

## Medical Policy Medical Records Documentation Guidelines

Medical record documentation is frequently required to determine the medical necessity for services described in Blue Cross Blue Shield of Texas (BCBSTX) Medical Policies.

Medical record documentation should be relevant to the member's medical condition for the service(s) requested and should always include any specific documentation requirements as outlined in the coverage section of the applicable medical policy.

Standard Medical record documentation may include but is not limited to the following:

- Comprehensive medical history and physical examination
- Office or clinic notes
- Physician notes
- Laboratory reports

In an effort to facilitate timely and accurate medical record reviews, a number of Medical Policy Documentation forms have been developed. These forms are not to be used as a replacement for, but as a supplement to medical record documentation. A complete listing of available Medical Policy Documentation forms can be viewed at: <https://www.bcbstx.com/provider/forms/index.html>.

Documentation may be submitted upon claims submission in order to help expedite claims review and processing, however **providers are encouraged to request a Predetermination review prior to rendering the services**. A Predetermination review allows for a determination on medical necessity of a service based on BCBSTX Medical Policy and a member's contract benefits. Although groups or individual contracts do not generally require predetermination reviews, BCBSTX offers predeterminations in order to assist members, physicians and other professional providers in becoming knowledgeable of potential coverage issues. A Predetermination Request Form, along with the instructions for submitting a predetermination, can be accessed on the BCBSTX web site at: <https://www.bcbstx.com/provider/forms/index.html>.

Below is partial listing of Medical Policies that may require medical record review. These, as well as all other Medical Policies can be viewed at any time via the BCBSTX website at: <http://medicalpolicy.hcsc.net/medicalpolicy/disclaimer.do?corpEntCd=TX1&externalTest=true#hlink>.

**\*Medical Policy Documentation Form Available – Click on Link**

<b>Administrative</b>
Ambulance and Medical Transport Services – ADM1001.005
Hospice – ADM1001.022
<b>Durable Medical Equipment</b>
Airway Clearance Devices – DME101.027
Automatic External Defibrillators – DME101.021
Continuous Passive Motion Device – DME101.023
<b><u>*Cranial Remolding Orthosis Device – DME103.007</u></b>
Home Apnea Monitor – DME101.020
Home Prothrombin Time Monitors – DME101.038
Hospital Beds and Related Equipment – DME101.001
Knee Braces – DME103.002
Lifts and Elevator Systems – DME101.034
Low Intensity Ultrasound Accelerated Fracture Healing Device
<b><u>*Lower Limb Prosthetics, Including Microprocessor Prosthetics – DME104.012</u></b>
Meniett Low Pressure Pulse Generator for Meniere’s Disease – DME101.043
Negative Pressure Wound Therapy for the Treatment of Wounds – DME101.036
Oxygen for Home Use – DME101.007
Prosthetics, Except Lower Limb Prosthetics – DME104.001
Pulse Oximeter for Home Use – DME101.047
Speech Generating Devices – DME104.009
Therapeutic Lenses, Scleral Shell – DME104.003
Traction Devices for Use in the Home – DME101.046
<b><u>*Wheelchairs and Accessories – DME101.010</u></b>
<b>Medical:</b>
Alternative Modes of Nutrition in the Outpatient and Home Setting – MED201.011
Ambulatory Cardiac Event Monitors including Mobile Cardiac Outpatient Telemetry – MED202.003

