



MASSACHUSETTS

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Medical Policy Medicare Advantage Management

Policy Number: 132

Effective Date: 10/1/2020

Related Policies

Outpatient Prior Authorization Code List, [#072](#)

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[Outpatient Prior Authorization Code List, #072:](#) This document represents medical policies with corresponding specific procedure codes. These procedure codes require prior authorization when they are performed in the outpatient setting.

Benefits, Eligibility, and Claims	Prior Authorization Questions
Provider Services 1-800-882-2060 (Physicians) 1-800-451-8123 (Hospitals) 1-800-451-8124 (Ancillary Providers)	1-800-222-7620

Medicare Advantage Administrative Guidelines

As a third party that administers Medicare Advantage products, Blue Cross Blue Shield of Massachusetts uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations. Coverage determinations are based on National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). In addition, available CMS Medicare-related manuals are used to guide medical policy for Medicare Advantage members.

National Coverage Determinations (NCD)

BCBSMA is required to make coverage determinations for services through the CMS National Coverage Determination policies and benefit manuals. **When there is no NCD, BCBSMA Commercial medical policies are followed for Medicare Advantage members.**

To review the specific NCDs, please click “accept” on the CMS licensing agreement at the bottom of the CMS webpage. [Click here to see the NCDs alphabetical index](#)

Local Coverage Determinations (LCD) Massachusetts Jurisdiction

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).

When there is no LCD or benefit statement that addresses the service/procedure, BCBSMA Commercial medical policies are followed for Medicare Advantage members.

To review the specific LCDs, please click "accept" on the CMS licensing agreement at the bottom of the CMS webpage. [Click here to see the LCDs alphabetical index](#)

*Medicare Administrative Contractors (MACs) are private health care insurers that have been awarded a geographic jurisdiction to process Medicare Part A and Part B medical claims or Durable Medical Equipment claims for Medicare Fee-For-Service beneficiaries.

Local Coverage Determinations (LCD) Molecular Diagnostic Tests (MoIDX) Program by Palmetto GBA

BCBSMA is required to make coverage determinations for services that each Medicare Administrative Contractor (MAC)* publishes as the Local Coverage Determination. When there is no MoIDX LCD on the jurisdiction of the member's residency, Palmetto GBA MoIDX LCDs are followed for Medicare Advantage members. [Click here to see Palmetto GBA MoIDX LCDs](#)

*Medicare Administrative Contractors (MACs) are private health care insurers that have been awarded a geographic jurisdiction to process Medicare Part A and Part B medical claims or Durable Medical Equipment claims for Medicare Fee-For-Service beneficiaries.

High Technology Radiology and Sleep Disorder for Medicare Advantage Products

Please use the following steps to determine the appropriate clinical guidance for [High Technology Radiology and Sleep Disorder Management medical policies](#) for **Medicare Advantage only**:

1. Determine if Prior Authorization is required for the member through the AIM Specialty Health website – see Prior Authorization Information.

If prior authorization IS required through AIM Specialty Health:

1. Request prior authorization from AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783.
2. Follow steps outlined by AIM Specialty Health.

If prior authorization IS NOT required through AIM Specialty Health:

1. Determine if there is National Coverage Determination (NCD) or Local Coverage Determination (LCD) on the technology. To view the Centers for Medicare and Medicaid Services website, click CMS.gov.
Exception: For Magnetic Resonance Imaging (MRI) Breast (#774), we follow AIM Specialty Health guidelines.
2. When there is no NCD or LCD guidance, go to AIM Specialty Health guidelines for clinical review criteria.
3. If member meets clinical criteria, order test.
4. If member does not meet clinical criteria but requires a clinical exception, follow the Clinical Exception Process.

Prior Authorization Information: Medicare HMO BlueSM and Medicare PPO BlueSM

The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health.

These requirements are member-specific: please verify member eligibility and requirements through **Online Services** by logging onto [Provider Central](#).

Refer to our [Authorization Quick Tip](#) for an overview of pre-certification and prior authorization requirements.

Ordering clinicians should request pre-certification from AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783 (when applicable).

Genetic Testing for Medicare Advantage Products

Prior authorization through AIM Specialty Health **is not required** for Medicare Advantage products. Please see the appropriate National Coverage Determination (NCD) or Local Coverage Determination (LCD) through the [CMS website](#) for specific genetic testing guidelines.

