



MASSACHUSETTS

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### Cardiology and Pulmonology MEDICAL POLICY GROUP

Co-chairs

Ben Kruskal, MD, PhD, FAAP, FIDSA Medical Director for Clinical Operations  
Vivian (Besem) Tambe-Ebot, PharmD, MBA, Clinical Pharmacy Director

April 30 <sup>th</sup> 2024	12-2 pm	Conference call only. Please email <a href="mailto:ebr@bcbsma.com">ebr@bcbsma.com</a> for more information.
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**Invited:** Benjamin Kruskal, MD, PhD, FAAP, FIDSA, co-chair (Medical Director, Clinical Operations); Vivian (Besem) Tambe-Ebot, PharmD., MBA, co-chair (Director, Clinical Pharmacy); Ashley Yeats, MD (Vice President, Medical Operations); Satya Dondapati, MD (Senior Medical Director, Medical Operations); Theresa Rines, CPC (Director, Medical Policy Administration); Adam Licurse, MD (Senior Medical Director, Medical Operations); Grace Baker, MSW, LCSW (Medical Policy Administration); Peter Lakin, R.Ph, (Pharmacy Operations); Joanna Farrell, RN, CPC (Medical Policy Administration); Bernadette Baker (Medical Policy Administration);

**Invited Physician Guest(s):** Representatives from the Massachusetts Society of Cardiology and Pulmonology

Policies with Upcoming Coverage Updates	
Phosphodiesterase Type-5 Inhibitors for Pulmonary Arterial Hypertension ( <a href="#">036</a> )	<p><b>Effective 7/2024:</b> Policy retired. These drugs are covered.</p> <p><b>Effective 9/2023:</b> Reformatted Policy and updated IC to align with 118E MGL § 51A.</p> <p><b>Effective 8/2023:</b> Updated to add Liqrev ® to Step 2 in the policy</p>
Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease ( <a href="#">283</a> )	<p><b>Effective 4/2024:</b> Policy clarified. Statements from MP 558 Measurement of Lipoprotein-Associated Phospholipase A2 in the Assessment of Cardiovascular Risk and MP 664 Cardiovascular Risk Panels were combined into MP 283.</p>
Measurement of Lipoprotein-Associated Phospholipase A2 - Lp-PLA2 - in the Assessment of Cardiovascular Risk ( <a href="#">558</a> )	<p><b>Effective 4/2024:</b> Policy 558 retired. Measurement of Lipoprotein-Associated Phospholipase A2 in the Assessment of Cardiovascular Risk is transferred to MP 283 Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease.</p>
Cardiovascular Risk Panels ( <a href="#">664</a> )	<p><b>Effective 4/2024:</b> Policy 664 retired. Cardiovascular Risk Panels transferred to MP 283 Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease.</p>
Transcatheter Aortic-Valve Implantation for Aortic Stenosis ( <a href="#">392</a> )	<p><b>Effective 7/2024:</b> Policy revised. For TAVI and valve-in-valve TAVI, the criterion of left ventricular ejection fraction greater than 20% was removed.</p>

	<p>A statement was added for consideration of individuals who may be at high risk of open surgery but not demonstrated on Society of Thoracic Surgeons risk score.</p> <p><b>Effective 7/2023:</b> Annual policy review. Policy revised. Investigational policy statement added for use of cerebral embolic protection devices in individuals undergoing TAVI. Minor editorial refinements to existing policy statements; intent unchanged. Clarified coding information.</p>
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**Policies with Coverage Updates in the Past 12 Months**