<b><u>*Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Cancer – MED208.020</u></b>
Biventricular Pacing – MED202.054
BRAF Gene Mutation Testing To Select Melanoma Patients for BRAF Inhibitor Targeted Therapy – MED208.023
Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting – MED202.058
Chromosomal Microarray (CMA) for the Genetic Evaluation of Patients with Developmental Delay (DD)/Intellectual Disability (ID) or Autism Spectrum Disorder (ASD) – MED208.012
Cytochrome p450 (CYP450) – MED208.026
Electroencephalograms – MED205.008
Endovascular Grafts for Abdominal Aortic Aneurysms – MED202.051
Endovascular Stent Grafts for Thoracic Aortic Aneurysms or Dissections – MED202.057
Enhanced External Counterpulsation – MED202.050
Epidermal Growth Factor Receptor (EGFR) Mutation Analysis for Patients with Non-Small Cell Lung Cancer (NSCLC) – MED208.031
Esophageal Monitoring – MED201.005
Extracorporeal Membrane Oxygenation – MED202.038
Genetic Testing for Alpha-1 Antitrypsin Deficiency – MED208.035
Genetic Testing for Cardiac Disorders – MED208.005
Genetic Testing for Cutaneous Malignant Melanoma (CNM) – MED208.007
Genetic Testing for Germline Mutations of the RET Proto-Oncogene in Medullary Carcinoma of the Thyroid – MED208.006
Genetic Testing for Hereditary Hemochromatosis – MED208.034
Genetic Testing for Inherited Susceptibility to Colon Cancer Including Microsatellite Instability – MED208.004
Genetic Tests (Miscellaneous) – MED208.001
Human Immunodeficiency Virus (HIV) Genotyping and Phenotyping – MED207.129
Hypnosis – MED201.001
Immune Cellular Function Assay to Monitor and Predict Immune Function – MED207.147
Intraoperative Neurophysiological Monitoring – MED205.011
Intravascular Brachytherapy for Prevention and Management of Restenosis after Percutaneous Transluminal Angioplasty – MED202.055
JAK2 and MPL Mutation Analysis in Myeloproliferative Neoplasms – MED208.019
KRAS and BRAF Mutation Analysis in Metastatic Colorectal Cancer – MED208.024

KRAS Mutation Analysis in Non-Small Cell Lung Cancer – MED208.017
Laboratory Testing for HIV Tropism – MED207.144
Lymphocyte Transformation Test – MED207.093
Percutaneous and Implanted Nerve Stimulation and Neuromodulation – MED205.032
Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines – MED208.030
Phrenic Nerve Implant – MED205.010
Plethysmography – MED202.018
Pneumatic Compression Devices – MED202.060
Posterior Tibial Nerve Stimulation (PTNS) – MED205.035
Prenatal and Preconception Genetic Tests – MED208.033
Sexual Dysfunctions, Assessment and Treatment – MED201.030
Sleep Related Breathing Disorders, Assessment and Diagnosis – MED205.001
Tilt Table Testing – MED202.048
Topographic Brain Mapping – MED205.009
Transcranial Doppler Ultrasound – MED202.047
Transendoscopic Therapies for Gastroesophageal Reflux Disease – MED201.016
Treatment of Hyperhidrosis – MED201.014
<b>Mental Health:</b>
Autism Spectrum Disorders – PSY301.014
Biofeedback as a Treatment of Headache – PSY301.019
Electroconvulsive Therapy – PSY301.013
<b>OB/GYN:</b>
Preimplantation Genetic Testing (PGT) – OB402.029
<b>Other:</b>
Anti-Vascular Endothelial Growth Factor (VEGF) Inhibitors for use in the EYE – OTH903.020
Intravitreal Corticosteroid Implants – OTH903.024
Ophthalmologic Techniques of Evaluating Glaucoma – OTH903.022
Orthoptics (Vergence/Accommodative therapy), Visual Exercises or Training – OTH903.012
Photocoagulation of Macular Drusen – OTH903.017
Photodynamic Therapy for Subfoveal Choroidal Neovascularization – OTH903.015
Transpupillary Thermotherapy – OTH903.015

