title in the search box.

Gastroenterology Medical Policies with Coverage Updates

- Genetic Testing for Lactase Insufficiency ([565](#))
 - BCBSA National medical policy review. Policy statement clarified. 7/1/2018
- Miscellaneous Genetic Tests ([712](#))
 - DecisionDx Melanoma was removed from this policy and a new policy on genetic testing for melanoma was created. See medical policy #683 Gene Expression Profiling for Uveal Melanoma. Other policy statements are unchanged. 9/1/2018
 - Policy statements updated to organize types of tests with language that corresponds to General Approach to Genetic Testing, #735; all tests remain investigational. 9/1/2017
- Noninvasive Vascular Studies –Duplex Scans ([691](#))
 - Medically necessary policy statements on extracranial arterial and transcranial Doppler removed; these services are covered. Clarified coding information. 4/1/2018
- Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus ([454](#))
 - BCBSA National medical policy review. New medically necessary indications described. Clarified coding information. Effective 1/1/2018.
- Radiofrequency Ablation of Primary or Metastatic Liver Tumors ([286](#))

- BCBSA National medical policy review. Policy statements reformatted and edited for clarity and specificity, including the distinction between operable and non-operable tumors and the Milan criteria. The intent of the statements is unchanged. A statement has been added that RFA for operable HCC is considered investigational. Clarified coding information.
- 6. Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease ([920](#))
 - New medically necessary indications described. Title changed. Clarified coding information. Effective 10/1/2018.
 - The following ongoing investigational statements were transferred from policy 635:
 - Transesophageal radiofrequency to create submucosal thermal lesions
 - Endoscopic submucosal implantation of a prosthesis or injection of a bulking agent.

Gastroenterology Medical Policies with no Coverage Updates

7. Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening ([557](#))
8. Biofeedback as a Treatment of Fecal Incontinence or Constipation ([308](#))
9. Carrier Screening for Genetic Diseases ([666](#))
10. Chromoendoscopy as an Adjunct to Colonoscopy ([904](#))
11. Computed Tomography (CT) of Abdomen ([749](#))
12. Computed Tomography (CT) Abdomen and Pelvis Combination ([750](#))
13. Computed Tomography (CT) CT Colonography (Virtual Colonoscopy) ([179](#))
14. Computed Tomography (CT) Pelvis ([791](#))
15. Confocal Laser Endomicroscopy ([618](#))
16. Cryosurgical Ablation of Primary or Metastatic Liver Tumors ([633](#))
17. CT Angiography (CTA) Abdominal Aorta and Bilateral Iliofemoral Lower Extremity ([762](#))
18. CT Angiography (CTA) Abdomen and Pelvis Combination ([761](#))
19. CT Angiography (CTA) and MR Angiography (MRA) Pelvis ([765](#))
20. Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus ([218](#))
21. Endoscopic Retrograde Cholangiopancreatography - ECRP - with Laser or Electrohydraulic Lithotripsy ([209](#))
22. Esophageal pH Monitoring ([069](#))
23. Extracorporeal Photophoresis ([248](#))
24. Fecal Analysis in the Diagnosis of Intestinal Dysbiosis ([556](#))
25. Fecal Calprotectin Testing ([329](#))
26. Fecal Microbiota Transplantation ([682](#))
27. Gastric Electrical Stimulation ([636](#))
28. General Approach to Evaluating the Utility of Genetic Panels ([734](#))
29. General Approach to Genetic Testing ([735](#))
30. Genetic Testing for Alpha-1 Antitrypsin Deficiency ([906](#))
31. Genetic Testing for Hereditary Pancreatitis ([516](#))
32. Genetic Testing for Helicobacter Pylori Treatment ([288](#))
33. Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes ([226](#))
34. Human Leukocyte Antigen (HLA) Testing for Celiac Disease ([567](#))
35. Immune cell Function Assay in Solid Organ transplantation ([182](#))
36. In Vivo Analysis of Colorectal Polyps ([521](#))
37. Ingestible pH and Pressure Capsule ([045](#))
38. Magnetic Resonance Imaging (MRI) Abdomen/ Cholangiopancreatography (MRCP) Abdomen ([773](#))
39. Medical and Surgical Management of Obesity including Anorexiant ([379](#))
40. Monitored Anesthesia Care (MAC) ([154](#))
41. Multigene Expression Assay for Predicting Recurrence in Colon Cancer ([239](#))
42. Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease ([921](#))
43. PathFinderTG® Molecular Testing ([566](#))
44. Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia ([451](#))
45. Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines ([096](#))
46. Plasma Exchange ([466](#))
47. Plugs for Fistula Repair ([528](#))
48. Serological Diagnosis of Celiac Disease ([138](#))
49. Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease ([551](#))
50. Transanal Endoscopic Microsurgery (TEMS) ([200](#))
51. Transanal Radiofrequency Treatment of Fecal Incontinence ([309](#))
52. Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies ([634](#))

