



Psychiatry and Ophthalmology Medical Policy Group

Co-chairs
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Meeting # 241	July 25th, 2017	12PM- 2PM	101 Huntington Avenue Boston, MA 02115 For questions: EBR@bcbsma.com	Conference Center : 12-I
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Invited Physician Guest(s): Representatives from the Massachusetts Society of Eye Physicians and Surgeons; Representatives from the Massachusetts Psychiatric Society; Massachusetts Society of Optometry; Representatives from the Massachusetts Psychological Association

RSVP to EBR@BCBSMA.com

Network physicians who plan to attend the meeting must confirm and provide their contact information by email to 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.

12PM – 2PM: Ophthalmology Medical Policies with Coverage Updates

1. [Ophthalmologic Techniques for Evaluating Glaucoma \(053\)](#)
 - BCBSA National medical policy review. Doppler ultrasonography removed from the third policy statement. The intent of the policy statement is unchanged. Title changed. 5/1/2017
2. [Photocoagulation of Macular Drusen \(607\)](#)
 - BCBSA National policy review. Not medically necessary statement clarified. 7/1/2016
3. [Photodynamic Therapy for Choroidal Neovascularization \(599\)](#)
 - BCBSA National medical policy review. Policy statements clarified. Policy statements unchanged. 5/1/2017
4. [Sensory Evoked Potentials, Somatosensory, Visual, and Auditory Evoked Potentials and Intra-operative Neurophysiologic Monitoring Visual Evoked Potentials \(211\)](#)
 - Coverage for Medicare Advantage members clarified based on Local Coverage Determination (LCD): Visual Electrophysiology Testing (L36831). Effective 3/16/2017.
 - New investigational indications described. Effective 5/1/2016. Medical policy ICD 10 remediation: Formatting, editing and coding updates. Coding information clarified. 5/1/2016
5. [Viscocalostomy and Canaloplasty \(372\)](#)
 - BCBSA National medical policy review. Policy statement on viscocalostomy clarified to state that it is not medically necessary. 5/1/2017
6. [Whole Exome Sequencing \(457\)](#)

- BCBSA National medical policy review. New medically necessary and investigational indications. New references added. Effective 3/1/2017.
7. Medical Technology Assessment Non-Covered Services List ([400](#))

12PM – 2PM: Ophthalmology Medical Policies with no Coverage Updates

1. [Carrier Testing for Genetic Diseases \(666\)](#)
2. [Genetic Testing for Mitochondrial Disorders \(685\)](#)
3. [Intravitreal Corticosteroid Implants \(272\)](#)
4. [Keratoprosthesis \(221\)](#)
5. [Anterior Eye Segment Optical Imaging \(084\)](#)
6. [Aqueous Shunts and Devices for Glaucoma \(223\)](#)
7. [Confocal Laser Endomicroscopy \(618\)](#)
8. [Corneal Collagen Cross-linking \(905\)](#)
9. [Corneal Endothelial Microscopy-Specular Microscopy \(050\)](#)
10. [Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy \(301\)](#)
11. [Endothelial Keratoplasty \(180\)](#)
12. [Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome \(613\)](#)
13. [Gene Expression Profiling for Uveal Melanoma \(683\)](#)
14. [Genetic Testing for Macular Degeneration \(665\)](#)
15. [Implantable Miniature Telescope - IMT \(464\)](#)
16. [Implantation of Intrastromal Corneal Ring Segments \(235\)](#)
17. [Intraocular Radiation Therapy for Age-Related Macular Degeneration \(610\)](#)
18. [Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions \(343\)](#)
19. [Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions \(401\)](#)
20. [Orthoptic Training for the Treatment of Vision or Learning disabilities \(611\)](#)
21. [Phototherapeutic keratectomy \(597\)](#)
22. [Retinal Prosthesis \(606\)](#)
23. [Retinal Telescreening for Diabetic Retinopathy \(065\)](#)
24. [Suprachoroidal Delivery of Pharmacologic Agents \(609\)](#)
25. [Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization \(600\)](#)
26. [Vision Services \(675\)](#)

12PM – 2PM: Ophthalmology Pharmacy Policies with Coverage Updates

27. [Ophthalmic Prostaglandins \(346\)](#)
 - Updated to add Bimatoprost to step 1.
28. [Restasis® \(cyclosporine ophthalmic emulsion\) \(426\)](#)
 - Updated to add Xiidra™ to the policy.

