



Orthopedics, Rehabilitation Medicine and Rheumatology

Medical Policy Group

Co-chairs

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

Meeting #260

June 25th, 2019

12–2 PM

101 Huntington Avenue
Boston, MA 02115

For questions: EBR@bcbsma.com

Conference
Center : 12-H

Invited: Katherine Dallow, MD, MPH, co-chair (Medical Policy Administration), Desiree Otenti, ANP, co-chair, (Medical Policy Administration); Grace Baker, MSW, LCSW, (Medical Policy Administration); Laura Barry, RN, BSN, (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 of Allergy/Asthma/Immunology; Massachusetts Society of Otolaryngology

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.

Orthopedics Medical Policies with Coverage Updates

1. [Amniotic Membrane and Amniotic Fluid \(643\)](#)
 - BCBSA National medical policy review. Investigational indications added. Clarified coding information. Effective 7/1/2018.
2. [Diagnosis and Treatment of Sacroiliac Joint Pain \(320\)](#)
 - BCBSA National medical policy review. New medically necessary indications described for SIJ fusion/stabilization with a titanium triangular implant under the specific conditions. Clarified coding information. Effective 6/1/2018.
3. [Dynamic Spinal Visualization and Vertebral Motion Analysis \(195\)](#)
 - BCBSA National medical policy review. New investigational indications described. Vertebral Motion Analysis added to title. Effective 2/1/2019.
4. [Orthotics for Progressive Scoliosis \(550\)](#)

- Investigational statement on vertebral body stapling and vertebral body tethering removed; title changed. Effective 6/1/2018. BCBSA National medical policy review. Policy section clarified; statements otherwise unchanged.

Orthopedics Medical Policies with no Coverage Updates

5. [Alcohol Injections for Treatment of Peripheral Neuromas \(642\)](#)
6. [Artificial Intervertebral Disc: Cervical Spine \(585\)](#)
7. [Artificial Intervertebral Disc: Lumbar Spine \(592\)](#)
8. [Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions \(374\)](#)
9. [Automated Percutaneous Discectomy and Endoscopic Discectomy \(231\)](#)
10. [Axial Lumbosacral Interbody Fusion \(404\)](#)
11. [Bone Morphogenetic Protein \(097\)](#)
12. [Decompression of the Intervertebral Disc Using Laser Energy \(Laser Discectomy\) or Radiofrequency Coblation \(Nucleoplasty\) \(271\)](#)
13. [Electrical Bone Growth Stimulation of the Appendicular Skeleton \(499\)](#)
14. [Epidural Steroid Injections for Neck and Back Pain \(690\)](#)
15. [Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions \(081\)](#)
16. [Facet Joint Denervation \(140\)](#)
17. [Hip Resurfacing \(046\)](#)
18. [Hyperbaric Oxygen Pressurization \(HBO\) \(653\)](#)
19. [Iontophoresis and Phonophoresis as a Transdermal Technique for Drug Delivery \(095\)](#)
20. [Low-Level Laser Therapy \(522\)](#)
21. [Manipulation under Anesthesia \(483\)](#)
22. [Meniscal Allografts and Other Meniscal Implants \(110\)](#)
23. [Microprocessor Controlled Prostheses for the Lower Limb \(133\)](#)
24. [Mineral Density Studies \(450\)](#)
25. [Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures \(594\)](#)
26. [Orthopedic Applications of Platelet-Rich Plasma \(737\)](#)
27. [Patient-actuated End Range Motion Stretching Devices \(721\)](#)
28. [Patient-Specific Instrumentation \(eg., Cutting Guides\) for Joint Arthroplasty \(706\)](#)
29. [Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty, and Mechanical Vertebral Augmentation \(485\)](#)
30. [Percutaneous Vertebroplasty and Sacroplasty \(484\)](#)
31. [Prolotherapy \(183\)](#)
32. [Percutaneous Intradiscal Electrothermal \(IDET\) Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty \(482\)](#)
33. [Shoulder Resurfacing \(156\)](#)
34. [Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions \(507\)](#)
35. [Subtalar Arthroereisis \(299\)](#)
36. [Surgical Treatment of Femoroacetabular Impingement \(145\)](#)
37. [Surgery for Athletic Pubalgia, \(695\)](#)
38. [Thermal Capsulorrhaphy as a Treatment of Joint Instability \(591\)](#)
39. [Total Ankle Replacement \(193\)](#)
40. [Total Facet Arthroplasty \(174\)](#)
41. [Vertical Expandable Prosthetic Titanium Rib \(305\)](#)
42. [Ultrasound Accelerated Fracture Healing Device \(497\)](#)
43. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

Orthopedics Pharmacy Policies with Coverage Updates

44. [Injections for Osteoarthritis \(427\)](#)
 - Updated to include Trivisc. 2/2019.
45. [Opioid and Opioid Combination Medication Management \(102\)](#)
 - Updated to include Benzhydrocodone/APAP & Apadaz® to the policy. 4/2019.
 - Update to include Dvorah and to add a specialty provider type. 1/2019.
 - Updated to include Nalocet™ & Roxybond™ into the short acting criteria. 11/2018.