3

- 53. Vagus Nerve Blocking Therapy for Treatment of Obesity ([644](#))
- 54. Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon ([185](#))
- 55. Whole Body Computed Tomography Scan as a Screening Test ([447](#))
- 56. Whole Exome Sequencing ([457](#))
- 57. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))

Gastroenterology Pharmacy Policies with Coverage Updates

- 58. Erythropoietin, Recombinant Human, Epoetin Alpha (Epogen® and Procrit®), Darbepoetin Alpha (Aranesp®) ([262](#))
 - Updated to include new to market Retacrit. 7/2018
- 59. Immune Modulating Drugs ([004](#))
 - Update to include additional Criteria for Remicade. 7/2018
 - Update to add Stelara to Preferred in Crohn's, Xeljanz to Psoriatic Arthritis non-preferred and added Tremfya to requiring Humira first instead of two covered alternatives. 2/2018
 - Clarified coding information and updated to include Tremfya & Siliq as Non-Preferred medications to the policy. 1/2018
 - Updated to add Kevzara to this policy and add new indications plus update Walgreens specialty. 11/2017
- 60. Intravenous Immunoglobulin ([310](#))
 - Updated to include Association coverage statement for Neuromyelitis Optica & Blistering disease. 8/2018

Gastroenterology Pharmacy Policies with no Coverage Updates

- 61. Difidid ([700](#))
- 62. Drugs for Weight Loss ([572](#))
- 63. Interferons Alpha and Gamma ([052](#))
- 64. Proton Pump Inhibitors ([030](#))

Nutrition Medical Policies with Coverage Updates

N/A

Nutrition Medical Policies with no Coverage Updates

- 65. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))
- 66. Nutrient/Nutritional Panel Testing ([745](#))

Nutrition Pharmacy Policies with Coverage Updates

- 67. Home Total Parenteral Nutrition (TPN) ([296](#))
 - Updated to include severe PEU as part of the criteria. 1/2018

Nutrition Pharmacy Policies with no Coverage Updates

- 68. Special Foods: Special Infant Formula, Enteral Formula, Ketogenic Diet for Seizures and Formula Infusion Pumps ([304](#))

Organ Transplantation Medical Policies with Coverage Updates

- 69. Liver Transplant and Combined Liver-Kidney Transplant ([198](#))
 - BCBSA National medical policy review. Combined liver-kidney transplantation considered medically necessary. Clarified coding information. Policy title changed to Liver Transplant and Combined Liver-Kidney Transplant. Effective 2/1/2018.

Organ Transplantation Medical Policies with no Coverage Updates

- 70. Allogeneic Pancreas Transplant ([328](#))
- 71. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))
- 72. Heart Transplant ([197](#))
- 73. Heart-Lung Transplantation ([269](#))
- 74. Hyperbaric Oxygen Pressurization (HBO) ([653](#))
- 75. Islet Transplantation ([324](#))
- 76. Isolated Small Bowel Transplant ([631](#))

4

77. Lung and Lobar Lung Transplantation ([015](#))
 78. Renal (Kidney) Transplantation ([196](#))
 79. Small Bowel-Liver and Multivisceral Transplant ([632](#))

Organ Transplantation Pharmacy Policies with Coverage Updates

N/A

Organ Transplantation Pharmacy Policies with no Coverage Updates

N/A

Topics for discussion

E-Blue Review (EBR) Comments
 Emerging Medical Technologies

2018 Medical Policy Group meeting Schedule

For questions: EBR@bcbsma.com

Specialty	Date	Time	Room
Neurology and Neurosurgery	January 30, 2018	12 –2 PM	12-I
Hematology and Oncology	February 27, 2018	9-11 AM	12-I
Allergy and ENT/Otolaryngology	March 27, 2018	12 –2 PM	12-I
Cardiology and Pulmonology	April 24, 2018	12 –2 PM	12-I
Pediatrics and Endocrinology	May 29, 2018	12 –2 PM	12-I
Orthopedics, Rehabilitation Medicine and Rheumatology	June 26, 2018	12 –2 PM	12-I
Psychiatry and Ophthalmology	July 31, 2018	12 –2 PM	12-I
Urology and Obstetrics/Gynecology	September 25, 2018	12 –2 PM	12-I
Gastroenterology, Nutrition and Organ Transplantation	October 30, 2018	12 –2 PM	12-I
Plastic Surgery and Dermatology	November 27, 2018	12 –2 PM	12-I

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