<b>Prescription Drugs:</b>
Bevacizumab (Avastin) – RX501.070
<b><u><a href="#">*Biologic Response Modifiers for the Treatment of Rheumatoid Arthritis and other Chronic Inflammatory Disease – RX501.051</a></u></b>
<b><u><a href="#">*Botulinum Toxin – RX501.019</a></u></b>
Cabazitaxel (Jevtana)* – RX502.032
Cellular Immunotherapy for Prostate Cancer (Sipuleucel-T [Provenge]) – RX501.074
CINRYZE [C1 Esterase Inhibitor (Human)] for Routine Prophylaxis of Hereditary Angioedema (HAE) – RX504.013
Enzyme-replacement Therapy for Lysosomal Storage Disorders – RX501.067
<b><u><a href="#">*Erythropoiesis-Stimulating Agents (ESAs) – RX501.069</a></u></b>
Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists – RX501.041
<b><u><a href="#">*Growth Hormone – RX501.040</a></u></b>
Human Fibrinogen Concentrate (RiaSTAP) – RX501.072
<b><u><a href="#">*Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous IG [SCIG] – RX504.003</a></u></b>
Injectable Clostridial Collagenase for Fibroproliferative Disorders – RX501.073
Ipilimumab (Yervoy) – RX502.033
Mecasermin Recombinant (Increlex) – RX501.065
Paclitaxel Protein-Bound Particles (Abraxane) – RX502.028
Pegylated Interferon Therapy – RX501.064
Plerixafor Injection (Mozobil) – RX501.071
Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies – RX501.062
Pulmonary Hypertension (PAH) Drug Therapies – RX501.056
Recombinant and Autologous Platelet-Derived Growth Factors as a Primary Treatment of Wound Healing and other Miscellaneous Conditions – RX501.034
Repository Corticotropin (ACTH) Injection – RX501.068
<b><u><a href="#">*Respiratory Syncytial Virus Immunoprophylaxis – RX504.009</a></u></b>
Rituxan (Rituximab) for Treatment of Cancer and Hematologic Conditions – RX502.030
Soliris (eculizumab) – RX501.066
Subcutaneous Hormone Implants – RX501.007
Tysabri – RX501.059
Xolair (Omalizumab) – RX501.058
Ziconotide (Prialt) – RX501.060

<b>Radiology:</b>
Accelerated Partial Breast Irradiation after Breast-Conserving Surgery for Early Stage Breast Cancer – RAD605.017
Charged-Particle (Proton and Helium Ion) Radiation Therapy – RAD605.018
Computed Tomography (CT) Angiography (CTA) Using Advanced CT Systems – RAD604.007
Endobronchial Brachytherapy – RAD605.015
Functional Magnetic Resonance Imaging – RAD603.012
Intensity Modulated Radiation Therapy – RAD601.067
Intraoperative Radiation Therapy (IORT) – RAD601.050
Lung Cancer Screening Using Computed Tomography (CT), Chest Radiographs, or Serial Sputum Cytology – RAD604.010
Magnetic Resonance Angiography (MRA) and Venography (MRV) – RAD603.001
Magnetic Resonance Imaging (MRI) of the Breast (BMRI) with or without Computer-Aided Evaluation (CAE) – RAD603.009
Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI) – RAD601.038
Non-Operative Spinal Ultrasound – RAD602.016
Percutaneous Vertebroplasty, Percutaneous Kyphoplasty, and Percutaneous Sacroplasty – RAD601.041
Positron Emission Tomography – RAD605.001
Radioembolization (Selective Internal Radiation Therapy) for Primary and Metastatic Tumors of the Liver – RAD601.047
Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) – RAD605.014
Scintigraphy of Acute Deep Venous Thrombus – RAD605.016
Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) – RAD605.019
Video Fluoroscopic Evaluation of Velopharyngeal Closure – RAD601.035
Virtual Colonoscopy (VC), Computed Tomography Colonography (CTC) – RAD604.008
Whole Body Computed Tomography (CT) Scan or Imaging as a Screening Test – RAD604.006
Wireless Capsule Endoscopy – RAD601.042
<b>Surgery:</b>
Aqueous Shunts for Glaucoma – SUR713.034
Artificial Intervertebral Disc – SUR712.028

