



## 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



<b>Meeting #270</b>	<b>June 30<sup>th</sup> 2020</b>	<b>12–2 PM</b>	<b>Conference Call only. Please email <a href="mailto:ebr@bcbsma.com">ebr@bcbsma.com</a> for conference line information</b>
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**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); Peter Lakin, R.Ph, (Pharmacy Operations); Thomas Kowalski, R.Ph, (Clinical Pharmacy)

**Invited Physician Guest(s):** Representatives from the Massachusetts Orthopedic Society, Representatives from the Massachusetts Rheumatology society

**RSVP to [EBR@BCBSMA.com](mailto:EBR@BCBSMA.com)**

Network physicians who plan to attend the meeting must confirm and provide their contact information by email to [EBR@bcbsma.com](mailto: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. [Complementary Medicine \(178\)](#)
  - Investigational statement on acupuncture was removed. Clarified coding information. Effective 1/1/2020.
2. [Artificial Intervertebral Disc: Cervical Spine \(585\)](#)
  - Terminology clarified from artificial intervertebral disc arthroplasty of the cervical spine to cervical disc arthroplasty. 6/1/2020.
3. [Automated Percutaneous Discectomy and Endoscopic Discectomy \(231\)](#)
  - Investigational criteria on endoscopic discectomy removed. Endoscopic discectomy is considered a covered service. Clarified coding information. Effective 12/1/2019.
4. [Mineral Density Studies \(450\)](#)
  - BCBSA National medical policy review. Policy statements revised to add specific information on risk factors and to indicate that more frequent monitoring (1-2 years in asymptomatic individuals and 1-3 years to monitor treatment) may be medically necessary depending on risk factors. For clarification, the last investigational statement was separated into two statements. Effective 6/1/2020.

5. [Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty, and Mechanical Vertebral Augmentation \(485\)](#)
  - Policy reformatted into separate statements for balloon kyphoplasty and mechanical vertebral augmentation using Kiva. 9/1/2019.
6. [Radiofrequency Coblation Tenotomy for Musculoskeletal Conditions \(080\)](#)
  - New medical policy describing investigational indications. Effective 5/1/2020.
7. [Trigger point and Tender Point Injections \(604\)](#)
  - New medical policy describing medically necessary and investigational indications. 6/1/2020.
  - No more than 4 injections should be given in a 12-month period.

#### AIM Specialty Health: Vascular Imaging

- **Brain, Head and Neck:** Aneurysm - intracranial, Aneurysm - extracranial, Arteriovenous malformation (AVM) and fistula (AVF), Fibromuscular dysplasia, Hemorrhage - intracranial, Stenosis or occlusion - extracranial, Stenosis or occlusion - intracranial, stroke and Venous thrombosis or compression – intracranial. 11/2019.
- **Chest:** Acute aortic syndrome, Aortic aneurysm, Pulmonary artery hypertension. 11/2019.
- **Abdomen and Pelvis:** Acute aortic syndrome, Aneurysm of the abdominal aorta or iliac arteries, Hematoma/hemorrhage within the abdomen or unexplained hypotension, Renal artery stenosis (RAS)/Renovascular hypertension, Venous thrombosis or compression – intracranial, Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified. 11/2019.
- **Upper Extremity:** Peripheral arterial disease, Venous thrombosis or occlusion. 11/2019.
- **Lower Extremity:** Added Physiologic testing for peripheral arterial disease and further defined indications for classic presenting symptoms of lower extremity peripheral arterial disease. 11/2019.
  - Added arterial ultrasound guideline content (currently published in a separate guideline)
  - Aligned peripheral arterial ultrasound with advanced vascular imaging criteria.

