



## Pediatrics and Endocrinology

### Medical Policy Group

Co-chairs

Lee Steingisser, MD • Vice President • Clinical Review  
Eliot Jekowsky, MD • Medical Director • Medical Policy Administration  
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Meeting # 249	May 29th, 2017	12PM- 2PM	101 Huntington Avenue Boston, MA 02115 For questions: <a href="mailto:EBR@bcbsma.com">EBR@bcbsma.com</a>	Conference Center : 12-I
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**Invited Physician Guest(s):** Representatives from the Massachusetts Academy of Pediatrics;  
Representatives from the Specialty of Endocrinology

#### 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.

### Pediatrics Medical Policies with Coverage Updates

- [Carrier Screening for Genetic Diseases \(666\)](#)
  - BCBSA National medical policy review. Policy renamed replacing “testing” with “screening.” Policy statement criteria revised for clarity. Effective 9/1/2017.
  - Medically necessary criteria revised. Effective 12/1/2017.
- [Cochlear Implant \(478\)](#)
  - BCBSA National medical policy review. New medically necessary and not medically necessary indications described. Clarified coding information. Effective 7/1/2017.
- [Genetic Testing for CHARGE Syndrome \(540\)](#)
  - BCBSA National medical policy review. Policy clarified. “Mutation testing” changed to “genetic testing” in investigational policy statement. 4/1/2017
- [Genetic Testing for Developmental Delay/Intellectual Disability, Autism Spectrum Disorder and Congenital Anomalies \(228\)](#)
  - BCBSA National medical policy review. New investigational indications described. Effective 1/1/2018.
- [Genetic Testing for FMR1 variants \(including Fragile X Syndrome\) \(907\)](#)
  - BCBSA National medical policy review. Policy criteria reformatted and clarified. Effective 3/1/2018.
  - BCBSA National medical policy review. New medically necessary indications described. Clarified coding information. Effective 6/1/2017.
- [Hematopoietic Cell Transplantation for Solid Tumors of Childhood \(208\)](#)

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- BCBSA National policy review. “Metastatic retinoblastoma” added to first medically necessary statement. In first investigational statement, ‘retinoblastoma’ changed to “retinoblastoma without metastases.” Title changed. Effective 10/1/2017.
7. [Non-Invasive 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
  8. [Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders \(120\)](#)
    - BCBSA National medical policy review. Not medically necessary statement removed and “patients with cystic fibrosis or chronic diffuse bronchiectasis other than as specified above” added to the investigational statement. Effective 11/1/2017.
  9. [Phototherapy: PUVA and UVB \(059\)](#)
    - Medically necessary statement on targeted phototherapy clarified. Clarified coding information. 1/1/2018.
    - Clarified coding information. Added information regarding treatment of vitiligo from policy #911 Light Therapy for Vitiligo. Policy #911 retired. Effective 10/1/2017.
  10. [Semi-Implantable and Fully Implantable Middle Ear Hearing Aid \(480\)](#)
    - New references added from BCBSA National medical policy. Background and summary clarified.
  11. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

### Pediatrics Medical Policies with no Coverage Updates

12. [Auditory Brainstem Implant \(481\)](#)
13. [Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover \(549\)](#)
14. [General Approach to Evaluating the Utility of Genetic Panels \(734\)](#)
15. [General Approach to Genetic Testing \(735\)](#)
16. [Genetic Testing for Hereditary Hemochromatosis \(908\)](#)
17. [Hematopoietic Stem cell Transplantation for CNS Embryonal Tumors and Ependymoma \(205\)](#)
18. [Implantable Bone-Conduction and Bone-Anchored Hearing Aids \(479\)](#)
19. [Inhaled Nitric Oxide as a Treatment of Hypoxic Respiratory Failure in Neonates \(100\)](#)
20. [Insulin Delivery Devices: Pumps, Pens, and Jet Injectors \(332\)](#)
21. [Invasive Prenatal \(Fetal\) Diagnostic Testing \(708\)](#)
22. [MRI, MRA, MRV, MRS; Positional Magnetic Resonance Imaging; and Functional MRI \(106\)](#)
23. [Neuropsychological Testing \(039\)](#)
24. [Outpatient Electroconvulsive Therapy \(ECT\) \(319\)](#)
25. [Phototherapy for Seasonal Affective Disorder \(037\)](#)
26. [Psychological Testing \(363\)](#)
27. [Plastic Surgery: Congenital Deformities in Children \(068\)](#)
28. [Sensory Integration Therapy \(659\)](#)
29. [Vertical Expandable Prosthetic Titanium Rib \(305\)](#)

### Pediatrics Pharmacy Policies with Coverage Updates

30. [Asthma and Chronic Obstructive Pulmonary Disease Medication Management \(011\)](#)
  - Updated to include **Fluticasone/Salmeterol, AirDuo™** and to modify **Advair®/ AirDuo™** Criteria.
31. [CNS Stimulants and Psychotherapeutic Agents \(019\)](#)
  - Updated to include atomoxetine & criteria for Straterra™.
32. [Drugs for Cystic Fibrosis \(408\)](#)
  - Updated to include additional genes and add AllCare to Specialty pharmacy list.
33. [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
  - Updated to add Kevzara to this policy and add new indications plus update Walgreens specialty. 11/2017
  - Updated to include Renflexis. 10/2017
  - Update to include new indications for Actemra and Orencia. 7/2017
34. [Proton Pump Inhibitors \(030\)](#)

