



Psychiatry and Ophthalmology Medical Policy Group

Co-chairs
Lee Steingisser, MD • Vice President • Clinical Review
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Meeting # 251	July 31st, 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.

Ophthalmology Medical Policies with Coverage Updates

1. [Aqueous Shunts and Devices for Glaucoma \(223\)](#)
 - BCBSA National medical policy review. The term “aqueous shunts” modified with “ab externo” and “ab interno” in the Background section. 1/1/2018
2. [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.
3. [Continuous or Intermittent Monitoring of Glucose 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.
4. [Corneal Collagen Cross-linking \(905\)](#)
 - BCBSA National medical policy review. New medically necessary indications described. Investigational indications clarified. Clarified coding information. Effective 8/1/2017.
5. [Gene Expression Profiling for Uveal Melanoma \(683\)](#)
 - BCBSA National medical policy review. New medically necessary indications described. Effective 7/1/2017.
6. [Gene Therapy for Inherited Retinal Dystrophy \(911\)](#)
 - New medical policy describing medically necessary and investigational indications. Effective 2/1/2018.
7. [Genetic Testing for Mitochondrial Disorders \(685\)](#)

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- BCBSA National medical policy review. Policy statements revised so that genetic testing is no longer restricted to a set of specific mutations documented for a particular mitochondrial disorder. Effective 11/1/2017.
- 8. [Implantable Miniature Telescope - IMT \(464\)](#)
 - Medical Policy Administration literature review through June 2018. Policy criteria clarified. 7/1/2018
- 9. [Intraoperative Neurophysiologic Monitoring \(Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring\) \(211\)](#)
 - BCBSA National medical policy review. New medically necessary and investigational indications described. Effective 10/1/2017.
- 10. [Intravitreal Corticosteroid Implants \(272\)](#)
 - BCBSA National medical policy review. New investigational indications described. Policy statements revised to include the dose of dexamethasone intravitreal implant and fluocinolone acetonide intravitreal implant. Clarified coding information. Effective 8/1/2017.
- 11. [Retinal Telescreening for Diabetic Retinopathy \(065\)](#)
 - New references added from BCBSA National medical policy. Background and summary clarified.
- 12. [Medical Technology Assessment Non-Covered Services List \(400\)](#)

Ophthalmology Medical Policies with no Coverage Updates

13. [Confocal Laser Endomicroscopy \(618\)](#)
14. [Corneal Endothelial Microscopy-Specular Microscopy \(050\)](#)
15. [Endothelial Keratoplasty \(180\)](#)
16. [Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome \(613\)](#)
17. [Genetic Testing for Macular Degeneration \(665\)](#)
18. [Implantation of Intrastromal Corneal Ring Segments \(235\)](#)
19. [Intraocular Radiation Therapy for Age-Related Macular Degeneration \(610\)](#)
20. [Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions \(343\)](#)
21. [Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions \(401\)](#)
22. [Keratoprosthesis \(221\)](#)
23. [Occipital Nerve Stimulation \(237\)](#)
24. [Ophthalmologic Techniques for Evaluating Glaucoma \(053\)](#)
25. [Optical Coherence Tomography for Imaging of Coronary Arteries \(915\)](#)
26. [Orthoptic Training for the Treatment of Vision or Learning disabilities \(611\)](#)
27. [Photocoagulation of Macular Drusen \(607\)](#)
28. [Photodynamic Therapy for Choroidal Neovascularization \(599\)](#)
29. [Phototherapeutic keratectomy \(597\)](#)
30. [Retinal Prosthesis \(606\)](#)
31. [Suprachoroidal Delivery of Pharmacologic Agents \(609\)](#)
32. [Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization \(600\)](#)
33. [Viscocanalostomy and Canaloplasty \(372\)](#)
34. [Vision Services \(675\)](#)
35. [Whole Exome Sequencing \(457\)](#)
36. [Anterior Eye Segment Optical Imaging \(084\)](#)

Ophthalmology Pharmacy Policies with Coverage Updates

37. [Antihyperlipidemics \(013\)](#)
 - Updated to include new Repatha Indication. 2/2018.
38. [Botulinum Toxin Injections \(006\)](#)
 - Updated to Prefer Dysport & Botox and to include hyperhidrosis to this policy and retired policy 405. Clarified coding information. 7/2017
39. [Diabetes Step Therapy \(041\)](#)
 - Updated to Include Ozempic, Steglatro, Steglujan, and Segluromet. 5/2018
 - Updated to include Class specific tables inside of the policy plus merged in policy #282 GLP1s. 1/2018

Ophthalmology Pharmacy Policies with no Coverage Updates

40. [Growth Hormone and Insulin Like Growth Factor \(257\)](#)
41. [Ophthalmic Prostaglandins \(346\)](#)
42. [Topical Ocular Hydrating Agents \(426\)](#)

Psychiatry Medical Policies with Coverage Updates

43. [Anesthetics for the Treatment of Chronic Pain and Depression \(291\)](#)
 - New investigational indications described. Title changed. Effective 7/1/2018.
44. [Deep Brain Stimulation \(473\)](#)
 - BCBSA National medical policy review. Unilateral or bilateral deep brain stimulation of the globus pallidus or subthalamic nucleus revised to include “OR Parkinson disease for at least 4 years” to medically necessary criteria. New investigational indications described. Clarified coding information. Effective 9/1/2017.
45. [Genetic Testing for Mental Health Conditions \(669\)](#)
 - BCBSA National medical policy review. New references added. Background and summary updated. 8/1/2017.
46. [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.
 - Non-coverage for Medicare Advantage members clarified based on Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000). 2/1/2017
47. [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.

Psychiatry Medical Policies with no Coverage Updates

48. [Biofeedback for the Treatment of Headache \(152\)](#)
49. [Biofeedback for the Treatment of Miscellaneous Conditions \(187\)](#)
50. [Methadone Treatment and Intensive Detoxification or Ultra-Rapid Detoxification for Opiate Addiction \(274\)](#)
51. [Neurofeedback \(515\)](#)
52. [Neuropsychological Testing \(039\)](#)
53. [Outpatient Electroconvulsive Therapy \(319\)](#)
54. [Phototherapy Light for the Treatment of Seasonal Affective \(SAD\) and Other Depressive Disorders \(037\)](#)
55. [Psychological Testing \(363\)](#)
56. [Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder \(554\)](#)
57. [Repetitive Transcranial Magnetic Stimulation \(rTMS\) \(297\)](#)
58. [Urine Drug Testing in Pain Management and Substance Abuse Treatment Settings \(674\)](#)
59. [Vagus Nerve Stimulation \(474\)](#)
60. [Medical Technology Assessment Non-Covered Services List \(400\)](#)

Psychiatry Pharmacy Policies with Coverage Updates

61. [CNS Stimulants and Psychotherapeutic Agents \(019\)](#)
 - Updated to include atomoxetine & criteria for Straterra™. 1/2018
62. [Hepatitis C Medication Management \(344\)](#)
 - Updated to include Mavyret as non-preferred. 1/2018
 - Updated to include Vosevi™ as part of the policy plus update Walgreens Specialty and added the Mass Standard PA form. 11/2017

Psychiatry Pharmacy Policies with no Coverage Updates

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Topics for discussion

E- Blue Review (EBR)
Emerging Medical Technologies

2018 Medical Policy Group meeting Schedule

For questions: 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

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Allergy and ENT/Otolaryngology	March 27, 2018	12 –2 PM	12-I
Cardiology and Pulmonology	April 24, 2018	12 –2 PM	12-I
Pediatrics and Endocrinology	May 29, 2018	12 –2 PM	12-I
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

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