Auditory Brainstem Implant – SUR714.009
Autologous Chondrocyte Transplantation (ACT) or Infusion/Implantation (ACI) and Other Cell-based Treatments – SUR703.021
Automatic Implantable Cardioverter Defibrillator (AICD) and Subcutaneous Implantable Cardioverter Defibrillator (S-ICD) – SUR707.003
<b>*<a href="#">Bariatric Surgery – SUR716.003</a></b>
Bio-Engineered Skin and Soft Tissue Substitutes – SUR701.023
Blepharoplasty, Blepharoptosis, Brow Ptosis Repair – SUR716.004
Breast Implant, Removal and/or Insertion – SUR716.009
Breast Surgery for Prophylaxis or Cancer Prevention – SUR716.015
Chemical Peels – SUR716.018
Cochlear Implant – SUR714.004
Cosmetic and Reconstructive Procedures – SUR716.001
Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Renal, Liver, Prostate, or Dermatologic Tumors – SUR701.018
Cryosurgical Ablation of the Prostate – SUR717.004
Deep Brain Stimulation for Tremor – SUR712.025
Delivery of Anesthesia for Postoperative Pain Control by Continuous Infusion Using Elastomeric Infusion Pump – SUR702.013
Destruction of Hemorrhoids – SUR709.024
Electrical Bone Growth Stimulation (EBGS) – SUR705.013
Endoscopic Injection Sclerotherapy for Esophageal Varices – SUR709.008
Endoscopic Radiofrequency Ablation or Cryoablation for Barrett’s Esophagus – SUR709.033
Endoscopic, Arthroscopic, Laparoscopic, and Thoracoscopic Surgery – SUR701.014
Extracorporeal Shock Wave Lithotripsy for Gallstones – SUR709.025
Extracranial Carotid Angioplasty or Stenting – SUR701.028
Facet Joint Injections – SUR702.015
Femoro-Acetabular Impingement (FAI) Syndrome (Hip Impingement Syndrome) – SUR705.029
Fetal Surgery for Prenatally Diagnosed Malformations – SUR701.016
Foot Care Services – SUR701.006
Gastric Electrical Stimulation (GES) – SUR709.031
Gender Reassignment Surgery (GAS) and Gender Reassignment Surgery(SRS) with Related Services – SUR717.001
Genetic Testing for Hereditary Breast and/or Ovarian Cancer (HBOC) – MED208.002
Heart and Lung Transplant – SUR703.006

Heart Transplant – SUR703.005
Hip Resurfacing (HR) – SUR705.019
Image Guidance Surgery (IGS) System – SUR701.019
Implantable Bone Conduction Hearing Aids – SUR714.003
Implantable Infusion Pump – SUR707.008
Implantation of Intrastromal Corneal Ring Segments – SUR713.031
Intervertebral Techniques to Treat Chronic Discogenic Back Pain – SUR712.004
Intracranial Stenting or Angioplasty – SUR701.027
Intraocular Lens (IOL) – SUR713.025
Isolated Limb Perfusion/Infusion for Malignant Melanoma – SUR701.010
Kidney Transplant – SUR703.007
Laser Assisted Myringotomy and Tympanostomy – SUR714.007
Laser Treatment of Congenital Port Wine Stain, Hemangiomas, and External Vascular Malformations – SUR704.008
Liver, Small Bowel, and Multivisceral Transplants – SUR703.009
Liver Transplant – SUR703.008
Lumbar Spinal Fusion – SUR712.036
Lung and Lobar Lung Transplant – SUR703.010
Meniscal Allograft Transplantation – SUR703.011
Minimally Invasive Coronary Artery Bypass Graft Surgery – SUR707.020
Nasal and Sinus Surgery – SUR706.001
Occlusion, Ablation, or Surgical Removal of the Left Atrial Appendage – SUR701.009
Orthognathic Surgery – SUR705.030
Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions – SUR705.020
Pancreas and Related Organ Tissue Transplantation – SUR703.013
Percutaneous Intervertebral Techniques to Treat Chronic Discogenic Back Pain – SUR712.004
Percutaneous Lysis of Epidural Adhesions – SUR712.024
Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR) – SUR710.022
Peripheral Bulking Agents for the Treatment of Urinary Incontinence – SUR710.008
Phototherapeutic Keratectomy (PTK) – SUR713.023
Radiofrequency Ablation (RFA) and Cryoablation of Renal Cell Carcinoma (RCC) – SUR710.017
Radiofrequency Ablation (RFA) of Pulmonary Tumors – SUR706.012