<p>Intraoperative Neurophysiologic Monitoring Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring (<a href="#">211</a>)</p>	<p><b>Effective 2/2024:</b> Policy clarified. Added cross-reference to related policy #701 regarding electromyography (EMG), and coding clarification regarding need for both EMG CPT code and intraoperative monitoring code if EMG is being used for intraoperative monitoring.</p> <p><b>Effective 6/2023:</b> Policy updated with literature review through March 6, 2023; references added. New indication for spinal instrumentation requiring screws or distraction added. No changes to policy statement as the new indication would be covered within the existing medically necessary policy statement on intraoperative neurophysiologic monitoring during spinal, intracranial, or vascular procedures. Minor editorial refinements to policy statements; intent unchanged.</p>
<p>Injectable Asthma Medications (<a href="#">017</a>)</p>	<p><b>Effective 3/2024:</b> Updated to include dose &amp; frequency requirement for Xolair ® to coincide with the Medical claim edits.</p> <p><b>Effective 10/2023:</b> Reformatted Policy and updated IC to align with 118E MGL § 51A.</p> <p><b>Effective 7/2023:</b> Update to remove specialist requirement for Xolair.</p>
<p>Antihyperlipidemics Policy (<a href="#">013</a>)</p>	<p><b>Effective 10/2023:</b> Reformatted Policy and updated IC to align with 118E MGL § 51A. Updated indication for Leqvio to include primary hyperlipidemia</p>
<p>Cardiac Rehabilitation in the Outpatient Setting (<a href="#">916</a>)</p>	<p><b>Effective 8/2023:</b> Annual policy review. Added investigational policy statement for virtual cardiac rehabilitation. Effective 8/1/2023.</p>
<p>Drugs for Cystic Fibrosis (<a href="#">408</a>)</p>	<p><b>Effective 7/2023:</b> Updated Age for Trikafta.</p>
<p>Benign Prostatic Hyperplasia – BPH Medications (<a href="#">040</a>)</p>	<p><b>Effective 9/2023:</b> Reformatted Policy. Updated IC section to align with 118E MGL § 51A.</p>
<p>Diagnostic Laboratory Services (<a href="#">139</a>)</p>	<p><b>Effective 10/2023:</b> Policy revised to include the following note under complete blood count: Children ages 0-4 are covered for anemia screening when billed with 85027. Effective 10/1//2023.</p>

HETLIOZ™ (tasimelteon) ( <a href="#">697</a> )	<b>Effective 2/2023:</b> Updated to add tasimelteon to the policy.
Hyperbaric Oxygen Therapy ( <a href="#">653</a> )	<b>Effective 11/2023:</b> Annual policy review. Policy revised to include coverage for the treatment of compromised skin grafts and flaps to medically necessary statement. Clarified coding information.
Identification of Microorganisms Using Nucleic Acid Probes ( <a href="#">555</a> )	<b>Effective 12/2023:</b> Policy clarified. Transferred respiratory virus panel testing to MP 045 Pathogen Panel Testing.
Leadless Cardiac Pacemakers ( <a href="#">038</a> )	<b>Effective 10/2023:</b> Annual policy review. Policy revised. Medically necessary statements were added for Aveir and Micra AV transcatheter pacing systems with criteria. Medical necessity criteria were updated for both Micra and Aveir devices based on labeled indications for use and responses to structured requests for clinical input.
Special Foods ( <a href="#">304</a> )	<b>Effective 6/2023:</b> Clarified this is both a Medical and Pharmacy policy and which sections are State mandated.  <b>Effective 4/2023:</b> Removed reference to both Retail benefit and requirement to have Pharmacy Carved-in.

#### Policies with No Coverage Updates

1. Actigraphy ([533](#))
2. Ambulatory Event Monitors and Mobile Outpatient Cardiac Telemetry ([347](#))
3. Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure ([206](#))
4. Baroreflex Stimulation Devices ([595](#))
5. Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure ([101](#))
6. Bronchial Thermoplasty ([284](#))
7. Bronchial Valves ([313](#))
8. Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting ([287](#))
9. Carotid Stent Placement ([219](#))
10. Catheter Ablation as Treatment for Atrial Fibrillation ([141](#))
11. Chelation Therapy ([122](#))
12. Closure Devices for Patent Foramen Ovale and Atrial Septal Defects ([121](#))
13. Complementary Medicine ([178](#))
14. Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems ([593](#))
15. Electromagnetic Navigation Bronchoscopy ([203](#))
16. End-Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema ([648](#))
17. Endovascular Procedures for Intracranial Arterial Disease - Atherosclerosis and Aneurysms ([323](#))
18. Endovascular Stent Grafts for Abdominal Aortic Aneurysms ([098](#))
19. Endovascular Stent Grafts for Disorders of the Thoracic Aorta ([233](#))
20. Enhanced External Counterpulsation - EEC - for Chronic Stable Angina or Congestive Heart Failure ([649](#))
21. Extracorporeal Membrane Oxygenation - ECMO ([726](#))
22. Extracorporeal Photopheresis ([248](#))