Commercial and Medicare Policy Directory

Policy #	BCBSMA Medical Policy Title	Medicare Advantage Local Coverage Determination (LCD) National Coverage Determination (NCD) Click here for Palmetto GBA MoIDX LCD
MP 003	Transcutaneous Electrical Nerve Stimulation	NCD: Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1) NCD: Transcutaneous Electrical Nerve Stimulation for Acute Post-Operative Pain (10.2) NCD: Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation and Neuromuscular Electrical Stimulation (160.13)
MP 007	Obstetrical Ultrasound & Ultrasound for Family Planning	No LCD or NCD BCBSMA Commercial policy is followed
MP 008	Zolgensma (onasemnogene abeparvovec-xioi) for Spinal Muscular Atrophy (SMA)	No LCD or NCD BCBSMA Commercial policy is followed
MP 009	Elzonris (tagraxofusp-erzs) for the Treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm	No LCD or NCD BCBSMA Commercial policy is followed
MP 015	Lung and Lobar Lung Transplant	No LCD or NCD BCBSMA Commercial policy is followed
MP 016	Homocysteine Testing in the Screening, Diagnosis, and Management of Cardiovascular Disease and Venous Thromboembolic Disease	LCD: MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36523)
MP 018	Balloon Dilation of the Eustachian Tube	CMS Manual System: Pub 100-04 Medicare Claims Processing
MP 024	Vestibular Function Testing	No LCD or NCD BCBSMA Commercial policy is followed
MP 026	Sphenopalatine Ganglion Block for Headache	No LCD or NCD BCBSMA Commercial policy is followed
MP 028	Therapeutic Radiopharmaceuticals in Oncology	No LCD or NCD BCBSMA Commercial policy is followed
MP 029	Molecular Testing in the Management of Pulmonary Nodules	LCD: MoIDX-CDD: Percepta© Bronchial Genomic Classifier (L36854) LCD: MoIDX: Xpresys Lung (L37031)
MP 032	High-Sensitivity C-Reactive Protein	No LCD or NCD BCBSMA Commercial policy is followed

MP 035	Temporomandibular Joint Disorder	No LCD or NCD BCBSMA Commercial policy is followed
MP 037	Surgical and Debulking Treatments for Lymphedema	No LCD or NCD BCBSMA Commercial policy is followed
MP038	Leadless Cardiac Pacemakers	NCD for Leadless Pacemakers (20.8.4)
MP 042	Wearable Cardioverter Defibrillators	LCD: Automatic External Defibrillators (L33690)
MP 043	Home Uterine Activity Monitoring	No LCD or NCD BCBSMA Commercial policy is followed
MP 045	Ingestible pH and Pressure Capsule	No LCD or NCD BCBSMA Commercial policy is followed
MP 046	Hip Resurfacing	No LCD or NCD BCBSMA Commercial policy is followed
MP 048	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	No LCD or NCD BCBSMA Commercial policy is followed
MP 050	Corneal Endothelial Microscopy-Specular Microscopy	No LCD or NCD BCBSMA Commercial policy is followed
MP 053	Ophthalmologic Techniques That Evaluate the Posterior Segment for Glaucoma	LCD: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380)
MP 059	Phototherapy: PUVA, UV-B and Targeted Phototherapy	NCD for Treatment of Psoriasis (250.1)
MP 060	Transurethral Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia	LCD: Water Vapor Thermal Therapy for LUTS/BPH (L37808)
MP 065	Retinal Telescreening for Diabetic Retinopathy	LCD: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L33567)
MP 066	Chimeric Antigen Receptor Therapy for Hematologic Malignancies	No LCD or NCD BCBSMA Commercial policy is followed
MP 068	Plastic Surgery	LCD: Cosmetic and Reconstructive Surgery (L34698) Local Coverage Article: Blepharoplasty Medical Policy Article (A52837)
MP 069	Esophageal pH Monitoring	No LCD or NCD BCBSMA Commercial policy is followed
MP 070	Implantable Cardioverter Defibrillator	NCD: Implantable Automatic Defibrillators (20.4)
MP 072	Outpatient Prior Authorization Code List	This document includes all codes that require prior authorization for Medicare Advantage
MP 073	Intracellular Micronutrient Analysis	No LCD or NCD

		BCBSMA Commercial policy is followed
MP 074	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma	NCD: Stem Cell Transplantation (110.8.1)
MP 075	Hematopoietic Cell Transplantation for Plasma Cell Dyscracias, Including Multiple Myeloma and POEMS Syndrome	NCD: Stem Cell Transplantation Formerly 110.8.1 (110.23)
MP 076	Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	NCD: Stem Cell Transplantation Formerly 110.8.1 (110.23)
MP 077	Scenesse (afamelanotide) for Treatment of Erythropoietic Protoporphyrria (EPP)	No LCD or NCD BCBSMA Commercial policy is followed
MP 078	Sexual Dysfunction Diagnosis and Therapy	No LCD or NCD BCBSMA Commercial policy is followed
MP 080	Radiofrequency Coblation Tenotomy for Musculoskeletal Conditions	No LCD or NCD BCBSMA Commercial policy is followed
MP 081	Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	No LCD or NCD BCBSMA Commercial policy is followed
MP 084	Optical Coherence Tomography of the Anterior Eye Segment	LCD: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380)
MP 086	Assisted Reproductive Services	No LCD or NCD BCBSMA Commercial policy is followed
MP 087	Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Treatment-Resistant Depression	No LCD or NCD BCBSMA Commercial policy is followed
MP 088	Preimplantation Genetic Testing	No LCD or NCD BCBSMA Commercial policy is followed
MP 090	Intensity-Modulated Radiotherapy of the Prostate	No LCD or NCD BCBSMA Commercial policy is followed
MP 091	Endobronchial Brachytherapy	No LCD or NCD BCBSMA Commercial policy is followed
MP 095	Iontophoresis and Phonophoresis as a Transdermal Technique for Drug Delivery	No LCD or NCD BCBSMA Commercial policy is followed
MP097	Bone Morphogenetic Protein	No LCD or NCD BCBSMA Commercial policy is followed
MP 098	Endovascular Stent Grafts for Abdominal Aortic Aneurysms	No LCD or NCD BCBSMA Commercial policy is followed
MP 100	Inhaled Nitric Oxide	No LCD or NCD BCBSMA Commercial policy is followed

