



## Orthopedics, Rehabilitation Medicine and Rheumatology

### 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 Clinical Manager • Medical Policy Administration

Meeting #240

June 27<sup>th</sup>, 2017

12–2 PM

101 Huntington Avenue  
Boston, MA 02115

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

Conference  
Center : 12-I

**Invited Physician Guest(s):** Representatives from the Massachusetts Society of Orthopedic Surgery; Representatives from the Massachusetts Society of Rehabilitation Medicine; Representatives from the Specialty of Rheumatology

#### **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 Orthopedics Medical Policies with Coverage Updates

1. [Artificial Intervertebral Disc: Cervical Spine \(585\)](#)
  - BCBSA National medical policy review. Considered medically necessary for 2-level cervical disc replacement with a device that is FDA-approved for 2-levels (ie, Mobi-C, Prestige LP). Effective 2/1/2017.
2. [Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions \(111\)](#)
  - BCBSA National medical policy review. First medically necessary statement clarified. Investigational indications clarified. 2/1/2017
3. [Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions \(374\)](#)
  - Policy statements clarified to include matrix-induced autologous chondrocyte implantation (MACI). 4/1/2017
4. [Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures \(594\)](#)
  - BCBSA National medical policy review. Title changed. New references added. 3/1/2017
5. [Low-Level Laser Therapy \(522\)](#)
  - BCBSA national medical policy review. Statement added that low-level laser therapy may be considered medically necessary for prevention of oral mucositis in selected patients. Additional bullet points and added to investigational statement and statement changed to "all other indications". Clarified coding information. Effective 7/1/2016.
6. [Microprocessor Controlled Prostheses for the Lower Limb \(133\)](#)

- BCBSA National medical policy review. Policy updated to align patient selection and identification guideline with National policy. Effective 11/1/2016.
- 7. [Percutaneous Kyphoplasty \(485\)](#)
  - BCBSA National medical policy review. Investigational policy statement clarified to delete the wording, “including but not limited to vertebral body stenting.” New references added. 1/1/2017.
- 8. [Percutaneous Intradiscal Electrothermal \(IDET\) Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty \(482\)](#)
  - BCBSA National medical policy review. Title changed. Policy statement terminology revised to reflect the changes in the title but the intent is unchanged. New references added. 3/1/2017.
- 9. [Percutaneous Vertebroplasty and Sacroplasty \(484\)](#)
  - BCBSA National medical policy review. “Spinal lesions” in 3rd policy statement changed to “sacral lesions” to clarify the intent. References added. 9/1/2016
- 10. [Surgery for Athletic Pubalgia, \(695\)](#)
  - BCBSA National medical policy review. Athletic pubalgia” changed to “groin pain in athletes”. Title changed to “Surgery for Groin Pain in Athletes.” 4/1/2017.
- 11. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

#### 12:00 - 2:00 PM Orthopedics Medical Policies with no Coverage Updates

1. [Alcohol Injections for Treatment of Peripheral Neuromas \(642\)](#)
2. [Amniotic Membrane and Amniotic Fluid \(643\)](#)
3. [Artificial Intervertebral Disc: Lumbar Spine \(592\)](#)
4. [Automated Percutaneous Discectomy and Endoscopic Discectomy \(231\)](#)
5. [Axial Lumbosacral Interbody Fusion \(404\)](#)
6. [Back School \(743\)](#)
7. [Bone Morphogenetic Protein \(097\)](#)
8. [Computerized Tomography \(CT\) Scans \(009\)](#)
9. [Carrier Testing for Genetic Diseases \(666\)](#)
10. [Decompression of the Intervertebral Disc Using Laser Energy \(Laser Discectomy\) or Radiofrequency Coblation \(Nucleoplasty\) \(271\)](#)
11. [Diagnosis and Treatment of Sacroiliac Joint Pain \(320\)](#)
12. [Dynamic Spinal Visualization \(195\)](#)
13. [Electrical Bone Growth Stimulation of the Appendicular Skeleton \(499\)](#)
14. [Epidural Injections for Back Pain \(690\)](#)
15. [Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions \(081\)](#)
16. [Facet Arthroplasty \(174\)](#)
17. [Facet Joint Denervation \(140\)](#)
18. [Gait Analysis \(236\)](#)
19. [Hip Resurfacing \(046\)](#)
20. [Hyperbaric Oxygen Pressurization \(HBO\) \(653\)](#)
21. [Interventions for Progressive Scoliosis \(550\)](#)
22. [Iontophoresis and Phonophoresis as a Transdermal Technique for Drug Delivery \(095\)](#)
23. [Magnetic Resonance MRI, MRA, MRV, MRS; Positional Magnetic Resonance Imaging; Functional MRI \(106\)](#)
24. [Manipulation under Anesthesia \(483\)](#)
25. [Meniscal Allografts and Other Meniscal Implants \(110\)](#)
26. [Mineral Density Studies \(450\)](#)
27. [Miscellaneous Genetic Tests \(712\)](#)
28. [Orthopedic Applications of Platelet-Rich Plasma \(737\)](#)
29. [Orthopedic Applications of Stem Cell Therapy \(254\)](#)
30. [Patient-actuated End Range Motion Stretching Devices \(721\)](#)
31. [Patient-Specific Cutting Guides and Custom Knee Implants \(706\)](#)
32. [Prolotherapy, Joint Sclerotherapy and Ligamentous Injections with Sclerosing Agents \(183\)](#)
33. [Reverse Shoulder Arthroplasty \(161\)](#)
34. [Shoulder Resurfacing \(156\)](#)
35. [Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions \(507\)](#)
36. [Subtalar Arthroereisis \(299\)](#)

