



## Plastic Surgery, Dermatology, and Podiatry

### 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 #254

November 27th,  
2018

12–2 PM

101 Huntington Avenue  
Boston, MA 02115

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

Conference  
Center : 12-I

**Invited:** Katherine Dallow, MD, MPH, co-chair (Medical Policy Administration), Desiree Otenti, ANP, co-chair, (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 Plastic and Reconstructive Surgery; Representatives from the Massachusetts Society of Dermatology; Representatives from the Massachusetts Society of Podiatry

#### 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.

### Plastic Surgery, Dermatology and Podiatry Medical Policies with Coverage Update

1. Bio-Engineered Skin and Soft Tissue Substitutes ([663](#))
  - BCBSA National medical policy review. New medically necessary indications described: DermACELL, FlexHD Pliable, and Integra Flowable Wound Matrix. New investigational indications described: Biobrane/Biobrane-L, Helicoll, Keramatrix, Kerecis, TransCyte. Effective 7/1/2018.
  - BCBSA National medical policy review. Integra Omnigraft deleted from investigational policy statement and added to bullet for Integra® Dermal Regeneration Matrix. Effective 12/1/2017.
2. Duplex Scans ([691](#))
  - Medically necessary policy statements on extracranial arterial and transcranial Doppler removed; these services are covered. Clarified coding information. 4/1/2018
3. Phototherapy: PUVA and UVB ([059](#))
  - Medically necessary statement on targeted phototherapy clarified. Clarified coding information. 1/1/2018.
4. Plastic Surgery, Reconstructive and Cosmetic Services ([068](#))

## 2

- Medically necessary statements regarding State Mandate Chapter 233 of the Acts of 2016, An Act Relative to HIV Associated Lipodystrophy Syndrome Treatment clarified. 8/10/2018
5. Surgical and Non-Surgical Treatment of Gynecomastia ([661](#))
    - Medical Policy Administration literature review through February 2018. New investigational indications described. Clarified coding information. Effective 7/1/2018.
  6. Treatment of Varicose Veins/Venous Insufficiency ([238](#))
    - BCBSA National medical policy review. Background and summary clarified. New references added. 7/2018

### Plastic Surgery, Dermatology and Podiatry Medical Policies with NO Coverage Updates

7. Alcohol Injections for the Treatment of Peripheral Neuromas ([642](#))
8. Benign Skin Lesions ([707](#))
9. Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair ([740](#))
10. Carrier Screening for Genetic Diseases ([666](#))
11. Chemical Peels ([732](#))
12. Composite Tissue Allotransplantation of the Hand and Face ([662](#))
13. Dermatologic Applications of Photodynamic Therapy ([463](#))
14. Electrostimulation and Electromagnetic Therapy for Treating Wounds ([655](#))
15. Extracorporeal Photopheresis ([248](#))
16. General Approach to Evaluating the Utility of Genetic Panels ([734](#))
17. General Approach to Genetic Testing ([735](#))
18. Hyperbaric Oxygen Pressurization (HBO) ([653](#))
19. Laser Treatment of Active Acne ([461](#))
20. Laser Treatment of Onychomycosis ([562](#))
21. Light Therapy for Psoriasis ([698](#))
22. Multispectral Digital Skin Lesion Analysis ([748](#))
23. Negative Pressure Wound Therapy in the Outpatient Setting ([543](#))
24. Noncontact Radiant Heat Bandage for the Treatment of Wounds ([656](#))
25. Non-Contact Ultrasound Treatment for Wounds ([657](#))
26. Nonpharmacologic Treatment of Rosacea ([462](#))
27. Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy ([519](#))
28. Reconstructive Breast Surgery/Management of Breast Implants ([428](#))
29. Reduction Mammoplasty for Breast-Related Symptoms ([703](#))
30. Routine Foot Care and Debridement of Toe Nails ([385](#))
31. Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions ([507](#))
32. Transgender Services ([189](#))
33. Treatment of Hyperhidrosis excluding Botulinum Toxin ([406](#))
34. Ultrasonographic Evaluation of Skin Lesions ([303](#))
35. Whole Exome Sequencing ([457](#))
36. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))

### Plastic Surgery, Dermatology and Podiatry Pharmacy Policies with Coverage Updates

37. Immune Modulating Drugs ([004](#))
  - 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
38. Intravenous Immunoglobulin ([310](#))
  - Updated to include Association coverage statement for Neuromyelitis Optica & Blistering disease. 8/2018

### Plastic Surgery, Dermatology and Podiatry Pharmacy Policies with NO Coverage Updates

39. Botulinum Toxin Injection ([006](#))
40. Immunomodulators for Skin Conditions ([010](#))
41. Melanoma Vaccines ([453](#))

E-Blue Review (EBR) Comments  
Emerging Medical Technologies

**2018 Medical Policy Group meeting Schedule**

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

<b>Specialty</b>	<b>Date</b>	<b>Time</b>	<b>Room</b>
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
<b>Plastic Surgery, Dermatology and Podiatry</b>	<b>November 27, 2018</b>	<b>12 –2 PM</b>	<b>12-I</b>

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