#### Orthopedics Medical Policies with no Coverage Updates

8. [Alcohol Injections for Treatment of Peripheral Neuromas \(642\)](#)
9. [Amniotic Membrane and Amniotic Fluid \(643\)](#)
10. [Artificial Intervertebral Disc: Lumbar Spine \(592\)](#)
11. [Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions \(374\)](#)
12. [Axial Lumbosacral Interbody Fusion \(404\)](#)
13. [Bone Morphogenetic Protein \(097\)](#)
14. [Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures \(594\)](#)
15. [Diagnosis and Treatment of Sacroiliac Joint Pain \(320\)](#)
16. [Dynamic Spinal Visualization and Vertebral Motion Analysis \(195\)](#)
17. [Electrical Bone Growth Stimulation of the Appendicular Skeleton \(499\)](#)
18. [Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions \(081\)](#)
19. [Facet Joint Denervation \(140\)](#)
20. [Hip Resurfacing \(046\)](#)
21. [Hyperbaric Oxygen Pressurization \(HBO\) \(653\)](#)
22. [Iontophoresis and Phonophoresis as a Transdermal Technique for Drug Delivery \(095\)](#)
23. [Low-Level Laser Therapy \(522\)](#)
24. [Manipulation under Anesthesia \(483\)](#)
25. [Meniscal Allografts and Other Meniscal Implants \(110\)](#)
26. [Microprocessor Controlled Prostheses for the Lower Limb \(133\)](#)
27. [Orthotics for Progressive Scoliosis \(550\)](#)
28. [Orthopedic Applications of Platelet-Rich Plasma \(737\)](#)
29. [Patient-actuated End Range Motion Stretching Devices \(721\)](#)
30. [Patient-Specific Instrumentation \(eg., Cutting Guides\) for Joint Arthroplasty \(706\)](#)
31. [Percutaneous Intradiscal Electrothermal \(IDET\) Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty \(482\)](#)
32. [Percutaneous Vertebroplasty and Sacroplasty \(484\)](#)
33. [Prolotherapy \(183\)](#)
34. [Shoulder Resurfacing \(156\)](#)
35. [Subtalar Arthroereisis \(299\)](#)
36. [Surgical Treatment of Femoroacetabular Impingement \(145\)](#)

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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 \(427\)](#)
  - Add Triluron & Synjoynt to the policy with Med UM. 10/2019.
45. [Opioid and Opioid Combination Medication Management \(102\)](#)
  - Updated to include Hydrocodone Bitartrate ER Capsules & Prolate to the policy. 4/2020.

#### Orthopedics Pharmacy Policies with no Coverage Updates

46. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

#### Rehabilitation Medical Policies with Coverage Updates

47. [Functional Neuromuscular Electrical Stimulation \(201\)](#)
  - BCBSA National medical policy review. New investigational indications described. Functional electrical stimulation devices for exercise in patients with spinal cord injury. Clarified coding information. Effective 10/1/2019.
48. [Sensory Integration Therapy and Auditory Integration Therapy \(659\)](#)
  - Local Coverage Determination (LCD): Outpatient Physical and Occupational Therapy Services (L33631) and Local Coverage Determination (LCD): Speech-Language Pathology (L33580) for Medicare Advantage were added. Effective 1/1/2020.

#### Rehabilitation Medical Policies with no Coverage Updates

49. [Biofeedback for Miscellaneous Indications \(187\)](#)
50. [Biofeedback as a Treatment of Chronic Pain \(210\)](#)
51. [Biofeedback as a Treatment of Urinary Incontinence \(173\)](#)
52. [Continuous Passive Motion in the Home Setting \(407\)](#)
53. [Cooling Devices Used in the Outpatient Setting \(510\)](#)
54. [Electrical Bone Growth Stimulation of the Appendicular Skeleton \(499\)](#)
55. [Electrostimulation and Electromagnetic Therapy for Treating Wounds \(655\)](#)
56. [Hippotherapy \(560\)](#)
57. [Interferential Stimulation for Treatment of Pain \(509\)](#)
58. [Myoelectric Prosthetic and Orthotic Components for the Upper Limb \(227\)](#)
59. [Noncontact Radiant Heat Bandage for the Treatment of Wounds \(656\)](#)
60. [Non-Contact Ultrasound Treatment for Wounds \(657\)](#)
61. [Paraspinal Surface Electromyography \(SEMG\) to Evaluate and Monitor Back Pain \(517\)](#)
62. [Percutaneous Electrical Nerve Stimulation - PENS - and Percutaneous Neuromodulation Therapy - PNT \(172\)](#)
63. [Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis \(541\)](#)
64. [Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities \(718\)](#)
65. [Transcutaneous Electrical Nerve Stimulation TENS \(003\)](#)
66. [Threshold Electrical Stimulation as a Treatment of Motor Disorders \(321\)](#)
67. [Ultrasound Accelerated Fracture Healing Device \(497\)](#)
68. [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