Radiofrequency Ablation (RFA) of Solid Tumors (Excluding Pulmonary, Renal, and Liver) – SUR701.021
Radiofrequency Ablation (RFA) or Cryoablation of Liver Tumors – SUR709.029
Reconstructive and Contralateral Mammoplasty – SUR716.011
Reduction Mammoplasty – SUR716.012
Refractive and Therapeutic Keratoplasty – SUR713.001
Reverse Shoulder Arthroplasty – SUR705.031
Sacral Nerve Neuromodulation/Stimulation for Pelvic Floor Dysfunction – SUR710.018
Semi-Implantable Middle Ear Hearing Aid for Moderate to Severe Sensorineural Hearing Loss – SUR714.008
Sleep Related Breathing Disorders, Medical and Surgical Management – SUR706.009
Small Bowel Transplant – SUR703.014
Spinal Cord Stimulation – SUR712.009
Stem-Cell Reinfusion or Transplantation Following Chemotherapy (General Donor and Recipient Information) – SUR703.002
Stem-Cell Transplant (SCT) for Treatment of Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL) – SUR703.029
Stem-Cell Transplant for Acute Lymphocytic Leukemia (ALL) – SUR703.043
Stem-Cell Transplant for Acute Myelogenous Leukemia – SUR703.037
Stem-Cell Transplant for Chronic Myelogenous Leukemia – SUR703.041
Stem-Cell Transplant for Genetic Diseases and Acquired Anemias – SUR703.033
Stem-Cell Transplant for Germ Cell Tumors – SUR703.045
Stem-Cell Transplant for Hodgkin Lymphoma – SUR703.040
Stem-Cell Transplant for Multiple Myeloma – SUR703.030
Stem-Cell Transplant for Myelodysplastic Syndromes and Myeloproliferative Diseases – SUR703.032
Stem-Cell Transplant for Non-Hodgkin Lymphomas – SUR703.031
Stem-Cell Transplant for Primary Amyloidosis and Waldenstrom’s Macroglobulinemia – SUR703.046
Stem-Cell Transplant for Primitive Neuroectodermal Tumors (PNET) of the CNS and Ependymoma – SUR703.039
Stem-Cell Transplant for Solid Tumors in Children – SUR703.044
Temporomandibular Joint (TMJ) Disorders (TMJD) – SUR705.010
Therapeutic Embolization and Vessel Occlusion – SUR701.015
Total Ankle Replacement (TAR) – SUR705.021
Transcatheter Pulmonary Valve Implantation – SUR707.029

Transcatheter Aortic-Valve Implantation for Aortic Stenosis – SUR707.028
Transcatheter Closure Devices for Cardiac Defects: Atrial Septal Defects (ASD), Patent Foramen Ovale (PFO), Patent Ductus Arteriosus (PDA), and/or Ventricular Septal Defects (VSD) – SUR707.024
Vagus Nerve Stimulation – SUR712.021
<b>*<a href="#">Varicose Vein Management – SUR707.016</a></b>
Ventricular Assist Devices and Total Artificial Hearts – SUR707.017
Vertical Expandable Prosthetic Titanium Rib (VEPTX) for Thoracic Insufficiency Syndrome (TIS) – SUR705.025
Viscocolostomy and Canaloplasty – SUR713.032
<b>Therapy:</b>
Acne Management – THE801.028
Adoptive Immunotherapy – THE801.024
Cardiac Rehabilitation – THE803.023
Chelation Therapy – THE801.008
Cognitive Rehabilitation – THE803.019
Daily Hemodialysis and Hemodialysis in the Home Setting – THE802.002
Extracorporeal Immunoabsorption Using Protein A Columns – THE801.014
Extracorporeal Photopheresis – THE801.026
Gait Analysis – THE803.009
<b>*<a href="#">Hyperbaric Oxygen (HBO2) Pressurization – THE801.003</a></b>
Hyperthermia – THE801.007
Infusion and Injectable Therapy in the Home – THE801.021
Low Density Lipid Apheresis – THE802.003
Non Covered Physical Therapy Services – THE803.008
Oncologic Applications of Photodynamic Therapy, Including Barrett’s Esophagus – THE801.029
Photodynamic Therapy (PDT) for the Treatment of Actinic Keratoses (AK) and other Skin Lesions – THE801.027
Phototherapy for Dermatologic Conditions – THE801.033
Physical Therapy (PT) and Occupational Therapy (OT) Services – THE803.010
Plasmapheresis (PP)/ Therapeutic Plasma Exchange (TPE) – THE801.006
Pulmonary Rehabilitation – THE803.025
Sensory Integration Therapy – THE803.020
Speech Therapy -- THE803.014
Transcatheter Arterial Chemoembolization (TACE) of the Liver – THE801.022
Work Hardening – THE803.012