23. High-Sensitivity C-Reactive Protein ([032](#))
24. Home Cardiorespiratory Monitoring ([224](#))
25. Homocysteine Testing in the Screening, Diagnosis, and Management of Cardiovascular Disease and Venous Thromboembolic Disease ([016](#))
26. Implantable Cardioverter Defibrillator ([070](#))
27. Inhaled Nitric Oxide as a Treatment of Hypoxic Respiratory Failure in Neonates ([100](#))
28. Influenza Drugs Tamiflu and Relenza ([440](#))
29. Intracellular Micronutrient Analysis ([073](#))
30. Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation ([334](#))
31. Lipid Apheresis ([465](#))
32. Lung Volume Reduction Surgery for Severe Emphysema ([364](#))
33. Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders ([524](#))
34. Molecular Testing in the Management of Pulmonary Nodules ([029](#))
35. Myocardial Sympathetic Innervation Imaging in Patients with Heart Failure ([576](#))
36. Myocardial Strain Imaging ([112](#))
37. Non-Invasive Vascular Studies - Duplex Scans ([691](#))
38. Oncologic Applications of Photodynamic Therapy, Including Barretts Esophagus ([454](#))
39. Open and Thoracoscopic Approaches to Treat Atrial Fibrillation - Maze and Related Procedures ([356](#))
40. Optical Coherence Tomography for Imaging of Coronary Arteries ([915](#))
41. Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders ([120](#))
42. Outpatient Pulmonary Rehabilitation ([136](#))
43. Phrenic Nerve Stimulation for Central Sleep Apnea ([955](#))
44. Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia ([652](#))
45. Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension ([919](#))
46. Signal-Averaged Electrocardiography – SAECG ([134](#))
47. ST2 Assay for Chronic Heart Failure ([530](#))
48. Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome ([130](#))
49. Surgical Ventricular Restoration ([544](#))
50. Total Artificial Hearts and Implantable Ventricular Assist Devices ([280](#))
51. Transcatheter Mitral Valve Repair ([692](#))
52. Transcatheter Pulmonary Valve Implantation ([403](#))
53. Transmyocardial Revascularization ([651](#))
54. Ultrasonographic Measurement of Carotid Intima-Medial Thickness as an Assessment of Subclinical Atherosclerosis ([547](#))
55. Vertical Expandable Prosthetic Titanium Rib ([305](#))
56. Vestibular Function Testing ([024](#))
57. Testing Serum Vitamin D Levels ([746](#))
58. Wearable Cardioverter Defibrillators ([042](#))
59. Wireless Pressure Sensors in Endovascular Aneurysm Repair ([306](#))
60. Whole-Body Computed Tomography Scan as a Screening Test ([447](#))
61. Medical Technology Assessment Non-covered Services (400)

#### Reference Policies

Outpatient Prior Authorization Code List ( <a href="#">072</a> )	New policy outlining procedure codes that require prior authorization when performed in the outpatient setting.
Compound Drug List ( <a href="#">704</a> )	Pharmacy Compound Inclusion List for MP 579 Compounded Medications
Compound Exclusion List ( <a href="#">705</a> )	Compounded Exclusion List of Bulk Chemicals for MP 579 Compounded Medications
MED UM Drug List ( <a href="#">034</a> )	Medications requiring Prior Authorization when covered under the member's medical benefits and administered in the outpatient setting.

<p>Medicare Advantage Management (<a href="#">132</a>)</p>	<p>BCBSMA is required to make coverage determinations for services that each Medicare Administrative Contractor (MAC)* publishes as the Local Coverage Determination. The LCDs utilized for coverage determinations are based on the jurisdiction of the member's residency (unless otherwise specified by CMS). <b>When there is no LCD or benefit statement that addresses the service/procedure, BCBSMA Commercial medical policies are followed for Medicare Advantage members.</b></p>
<p>Carelon Medical Benefits Management Clinical Appropriateness Guidelines (formerly AIM Specialty Health)</p>	<p>Carelon (formerly AIM) Advanced Imaging of the Heart (<a href="#">972</a>)  Carelon (formerly AIM) Advanced Imaging/Radiology (<a href="#">968</a>)  Carelon (formerly AIM) Sleep Disorder Management (<a href="#">969</a>)  Medicare Advantage: Advanced Imaging/Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect (<a href="#">923</a>)</p> <p><a href="https://guidelines.carelonmedicalbenefitsmanagement.com/">https://guidelines.carelonmedicalbenefitsmanagement.com/</a></p>

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