August 27, 2018

Subject: Medical Policy Updates

Dear Provider,

The following changes to the medical policy library become effective October 30, 2018:

New Policy

**MP 7.01.162 – Surgical Treatments for Breast Cancer-Related Lymphedema**

- Lymphatic physiologic microsurgery to treat lymphedema in individuals who have been treated for breast cancer is considered *investigational*.
- Lymphatic physiologic microsurgery performed during nodal dissection or breast reconstruction to prevent lymphedema in individuals who are being treated for breast cancer is considered *investigational*.
- No specific CPT code for this procedure

Updated Policies

**MP 8.01.01 – Adoptive Immunotherapy**

- Modified criteria and addition of tisagenlecleucel (Kymriah) to the second medical policy statement
- Updated literature and references

**MP 7.01.109 – Magnetic Resonance-Guided Focused Ultrasound**

- Policy statement added, which states that MRgFUS ablation may be considered medically necessary for the treatment of medicine-refractory essential tremors.
- Updated literature and references

**MP 10.01.500 – Cost Effective Medical Drugs**

- Ilumya added to non-preferred list of medications for autoimmune conditions.

The changes listed above reflect the most current literature reviews on these indications. You can find additional information regarding these medical policies on our provider portal at *providers.bcidaho.com*.

Our medical policies are designed for informational purposes only and are not an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage.

Medical technology is constantly changing, and we reserve the right to review and update our policies periodically. These policies may not apply to all lines of business such as the Federal Employee Program, Medicare Advantage and certain self-insured groups.

Thank you for your cooperation and partnership.

Sincerely,

Judy Mouchawar, MD
*Medical Director, Medical Policy*
Blue Cross of Idaho