



## Gastroenterology, Nutrition and Organ Transplantation

### Medical Policy Group

Co-chairs  
 Lee Steingisser, MD • Vice President • Clinical Review  
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Meeting #243	October 31, 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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#### 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 - 2PM Gastroenterology Medical Policies with Coverage Updates

1. 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.
2. Computed Tomography (CT) of Abdomen ([749](#))
  - Policy updated to include pediatric imaging indications. Effective 4/1/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Pediatric Imaging. Clarified coding information, Effective Date: February 20, 2017.
  - New medically necessary and not medically necessary indications described. Effective 2/20/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Clarified coding information. Effective Date: February 20, 2017.
  - New medically necessary indications described. Clarified coding information. Effective 11/1/2016. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: October 31, 2016.
3. Computed Tomography (CT) Abdomen and Pelvis Combination ([750](#))
  - Policy updated to include pediatric imaging indications. Effective 4/1/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Pediatric Imaging. Clarified coding information. Effective Date: February 20, 2017.
  - New medically necessary and not medically necessary indications described. Effective 2/20/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Clarified coding information. Effective Date: February 20, 2017.
  - New medically necessary indications described. Clarified coding information. Effective 11/1/2016. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: October 31, 2016.

4. Computed Tomography (CT) CT Colonography (Virtual Colonoscopy) [\(179\)](#)
  - National Coverage Determination (NCD) for Colorectal Cancer Screening Tests (210.3) added for Medicare Advantage members. 8/1/2017 Local Coverage Determination (LCD): Computed Tomographic (CT) Colonography for Diagnostic Uses (L33562) added for Medicare Advantage members. 8/1/2017
5. Computed Tomography (CT) Pelvis [\(791\)](#)
  - Medically necessary criteria revised. Effective 9/5/2017. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Clarified coding information. Effective Date: September 5, 2017.
  - Policy updated to include pediatric imaging indications. Effective 4/1/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Pediatric Imaging. Clarified coding information, Effective Date: February 20, 2017.
  - New medically necessary and not medically necessary indications described. Effective 2/20/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Coding information clarified. Effective Date: February 20, 2017.
  - New medically necessary indications. Effective 11/1/2016. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Clarified coding information. Effective Date: October 31, 2016.
6. CT Angiography (CTA) Abdomen and Pelvis Combination [\(761\)](#)
  - Policy updated to include pediatric imaging indications. Effective 4/1/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Pediatric Imaging. Effective Date: February 20, 2017.
  - New medically necessary indications. Effective 11/1/2016. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Clarified coding information. Effective Date: October 31, 2016.
7. CT Angiography (CTA) and MR Angiography (MRA) Abdomen [\(763\)](#)
  - Policy updated to include pediatric imaging indications. Effective 4/1/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Pediatric Imaging. Effective Date: February 20, 2017.
8. CT Angiography (CTA) and MR Angiography (MRA) Pelvis [\(765\)](#)
  - Policy updated to include pediatric imaging indications. Effective 4/1/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Pediatric Imaging. Effective Date: February 20, 2017.
9. Fecal Calprotectin Testing [\(329\)](#)
  - BCBSA National medical policy review. Policy title changed. Summary and background description clarified. New references added. 6/1/2017.
10. Genetic Testing for Alpha-1 Antitrypsin Deficiency [\(906\)](#)
  - BCBSA National policy review. Summary clarified. New references added. 4/1/2017
11. Genetic Testing for Hereditary Pancreatitis [\(516\)](#)
  - BCBSA National medical policy review. Policy clarified. Policy statements unchanged. 4/1/2017
12. Magnetic Esophageal Sphincter Augmentation to Treat Gastroesophageal Reflux Disease [\(920\)](#)
  - BCBSA National medical policy review. Title changed. New references added. 1/1/2017
13. Magnetic Resonance Imaging (MRI) Abdomen/ Cholangiopancreatography (MRCP) Abdomen [\(773\)](#)
  - Policy updated to include pediatric imaging indications. Effective 4/1/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Pediatric Imaging. Clarified coding information. Effective Date: February 20, 2017. Policy #772, Magnetic Resonance Cholangiopancreatography (MRCP) Abdomen combined with #773. 4/1/2017
  - New medically necessary and not medically necessary indications described. Effective 2/20/2017. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: February 20, 2017.
  - New medically necessary indications described. Effective 11/1/2016. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: October 31, 2016.
14. Medical and Surgical Management of Obesity including Anorexiant [\(379\)](#)

- 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.
- 15. Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease ([921](#))
  - BCBSA National medical policy review. New medically necessary and investigational indications described. New references added. Effective 5/1/2017.
- 16. Whole Exome Sequencing ([457](#))
  - BCBSA National medical policy review. New medically necessary and investigational indications. New references added. Effective 3/1/2017.
- 17. Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon ([185](#))
  - BCBSA National medical policy review. Policy statement clarified: “Obscure gastrointestinal bleeding” to “Suspected small bowel bleeding.” Title changed to “Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon.” New references added. 1/1/2017