### 3

37. [Surgical Treatment of Femoroacetabular Impingement \(145\)](#)
38. [Temporomandibular Joint Dysfunction \(035\)](#)
39. [Thermal Capsulorrhaphy as a Treatment of Joint Instability \(591\)](#)
40. [Total Ankle Replacement \(193\)](#)
41. [Ultrasound Accelerated Fracture Healing Device \(497\)](#)
42. [Vertebral Fracture Assessment with Densitometry \(449\)](#)
43. [Vertical Expandable Prosthetic Titanium Rib \(305\)](#)
44. [Whole-Body Computed Tomography Scan as a Screening Test \(447\)](#)

#### 12:00 - 2:00 PM Orthopedics Pharmacy Policies with Coverage Updates

45. [Injections for Osteoarthritis \(427\)](#)
  - Updated to include Hymovis® also updated to align Summary & Description/Background with BCBSA National policy.
46. [Opioid and Opioid Combination Medication Management \(102\)](#)
  - Updated to add Arymox™ ER to the long acting part of the policy.
  - Updated to align with Massachusetts Opioid law and shortened criteria for short-acting Opioids.

#### 12:00 - 2:00 PM Orthopedics Pharmacy Policies with no Coverage Updates

47. [Injectable Clostridial Collagenase for Fibroproliferative Disorders \(225\)](#)

#### 12:00 - 2:00 PM Rehabilitation Medical Policies with Coverage Updates

48. [Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis \(541\)](#)
  - BCBSA National medical policy review. Document substantially rewritten for coherence and clarity. Policy statements and Policy Guidelines rewritten for clarity; intent of statements is unchanged. In title, “Outpatient” deleted and “Home” added. 6/1/2016
49. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

#### 12:00 - 2:00 PM Rehabilitation Medical Policies with no Coverage Updates

50. [Biofeedback for Miscellaneous Indications \(187\)](#)
51. [Biofeedback as a Treatment of Chronic Pain \(210\)](#)
52. [Biofeedback as a Treatment of Urinary Incontinence \(173\)](#)
53. [Continuous Passive Motion \(CPM\) in the Home Setting \(407\)](#)
54. [Cooling Devices Used in the Outpatient Setting \(510\)](#)
55. [Electrical Bone Growth Stimulation of the Appendicular Skeleton \(499\)](#)
56. [Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures \(498\)](#)
57. [Electrostimulation and Electromagnetic Therapy for Treating Wounds \(655\)](#)
58. [Functional Neuromuscular Electrical Stimulation \(201\)](#)
59. [Hippotherapy \(560\)](#)
60. [H-wave Electrical Stimulation \(311\)](#)
61. [Interferential Stimulation for Treatment of Pain \(509\)](#)
62. [Myoelectric Prosthetic Components for the Upper Limb \(227\)](#)
63. [Noncontact Radiant Heat Bandage for the Treatment of Wounds \(656\)](#)
64. [Non-Contact Ultrasound Treatment for Wounds \(657\)](#)
65. [Paraspinal Surface Electromyography \(SEMG\) to Evaluate and Monitor Back Pain \(517\)](#)
66. [Percutaneous Electrical Nerve Stimulation - PENS - and Percutaneous Neuromodulation Therapy - PNT \(172\)](#)
67. [Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities \(718\)](#)
68. [Ultrasound Accelerated Fracture Healing Device \(497\)](#)
69. [Transcutaneous Electrical Nerve Stimulation TENS \(003\)](#)
70. [Thoracic-Lumbo-Sacral Orthosis with Pneumatics \(511\)](#)
71. [Threshold Electrical Stimulation as a Treatment of Motor Disorders \(321\)](#)

#### 12:00 - 2:00 PM Rehabilitation Pharmacy Policies with Coverage Updates

none

#### 12:00 - 2:00 PM Rehabilitation Pharmacy Policies with no Coverage Updates

none

### 12:00 - 2:00 PM Rheumatology Medical Policies with Coverage Updates

none

### 12:00 - 2:00 PM Rheumatology Medical Policies with no Coverage Updates

72. [Anti-CCP Testing for Rheumatoid Arthritis \(142\)](#)  
 73. [Interferential Stimulation for Treatment of Pain \(509\)](#)

### 12:00 - 2:00 PM Rheumatology Pharmacy Policies with Coverage Updates

74. [Opioid and Opioid Combination Medication Management \(102\)](#)
- Updated to add Arymo™ ER to the long acting part of the policy.
  - Updated to make some format changes.
  - Updated to align with Massachusetts Opioid law and shortened criteria for short-acting Opioids.
74. [Immune Modulating Drugs \(004\)](#)
- Updated to Add hyperlinks for disease states in the medication table to link to specific criteria in the policy.
  - Updated criteria to be arranged by diagnosis instead by drug.
  - Updated to add Taltz™ and to add new Q code for Infliximab.

### 12:00 - 2:00 PM Rheumatology Pharmacy Policies with no Coverage Updates

75. [COX II Inhibitor Drugs: Celebrex \(celecoxib\) \(002\)](#)  
 76. [Vectra DA Blood Test for Rheumatoid Arthritis \(677\)](#)

### Topics for discussion

E-Blue Review (EBR) Comments  
 Emerging Medical Technologies

### 2017 Medical Policy Group Meeting Schedule

Specialty	Date	Time	Room
<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 ** 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
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

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