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### 69. [Complementary Medicine \(178\)](#)

- Investigational statement on acupuncture was removed. Clarified coding information. Effective 1/1/2020.

### 70. [Dry Needling and Trigger Point Injections for Myofascial Pain \(792\)](#)

- National Coverage Determination (NCD) for Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3) added. Local Coverage Determination (LCD): Pain Management (L33622) removed. 6/2020.
- BCBSA National medical policy review. Description, summary and references updated. Policy statement unchanged. Title changed to "Dry Needling of Trigger Points for Myofascial Pain." 6/2020.

### 71. [Measurement of Serum Antibodies to Infliximab and Adalimumab \(917\)](#)

- BCBSA National medical policy review. Investigational policy statement reworded to include currently FDA-approved TNF blocking agents. Policy title changed to Measurement of Serum Antibodies to Selected Biologic Agents. Clarified coding information.

### Rheumatology Medical Policies with no Coverage Updates

#### 72. [Duplex Scans \(691\)](#)

#### 73. [End-Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema \(648\)](#)

#### 74. [Interferential Stimulation for Treatment of Pain \(509\)](#)

#### 75. [Vectra DA Blood Test for Rheumatoid Arthritis \(677\)](#)

### Rheumatology Pharmacy Policies with Coverage Updates

#### 76. [Opioid and Opioid Combination Medication Management \(102\)](#)

- Updated to include Hydrocodone Bitartrate ER Capsules & Prolate to the policy. 4/2020.

#### 77. [Immune Modulating Drugs \(004\)](#)

- Updated to move Stelara to move to non-preferred for UC. 2/2020.
- Updated to move Taltz in all indications and Xeljanz in UC indication to non-preferred. 1/2020.
- Updated to add Rinvoq to preferred RA and to add expanded indications for Inflectra, Renflexis & Otezla. 10/2019.
- Updated to add Skyrizi & Tremfya to preferred in Psoriasis and to add Humira first step to Cimzia for Crohn's disease. 7/2019.

### Rheumatology Pharmacy Policies with no Coverage Updates

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

### Topics for discussion

E-Blue Review (EBR) Comments

Emerging Medical Technologies

### 2020 Medical Policy Group meeting Schedule

Specialty	Date	Time	Room
Neurology and Neurosurgery	January 28 <sup>th</sup> , 2020	12 –2 PM	12-I
Hematology and Oncology	February 25 <sup>th</sup> , 2020	9–11 AM	12-I
Allergy and ENT/Otolaryngology	Monday March 23 <sup>th</sup> , 2020	12 –2 PM	12-I
Cardiology and Pulmonology	April 28 <sup>th</sup> , 2020	12 –2 PM	Conference Call
Pediatrics and Endocrinology	May 26 <sup>th</sup> , 2020	12 –2 PM	Conference Call
Orthopedics, Rehabilitation Medicine and Rheumatology	June 30 <sup>th</sup> , 2020	12 –2 PM	Conference Call
Psychiatry and Ophthalmology	July 28 <sup>th</sup> , 2020	12 –2 PM	Conference Call
Urology and Obstetrics/Gynecology	September 29 <sup>th</sup> , 2020	12 –2 PM	Conference Call
Gastroenterology, Nutrition and Organ Transplantation	October 27 <sup>th</sup> , 2020	12 –2 PM	Conference Call
Plastic Surgery, Dermatology and Podiatry	November 17 <sup>th</sup> , 2020	12 –2 PM	Conference

For questions: [ebr@bcbsma.com](mailto:ebr@bcbsma.com)