

## Medical Policy Medical Records Documentation Guidelines

Medical record documentation is frequently required to determine the medical necessity for services described in Blue Cross and 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

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. While no group or individual contract requires a Predetermination review, 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 Provider Web site. [View Predetermination Request Form & Instructions.](#)

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 current listing of Medical Policy Documentation forms can be accessed on the BCBSTX Provider Web site. [View Current Listing of Medical Policy Documentation Forms.](#)

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 Provider Web site. [View All Medical Policies.](#)

### \*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>
Automatic External Defibrillators – DME101.021
Continuous Passive Motion Device – DME101.023
<a href="#">Cranial Remolding Orthosis Device – DME103.007*</a>
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
<a href="#"><u>Lower Limb Prosthetics, Including Microprocessor Prosthetics – DME104.012*</u></a>
Mechanical Insufflation-Exsufflation as an Expiratory Muscle Aid – DME101.042
Meniett Low Pressure Pulse Generator for Meniere’s Disease – DME101.043
Negative Pressure Wound Therapy for the Treatment of Wounds – DME101.036 Orthotics – DME103.001
Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Lung Disorders – DME101.027
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
Ultrasound Accelerated Fracture Healing Device – DME101.030
<a href="#"><u>Wheelchairs and Accessories – DME101.010*</u></a>
<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
<a href="#"><u>Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer – MED207.130*</u></a>
Biventricular Pacing – MED202.054
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
Esophageal Monitoring – MED201.005
Extracorporeal Membrane Oxygenation – MED202.038
HIV Genotyping and Phenotyping – MED207.129
Hypnosis – MED201.001
Intraoperative Neurophysiological Monitoring – MED205.011
Intravascular Brachytherapy for Prevention and Management of Restenosis after Percutaneous Transluminal Angioplasty – MED202.055
Lymphocyte Transformation Test – MED207.093

Percutaneous and Implanted Nerve Stimulation and Neuromodulation – MED205.032
Phrenic Nerve Implant – MED205.010
Plethysmography – MED202.018
Pneumatic Compression Devices – MED202.060
Sexual Dysfunctions, Assessment and Treatment – MED201.030
Sleep Related Breathing Disorders, Assessment and Diagnosis – MED205.001
Stenting for Vascular Occlusive Disease – MED202.032
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 and Neurofeedback – PSY301.007
Electroconvulsive Therapy – PSY301.013
<b>OB/GYN</b>
Assisted Reproductive Technologies and Related Services – OB402.023
<b>Other</b>
Photodynamic Therapy for Subfoveal Choroidal Neovascularization – OTH903.015
Transpupillary Thermotherapy – OTH903.015
Photocoagulation of Macular Drusen – OTH903.017
Neovascular Age-Related Macular Degeneration – OTH903.020
<b>Prescription Drugs</b>
<b><a href="#">Biologic Response Modifiers for the Treatment of Rheumatoid Arthritis and other Chronic Inflammatory Disease – RX501.051</a>*</b>
(Please Note: The only available form is for Remicade and not for all drugs on the Biologic Response Modifiers policy.)
Botulinum Toxin – RX501.019
Estradiol Pellets – RX501.007
<b>Gonadotropin-Releasing Hormone Therapy for Cancer and Human Reproduction – RX501.041</b>
<b><a href="#">Growth Hormone – RX501.040</a>*</b>
<b><a href="#">Immunoglobulin Therapy – RX504.003</a>*</b>
Paclitaxel Protein-Bound Particles – RX502.028
Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies – RX501.062
Pulmonary Hypertension Drug Therapies – RX501.056
Recombinant and Autologous Platelet-Derived Growth Factors as a Primary

Treatment of Wound Healing and other Miscellaneous Conditions – RX501.034
<a href="#">Respiratory Syncytial Virus Immunoprophylaxis – RX504.009*</a>
<b>Tysabri – RX501.059</b>
Xolair – RX501.058
Ziconotid – RX501.060
<b>Radiology</b>
Accelerated Partial Breast Irradiation – RAD605.017
Computed Tomography Angiography for Coronary Artery Evaluation Using Advanced CT Systems – RAD604.007
Dynamic Spinal Visualization – RAD601.046
Endobronchial Brachytherapy – RAD605.015
FDG Using Camera Based Imaging – RAD604.005
Functional Magnetic Resonance Imaging – RAD603.012
<b>Intensity Modulated Radiation Therapy – RAD601.067</b>
Magnetic Resonance Angiography – RAD603.001
<b>Magnetic Resonance Imaging of the Breast with or without Computer-Aided Evaluation – RAD603.009</b>
Non-operative Spinal Ultrasound – RAD602.016
Percutaneous Vertebroplasty and Kyphoplasty – RAD601.041
Positron Emission Tomography – RAD605.001
Radioimmunosintigraphy Imaging – RAD605.014
Sacroiliac Joint Injection or Block – RAD601.040
Scintigraphy of Acute Deep Venous Thrombus – RAD605.016
Video Fluoroscopic Evaluation of Velopharyngeal Closure – RAD601.035
Whole Body Computed Tomography Scan or Imaging as a Screening Test – RAD604.006
<b>Wireless Capsule Endoscopy – RAD601.042</b>
<b>Surgery</b>
Autologous Chondrocyte Transplantation – SUR703.021
Automatic Implantable Cardioverter Defibrillator – SUR707.003
<a href="#">Bariatric Surgery – SUR716.003*</a>
<b>Blepharoplasty, Blepharoptosis, Brow Ptosis Repair – SUR716.004</b>
Breast Implant, Removal and/or Insertion – SUR716.009
Breast Surgery for Prophylaxis or Cancer Prevention – SUR716.015
Cardiac Mechanical Assist Devices – SUR707.017
Chemical Peels – SUR716.018
Cochlear Implant – SUR714.004
Cord Blood as a Source of Stem Cells – SUR703.022