- Updated to add Omeppi 40mg and to clarify criteria for Lansoprazole & Rabeprazole. 9/2017
35. [Immunomodulators for Skin Conditions \(010\)](#)
- Updated to include Dupixent® as step 3 to the policy. 11/2017

#### Pediatrics Pharmacy Policies with no Coverage Updates

36. [Growth Hormone and Insulin-like Growth Factor \(257\)](#)
37. [Human Anti-hemophilic Factor \(360\)](#)
38. [RSV Immunoprophylaxis \(422\)](#)
39. [Special Foods: Special Infant Formula, Enteral Formula, Ketogenic Diet for Seizures, and Formula Infusion Pumps \(304\)](#)

#### Endocrinology Medical Policies with Coverage Updates

40. [Artificial Pancreas Device Systems \(720\)](#)
- BCBSA National medical policy review. Medically necessary indications revised. Clarified coding information. Effective 4/1/2018.
41. [Continuous or Intermittent Glucose Monitoring in Interstitial Fluid \(107\)](#)
- BCBSA National medical policy review. New medically necessary indications on long-term CGM described; background and summary clarified. Clarified coding information. Effective 4/1/2018.
42. [Intraoperative Neurophysiologic Monitoring \(Sensory Evoked Potentials: Somatosensory, Motor Evoked Potentials, EEG Monitoring\) \(211\)](#)
- BCBSA National medical policy review. New medically necessary and investigational indications described. Effective 10/1/2017.
  - Coverage for Medicare Advantage members clarified based on Local Coverage Determination (LCD): Visual Electrophysiology Testing (L36831). Effective 3/16/2017.
43. [Molecular Markers in Fine Needle Aspirates of the Thyroid \(913\)](#)
- BCBSA National medical policy review. New medically necessary and investigational indications described. References added. Effective 4/1/2017.
44. [Medical Management of Obesity, including Anorexiants \(379\)](#)
- BCBSA National medical policy review. Investigational statement on endoscopic procedures rewritten for clarity; aspiration therapy device added to the investigational statement. Investigational statement on bariatric surgery in preadolescent children added. Effective 9/1/2017.
45. [Mineral Density Studies \(450\)](#)
- BCBSA National medical policy review. New medically necessary and investigational indications described. Policy statements edited to clarify that central dual x-ray absorptiometry (DXA) is medically necessary and other methods of measurement are investigational. Clarified coding information. Effective 8/1/2017.
46. [Outpatient Psychotherapy \(423\)](#)
- Coding information clarified to no longer require specific diagnoses for coverage with CPT codes 90837 and 90838. Effective 12/1/2017 retroactive to 1/1/2017.
47. [Viscocolostomy and Canaloplasty \(372\)](#)
- BCBSA National medical policy review. Policy statement on viscocolostomy clarified to state that it is not medically necessary.
48. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

#### Endocrinology Medical Policies with no Coverage Updates

49. [Anterior Eye Segment Optical Imaging \(084\)](#)
50. [Biofeedback for the Treatment of Headache \(152\)](#)
51. [Chelation Therapy \(122\)](#)
52. [Corneal Endothelial Microscopy \(050\)](#)
53. [Endothelial Keratoplasty \(180\)](#)
54. [Genetic Testing for Germline Mutations of the RET Proto-Oncogene in Medullary Carcinoma of the Thyroid \(564\)](#)
55. [Genetic Testing for Lactase Insufficiency \(565\)](#)
56. [Human Leukocyte Antigen \(HLA\) Testing for Celiac Disease \(567\)](#)
57. [Insulin Delivery Devices: Pumps, Pens, and Jet Injectors \(332\)](#)
58. [Insulin Potentiation Therapy \(532\)](#)
59. [Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes \(654\)](#)

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60. [Ophthalmologic Techniques to Evaluate the Retinal Nerve Fiber Layer \(053\)](#)
61. [Routine Foot Care and Debridement of Toenails \(385\)](#)
62. [Retinal Telescreening for Diabetic Retinopathy \(065\)](#)
63. [Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions \(507\)](#)
64. [Testing Serum Vitamin D Levels \(746\)](#)
65. [Vertebral Fracture Assessment with Densitometry \(449\)](#)
66. [Whole Body Dual X-Ray Absorptiometry \(DEXA\) to Determine Body Composition \(577\)](#)

### Endocrinology Pharmacy Policies with Coverage Updates

67. [Antihyperlipidemics \(013\)](#)
  - Updated to include new Repatha Indication.
68. [Diabetes Step Therapy \(041\)](#)
  - Updated to include Class specific tables inside of the policy plus merged in policy #282 GLP1s.
  - Added Alogliptin and Alogliptin/Metformin Authorized generics to Step 3.
69. [Methadone Treatment and Intensive Detoxification or Ultra-Rapid Detoxification for Opiate Addiction \(274\)](#)
  - Added MLN Matters Number: SE1604 Medicare Coverage of Substance Abuse Services and Medicare Prescription Drug Benefit Manual Chapter 6 – Part D Drugs and Formulary Requirements for Medicare Advantage members. 6/1/2017.

### Endocrinology Pharmacy Policies with no Coverage Updates

70. [Human Growth Hormone \(257\)](#)

### Topics for discussion

E- Blue Review (EBR)  
Emerging Medical Technologies

### 2018 Medical Policy Group meeting Schedule

For questions: [EBR@bcbsma.com](mailto: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
<b>Pediatrics and Endocrinology</b>	<b>May 29, 2018</b>	<b>12 –2 PM</b>	<b>12-I</b>
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