Orthopedics Pharmacy Policies with no Coverage Updates

n/a

Rehabilitation Medical Policies with Coverage Updates

n/a

Rehabilitation Medical Policies with no Coverage Updates

46. [Biofeedback for Miscellaneous Indications \(187\)](#)
47. [Biofeedback as a Treatment of Chronic Pain \(210\)](#)
48. [Biofeedback as a Treatment of Urinary Incontinence \(173\)](#)
49. [Continuous Passive Motion in the Home Setting \(407\)](#)
50. [Cooling Devices Used in the Outpatient Setting \(510\)](#)
51. [Electrical Bone Growth Stimulation of the Appendicular Skeleton \(499\)](#)
52. [Electrostimulation and Electromagnetic Therapy for Treating Wounds \(655\)](#)
53. [Functional Neuromuscular Electrical Stimulation \(201\)](#)
54. [Hippotherapy \(560\)](#)
55. [Interferential Stimulation for Treatment of Pain \(509\)](#)
56. [Myoelectric Prosthetic and Orthotic Components for the Upper Limb \(227\)](#)
57. [Noncontact Radiant Heat Bandage for the Treatment of Wounds \(656\)](#)
58. [Non-Contact Ultrasound Treatment for Wounds \(657\)](#)
59. [Paraspinal Surface Electromyography \(SEMG\) to Evaluate and Monitor Back Pain \(517\)](#)
60. [Percutaneous Electrical Nerve Stimulation - PENS - and Percutaneous Neuromodulation Therapy - PNT \(172\)](#)
61. [Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis \(541\)](#)
62. [Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities \(718\)](#)
63. [Transcutaneous Electrical Nerve Stimulation TENS \(003\)](#)
64. [Threshold Electrical Stimulation as a Treatment of Motor Disorders \(321\)](#)
65. [Ultrasound Accelerated Fracture Healing Device \(497\)](#)
66. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

Rehabilitation Pharmacy Policies with Coverage Updates

n/a

Rehabilitation Pharmacy Policies with no Coverage Updates

n/a

Rheumatology Medical Policies with Coverage Updates

67. [Radiofrequency Ablation of Peripheral Nerves to Treat Pain \(794\)](#)
 - BCBSA National medical policy review. New investigational indications described:
 - Cryoneurolysis for knee osteoarthritis or total knee arthroplasty
 - Radiofrequency ablation for occipital neuralgia and cervicogenic headache.

Title changed. Effective 2/1/2019.

Rheumatology Medical Policies with no Coverage Updates

68. [Anti-CCP Testing for Rheumatoid Arthritis \(142\)](#)
69. [Dry Needling and Trigger Point Injections for Myofascial Pain \(792\)](#)
70. [Duplex Scans \(691\)](#)
71. [End-Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema \(648\)](#)
72. [Interferential Stimulation for Treatment of Pain \(509\)](#)
73. [Measurement of Serum Antibodies to Infliximab and Adalimumab \(917\)](#)
74. [Vectra DA Blood Test for Rheumatoid Arthritis \(677\)](#)

Rheumatology Pharmacy Policies with Coverage Updates

75. [Opioid and Opioid Combination Medication Management \(102\)](#)
 - Updated to include Benzhydrocodone/APAP & Apadaz® to the policy. 4/2019.
 - Update to include Dvorah and to add a specialty provider type. 1/2019.
 - Updated to include Nalocet™ & Roxybond™ into the short acting criteria. 11/2018.
76. [Immune Modulating Drugs \(004\)](#)

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- Updated to Add an Infliximab table and make Inflectra a Preferred drug for its indications. Clarified coding information.1/2019.
- Updated to add Ilumya and Olumiant to a non-preferred position in the policy. 10/2018.

Rheumatology Pharmacy Policies with no Coverage Updates

77. [COX II Inhibitor Drugs: Celebrex \(celecoxib\) \(002\)](#)

Topics for discussion

E-Blue Review (EBR) Comments
Emerging Medical Technologies

2019 Medical Policy Group meeting Schedule

Specialty	Date	Time	Room
Neurology and Neurosurgery	January 29 th , 2019	12 –2 PM	12-J
Hematology and Oncology	February 26 th , 2019	9–11 AM	12-H
Allergy and ENT/Otolaryngology	March 26 th , 2019	12 –2 PM	12-H
Cardiology and Pulmonology	April 30 th , 2019	12 –2 PM	12-H
Pediatrics and Endocrinology	May 28 th , 2019	12 –2 PM	12-I
Orthopedics, Rehabilitation Medicine and Rheumatology	June 25 th , 2019	12 –2 PM	12-I
Psychiatry and Ophthalmology	July 30 th , 2019	12 –2 PM	12-I
Urology and Obstetrics/Gynecology	September 24 th , 2019	12 –2 PM	12-I
Gastroenterology, Nutrition and Organ Transplantation	October 29 th , 2019	12 –2 PM	12-I
Plastic Surgery, Dermatology and Podiatry	November 19 th , 2019	12 –2 PM	12-I

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