#### 12 - 2PM Gastroenterology Medical Policies with no Coverage Updates

18. Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening ([557](#))
19. Biofeedback as a Treatment of Fecal Incontinence or Constipation ([308](#))
20. Chromoendoscopy as an Adjunct to Colonoscopy ([904](#))
21. Confocal Laser Endomicroscopy ([618](#))
22. Computerized Tomography (CT) Scans ([009](#))
23. Cryosurgical Ablation of Primary or Metastatic Liver Tumors ([633](#))
24. CT Angiography (CTA) Abdominal Aorta and Bilateral Iliofemoral Lower Extremity ([762](#))
25. Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus ([218](#))
26. Endoscopic Retrograde Cholangiopancreatography - ECRP - with Laser or Electrohydraulic Lithotripsy ([209](#))
27. Esophageal pH Monitoring ([069](#))
28. Extracorporeal Photophoresis ([248](#))
29. Fecal Analysis in the Diagnosis of Intestinal Dysbiosis ([556](#))
30. Fecal Microbiota Transplantation ([682](#))
31. Gastric Electrical Stimulation ([636](#))
32. General Approach to Evaluating the Utility of Genetic Panels ([734](#))
33. General Approach to Genetic Testing ([735](#))
34. Genetic Testing for Helicobacter Pylori Treatment ([288](#))
35. Genetic Testing for Lactase Insufficiency ([565](#))
36. Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes ([226](#))
37. Human Leukocyte Antigen (HLA) Testing for Celiac Disease ([567](#))
38. Immune cell Function Assay in Solid Organ transplantation ([182](#))
39. In Vivo Analysis of Colorectal Polyps ([521](#))
40. Ingestible pH and Pressure Capsule ([045](#))
41. Magnetic Resonance MRI, MRA, MRV, MRS ([106](#))
42. Miscellaneous Genetic Tests ([712](#))
43. Monitored Anesthesia Care (MAC) ([154](#))
44. Multigene Expression Assay for Predicting Recurrence in Colon Cancer ([239](#))
45. Noninvasive Vascular Studies –Duplex Scans ([691](#))
46. Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus ([454](#))
47. PathFinderTG® Molecular Testing ([566](#))
48. Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia ([451](#))
49. Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines ([096](#))
50. Plasma Exchange ([466](#))
51. Plugs for Fistula Repair ([528](#))
52. Radiofrequency Ablation of Primary or Metastatic Liver Tumors ([286](#))
53. Serological Diagnosis of Celiac Disease ([138](#))
54. Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease ([551](#))
55. Serum Holo-Transcobalamin as a Marker of Vitamin B12 (i.e., Cobalamin) Status ([561](#))
56. Transanal Endoscopic Microsurgery (TEMS) ([200](#))
57. Transanal Radiofrequency Treatment of Fecal Incontinence ([309](#))
58. Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies ([634](#))

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59. Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease ([635](#))
60. Vagus Nerve Blocking Therapy for Treatment of Obesity ([644](#))
61. Whole Body Computed Tomography Scan as a Screening Test ([447](#))
62. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))

### 12 - 2PM Gastroenterology Pharmacy Policies with Coverage Updates

63. Drugs for Weight Loss ([572](#))
  - Updated to Add Belviq XR® 12/2016
64. Erythropoietin, Recombinant Human, Epoetin Alpha (Epogen® and Procrit®), Darbepoetin Alpha (Aranesp®) ([262](#))
  - Updated to add AllCare to Pharmacy Specialty list. 7/2017
  - Updated to clarify Epoetin alpha criteria. 5/2017
65. Immune Modulating Drugs ([004](#))
  - Update to include new indications for Actemra and Orencia. 7/2017
  - Update Address for Pharmacy Operations. 6/2017
  - Updated to Add hyperlinks for disease states in the medication table to link to specific criteria in the policy. 5/2017
  - Updated criteria to be arranged by diagnosis instead by drug. 1/1/2017
66. Interferons Alpha and Gamma ([052](#))
  - Updated to add AllCare to Pharmacy Specialty list. 7/2017
  - Updated criteria for interferon Gamma. 5/2017
67. Proton Pump Inhibitors ([030](#))
  - Updated to add Omeppi 40mg and to clarify criteria for Lansoprazole & Rabeprazole.

### 12 - 2PM Gastroenterology Pharmacy Policies with no Coverage Updates

68. Intravenous Immunoglobulin ([310](#))
69. Difucid ([700](#))

### 12 - 2PM Nutrition Medical Policies with Coverage Updates

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

### 12 - 2PM Nutrition Medical Policies with no Coverage Updates

71. Nutrient/Nutritional Panel Testing ([745](#))

### 12 - 2PM Nutrition Pharmacy Policies with Coverage Updates

N/A

### 12 - 2PM Nutrition Pharmacy Policies with no Coverage Updates

72. Special Foods: Special Infant Formula, Enteral Formula, Ketogenic Diet for Seizures and Formula Infusion Pumps ([304](#))
73. Home Total Parenteral Nutrition (TPN) ([296](#))

### 12 - 2PM Organ Transplantation Medical Policies with Coverage Updates

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

### 12 - 2PM Organ Transplantation Medical Policies with no Coverage Updates

75. Allogeneic Pancreas Transplant ([328](#))
76. Heart-Lung Transplantation ([269](#))
77. Hyperbaric Oxygen Pressurization (HBO) ([653](#))
78. Islet Transplantation ([324](#))
79. Isolated Small Bowel Transplant ([631](#))
80. Liver Transplantation ([198](#))
81. Lung and Lobar Lung Transplantation ([015](#))
82. Renal (Kidney) Transplantation ([196](#))
83. Small Bowel-Liver and Multivisceral Transplant ([632](#))

**5****12 - 2PM Organ Transplantation Pharmacy Policies with Coverage Updates**

N/A

**12 - 2PM Organ Transplantation Pharmacy Policies with no Coverage Updates**

N/A

**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

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