<b>Cosmetic and Reconstructive Procedures – SUR716.001</b>
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 Internal Hemorrhoids by Thermal Methods – SUR709.024
Donor Leukocyte Infusion – SUR703.023
Electrical Bone Growth Stimulation – SUR705.013
Endoscopic, Arthroscopic, Laparoscopic, and Thoracoscopic Surgery – SUR701.014
Endoscopic Injection Sclerotherapy for Esophageal Varices – SUR709.008
Extracorporeal Shock Wave Lithotripsy for Gallstones – SUR709.025
Fetal Surgery for Prenatally Diagnosed Malformations – SUR701.016
Foot Care Services – SUR701.006
Gastric Electrical Stimulation – SUR709.031
Gender Reassignment Surgery – SUR717.001
Heart and Lung Transplant – SUR703.006
Heart Transplant – SUR703.005
Image Guidance Surgery System – SUR701.019
Implantable Bone Conduction Hearing Aids – SUR714.003
Implantable Infusion Pump – SUR707.008
Implanted Spinal Cord Stimulation -- SUR712.009
Isolated Limb Perfusion 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
Mastopexy – SUR716.010
Meniscal Allograft Transplantation – SUR703.011
<b>Nasal and Sinus Surgery – SUR706.001</b>
Neuralgia Inducing Cavitation Osteonecrosis – SUR705.028
Osteochondral Autografts and Allografts in the Treatment of Articular Cartilage Lesions – SUR705.020
Pancreas and Related Organ Tissue Transplantation – SUR703.013
Partial Left Ventriculectomy – SUR707.019
Patient Controlled Analgesia – SUR702.009
Percutaneous Intervertebral Techniques to Treat Chronic Discogenic Back Pain – SUR712.004

Percutaneous Lysis of epidural Adhesions – SUR712.024
Peripheral/Bone Marrow Stem Cell Transplantation for Malignancies – SUR703.018
Peripheral/Bone Marrow Stem Cell Transplantation for Non-Malignancies – SUR703.017
Peripheral Bulking Agents for the Treatment of Urinary Incontinence – SUR710.008
Radiofrequency Ablation or Cryoablation of Liver Tumors – SUR709.029
Radiofrequency Ablation and Cryoablation of Renal Cell Carcinoma – SUR710.017
Radiofrequency Ablation of Pulmonary Tumors – SUR706.012
Reconstructive and Contralateral Mammoplasty – SUR716.011
<b>Reduction Mammoplasty – SUR716.012</b>
Refractive and Therapeutic Keratoplasty – SUR713.001
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
Tandem/Triple High-Dose Chemoradiotherapy with Autologous Stem Cell Support for Malignancies – SUR703.024
Temporomandibular Joint Disorders – SUR705.010bu
Therapeutic Embolization and Vessel Occlusion – SUR701.015
Transcatheter Closure Devices for Cardiac Defects – SUR707.024
Vagus Nerve Stimulation – SUR712.021
<a href="#"><u>Varicose Vein Management – SUR707.016</u></a> *
Vertebral Disc Replacement with Artificial Disc – SUR712.028
Vertical Expandable Prosthetic Titanium Rib for Thoracic Insufficiency Syndrome – SUR705.025
<b>Therapy</b>
Acne Management – THE801.028
Adoptive Immunotherapy – THE801.024
Cardiac Rehabilitation – THE803.023
Charged Particle Radiation Therapy – THE801.023
Chelation Therapy – THE801.008
Cognitive Rehabilitation – THE803.019
Cold Therapy Devices – THE801.004
Daily Hemodialysis and Hemodialysis in the Home Setting – THE802.002
Extracorporeal Immunoabsorption Using Protein A Columns – THE801.014
Extracorporeal Photopheresis – THE801.026
<a href="#"><u>Hyperbaric Oxygen (HBO) Pressurization – THE801.003</u></a> *

Hyperthermia – THE801.007
Infusion and Injectable Therapy in the Home – THE801.021
Low Density Lipid Apheresis – THE802.003
Oncologic Applications of Photodynamic Therapy, Including Barrett’s Esophagus – THE801.029
Photodynamic Therapy for the Treatment of Actinic Keratoses and other Skin Lesions – THE801.027
Physical Therapy Services – THE803.010
Plasma Exchange – THE801.006
Pulmonary Rehabilitation – THE803.025
Sensory Integration Therapy – THE803.020
Speech Therapy -- THE803.014
Spinal Manipulation Under Anesthesia – THE803.016
Targeted Phototherapy for Psoriasis – THE801.025
Transcatheter Arterial Chemoembolization – THE801.022
Ultraviolet Phototherapy in the Home Setting – THE801.018
Work Hardening – THE803.012

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

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