



## Plastic Surgery and Dermatology

### Medical Policy Group

Co-chairs  
 Lee Steingisser, MD • Vice President • Clinical Review  
 Eliot Jekowsky, MD • Medical Director • Medical Policy Administration  
 Desiree Otenti, ANP, MPH, Senior Manager • Medical Policy Administration

Meeting #244	November 28th, 2017	12–2 PM	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 Society of Plastic and Reconstructive Surgery; Representatives from the Massachusetts Society of Dermatology

#### 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.

### 12:00 – 2:00 PM Plastic Surgery and Dermatology Medical Policies with Coverage Update

- Bio-Engineered Skin and Soft Tissue Substitutes ([663](#))
  - BCBSA National medical policy review. New and investigational indications described. Clarified coding information. Effective 6/1/2017.
  - BCBSA National medical policy review. Acellular dermal matrix products used in breast reconstruction clarified; investigational list updated with new products and name changes; wound dressing products removed from list. References added. Clarified coding information. Effective 12/1/2016.
  - BCBSA National medical policy review. Clinical input reviewed. Integra Dermal Regeneration Template, Biovance and Grafix were added as medically necessary for the treatment of diabetic foot ulcers. TransCyte removed from the medically necessary statement; it is no longer commercially available. List of investigational skin or soft tissue substitutes updated. Clarified coding information. Effective 11/1/2016.
- 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.
- Phototherapy: PUVA and UVB ([059](#))
  - Clarified coding information. Added information regarding treatment of vitiligo from policy #911 Light Therapy for Vitiligo. Policy #911 retired. Effective 10/1/2017.
- Plastic Surgery, Reconstructive and Cosmetic Services ([068](#))
  - Medically necessary criteria for tattooing of the areola as part of nipple reconstruction clarified. Not medically necessary tattoo removal or application criteria clarified. 9/1/2017

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- Policy updated to include mandated coverage for reconstructive services to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome. Effective 11/8/2016.
5. Whole Exome Sequencing ([457](#))
    - BCBSA National medical policy review. New medically necessary and investigational indications. New references added. Effective 3/1/2017.

### 12:00 – 2:00 PM Plastic Surgery and Dermatology Medical Policies with NO Coverage Updates

1. Benign Skin Lesions ([707](#))
2. Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair ([740](#))
3. Chemical Peels ([732](#))
4. Composite Tissue Allotransplantation of the Hand and Face ([662](#))
5. Dermatologic Applications of Photodynamic Therapy ([463](#))
6. Duplex Scans ([691](#))
7. Electrostimulation and Electromagnetic Therapy for Treating Wounds ([655](#))
8. General Approach to Evaluating the Utility of Genetic Panels ([734](#))
9. General Approach to Genetic Testing ([735](#))
10. Hyperbaric Oxygen Pressurization (HBO) ([653](#))
11. Laser Treatment of Active Acne ([461](#))
12. Laser Treatment of Onychomycosis ([562](#))
13. Light Therapy for Psoriasis ([698](#))
14. Multispectral Digital Skin Lesion Analysis ([748](#))
15. Negative Pressure Wound Therapy in the Outpatient Setting ([543](#))
16. Noncontact Radiant Heat Bandage for the Treatment of Wounds ([656](#))
17. Non-Contact Ultrasound Treatment for Wounds ([657](#))
18. Nonpharmacologic Treatment of Rosacea ([462](#))
19. Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy ([519](#))
20. Reconstructive Breast Surgery/Management of Breast Implants ([428](#))
21. Reduction Mammoplasty for Breast-Related Symptoms ([703](#))
22. Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions ([507](#))
23. Surgical Treatment of Gynecomastia ([661](#))
24. Transgender Services ([189](#))
25. Treatment of Hyperhidrosis excluding Botulinum Toxin ([406](#))
26. Treatment of Varicose Veins/Venous Insufficiency ([238](#))
27. Ultrasonographic Evaluation of Skin Lesions ([303](#))
28. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))

### 12:00 – 2:00 PM Plastic Surgery and Dermatology Pharmacy Policies with Coverage Updates

6. Botulinum Toxin: Injection for Muscle and Nerve Conditions ([006](#))
  - Updated to Prefer Dysport & Botox and to include hyperhidrosis to this policy and retired policy 405. Clarified coding information.
7. Immune Modulating Drugs ([004](#))
  - Updated to include Renflexis. 10/2017
  - Update to include new indications for Actemra and Orencia. 7/2017
  - Updated to add Taltz™ and to add new Q code for Infliximab.
8. Intravenous Immunoglobulin ([310](#))
  - Updated to add new HCPCS code J1575.

### 12:00 – 2:00 PM Plastic Surgery and Dermatology Pharmacy Policies with NO Coverage Updates

9. Botulinum Toxin for the Treatment of Hyperhidrosis ([405](#))
10. Immunomodulators, Topical: Elidel® (pimecrolimus); Protopic® (tacrolimus) ([010](#))
11. Melanoma Vaccines ([453](#))

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E-Blue Review (EBR) Comments  
Emerging Medical Technologies

#### Topics for discussion

E-Blue Review (EBR) Comments  
Emerging Medical Technologies

#### 2016 Medical Policy Group Meeting Schedule

<b>Specialty</b>	<b>Date</b>	<b>Time</b>	<b>Room</b>
Neurology and Neurosurgery	January 31, 2017	12 –2 PM	12-I
Hematology and Oncology	February 28, 2017	12 –2 PM	12-I
Allergy and ENT/Otolaryngology	March 28, 2017	12 –2 PM	12-I
Cardiology and Pulmonology	April 25, 2017	12 –2 PM	12-I
Pediatrics and Endocrinology	May 30, 2017	12 –2 PM	12-I
Orthopedics, Rehabilitation Medicine and Rheumatology	June 27, 2017	12 –2 PM	12-I
Psychiatry and Ophthalmology	July 25, 2017	12 –2 PM	12-I
Urology and Obstetrics/Gynecology	September 26, 2017	12 –2 PM	12-I
Gastroenterology, Nutrition and Organ Transplantation	October 31, 2017	12 –2 PM	12-I
Plastic Surgery and Dermatology	November 28 <sup>th</sup> , 2017	12 –2 PM	12-I