12PM – 2PM: Ophthalmology Pharmacy Policies with no Coverage Updates

29. [Botulinum Toxin \(006\)](#)
30. [JETREA® \(ocriplasmin\) \(020\)](#)

12PM – 2PM: Psychiatry Medical Policies with Coverage Updates

31. [Genetic Testing for Mental Health Conditions \(669\)](#)
 - BCBSA National medical policy review. Structure of the policy clarified to conform to analytic validity, clinical validity, and clinical utility structure. Policy statements unchanged. 8/1/2016
32. [Genetic Testing for Developmental Delay Intellectual Disability, Autism Spectrum Disorder, and Congenital Anomalies \(228\)](#)
 - Non-coverage for Medicare Advantage members clarified based on Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000). 2/1/2017
 - BCBSA National medical policy review. Title changed to “Genetic Testing for Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, and Congenital Anomalies.” 10/1/2016
33. [Methadone Treatment and Intensive Detoxification or Ultra-Rapid Detoxification for Opiate Addiction \(274\)](#)

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- 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.
 - No authorization required as of 7/1/16 for Commercial Managed Care (HMO and PPO) and Commercial (PPO and Indemnity).
34. [Outpatient Psychotherapy \(423\)](#)
- Removed prior authorization requirement for the first 12 psychotherapy sessions described by CPT codes 90837 and 90838 for Commercial Managed Care (HMO and POS) members. Coding information clarified. Effective 1/1/2017.
 - Prior authorization information for Medicare HMO Blue and Medicare PPO Blue clarified. 12/1/2016
 - Policy updated to remove from the coding section that psychotherapy must be conducted in person to be reimbursed. 7/20/2016.
35. [Urine Drug Testing in Pain Management and Substance Abuse Treatment Settings \(674\)](#)
- BCBSA National medical policy review. Statement added that, in outpatient pain management and substance abuse treatment, hair drug testing and oral fluid drug testing are considered investigational. “Urine” deleted from title. Clarified coding information. Effective 10/1/2016.
36. [Repetitive Transcranial Magnetic Stimulation \(rTMS\) \(297\)](#)
- BCBSA National medical policy review. Policy statements clarified, “qualitative” changed to “presumptive” and “quantitative” changed to “definitive.” New references added. 2/1/2017.
37. [Medical Technology Assessment Non-Covered Services List \(400\)](#)

12PM – 2PM: Psychiatry Medical Policies with no Coverage Updates

38. [Biofeedback for the Treatment of Headache \(152\)](#)
39. [Neurofeedback \(515\)](#)
40. [Neuropsychological Testing \(039\)](#)
41. [Outpatient Electroconvulsive Therapy \(319\)](#)
42. [Phototherapy Light for the Treatment of Seasonal Affective \(SAD\) and Other Depressive Disorders \(037\)](#)
43. [Psychological Testing \(363\)](#)
44. [Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder \(554\)](#)
45. [Vagus Nerve Stimulation \(474\)](#)

12PM – 2PM: Psychiatry Pharmacy Policies with Coverage Updates

46. [Buprenorphine Implant for Treatment of Opioid Dependence \(021\)](#)
- New medical policy describing medically necessary, investigational and not medically necessary indications. Effective 3/1/2017.

12PM – 2PM: Psychiatry Pharmacy Policies with no Coverage Updates

47. [CNS Stimulants and Psychotherapeutic Agents \(019\)](#)
48. [Suboxone® and Buprenorphine Containing Products for the Treatment of Opioid Dependence \(094\)](#)

Topics for discussion

E- Blue Review (EBR)
Emerging Medical Technologies

2017 Medical Policy Group meeting Schedule

For questions: EBR@bcbsma.com

Specialty	Date	Time	Room
Neurology and Neurosurgery	January 31, 2017	12 –2 PM	12-I
Hematology and Oncology ** Previously held in July	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 ** Previously held in February	July 25, 2017	12 –2 PM	12-I
Urology and Obstetrics/Gynecology	September 26, 2017	12 –2 PM	12-I

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Gastroenterology, Nutrition and Organ Transplantation	October 31, 2017	12 –2 PM	12-I
Plastic Surgery and Dermatology	November 28, 2017	12 –2 PM	12-I