MP 101	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	No LCD or NCD BCBSMA Commercial policy is followed
MP 107	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems	LCD: Glucose Monitors (L33822)
MP 110	Meniscal Allografts and Other Meniscal Implants	NCD: Collagen Meniscus Implant (150.12)
MP 111	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	No LCD or NCD BCBSMA Commercial policy is followed
MP 112	Myocardial Strain Imaging	LCD: Category III CPT® Codes (L33392)
MP 120	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	LCD: High Frequency Chest Wall Oscillation Devices (L33785) LCD: Intrapulmonary Percussive Ventilation System (L33786)
MP 121	Closure Devices for Patent Foramen Ovale and Atrial Septal Defects	No LCD or NCD BCBSMA Commercial policy is followed
MP 122	Chelation Therapy	No LCD or NCD BCBSMA Commercial policy is followed
MP 124	Isolated Limb Perfusion/Infusion for Malignant Melanoma	No LCD or NCD BCBSMA Commercial policy is followed
MP 130	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	LCD: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387)
MP 133	Microprocessor-Controlled Prostheses for the Lower Limb	LCD: Lower Limb Prostheses (L33787)
MP 134	Signal-Averaged Electrocardiography (SAECG)	LCD: Signal Averaged Electrocardiography (Sa-Ecg) (L7171)
MP 136	Outpatient Pulmonary Rehabilitation	NCD: Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (20.35)
MP 137	Magnetoencephalography/ Magnetic Source Imaging	No LCD or NCD BCBSMA Commercial policy is followed
MP 138	Serological Diagnosis of Celiac Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 140	Facet Joint Denervation	LCD: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L35936)
MP 141	Catheter Ablation as Treatment for Atrial Fibrillation	No LCD or NCD BCBSMA Commercial policy is followed
MP 143	Hematopoietic Cell Transplantation for	No LCD or NCD

	Non-Hodgkin Lymphomas	BCBSMA Commercial policy is followed
MP 145	Surgical Treatment of Femoroacetabular Impingement	No LCD or NCD BCBSMA Commercial policy is followed
MP 147	Zulresso™ (Brexanolone) for the Treatment of Post-Partum Depression	No LCD or NCD BCBSMA Commercial policy is followed
MP 149	Whole Gland Cryoablation of the Prostate	NCD: Cryosurgery of Prostate (230.9)
MP 150	Hematopoietic Cell Transplantation for Acute Myeloid Leukemia	No LCD or NCD BCBSMA Commercial policy is followed
MP 151	Neuropsychological and Psychological Testing	LCD: Psychological and Neuropsychological Testing (L34646) LCD: Psychiatry and Psychology Services (L33632)
MP 152	Biofeedback as a Treatment of Headache	No LCD or NCD BCBSMA Commercial policy is followed
MP 153	Sacral Nerve Neuromodulation/Stimulation	NCD: Sacral Nerve Stimulation for Urinary Incontinence (230.18)
MP 154	Monitored Anesthesia Care (MAC)	No LCD or NCD BCBSMA Commercial policy is followed
MP 155	Allogeneic Hematopoietic Cell transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	NCD: Stem Cell Transplantation Formerly 110.8.1 (110.23)
MP 156	Shoulder Resurfacing	No LCD or NCD BCBSMA Commercial policy is followed
MP 157	Electrical Stimulation Devices for Psychiatric and Neurological Conditions	No LCD or NCD BCBSMA Commercial policy is followed
MP 163	Intensity-Modulated Radiotherapy (IMRT) of the Breast and Lung	No LCD or NCD BCBSMA Commercial policy is followed
MP 164	Intensity-Modulated Radiation Therapy (IMRT) Cancer of the Head and Neck or Thyroid	No LCD or NCD BCBSMA Commercial policy is followed
MP 165	Intensity-Modulated Radiation Therapy (IMRT) Abdomen and Pelvis	No LCD or NCD BCBSMA Commercial policy is followed
MP 167	Tumor Markers for Diagnosis and Management of Cancer	No LCD or NCD BCBSMA Commercial policy is followed
MP 171	Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 172	Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy	NCD): Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1)

MP 173	Biofeedback as a Treatment of Urinary Incontinence in Adults	NCD: Biofeedback Therapy for the Treatment of Urinary Incontinence (30.1.1)
MP 174	Facet Arthroplasty	No LCD or NCD BCBSMA Commercial policy is followed
MP 175	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	No LCD or NCD BCBSMA Commercial policy is followed
MP 178	Complementary Medicine	No LCD or NCD BCBSMA Commercial policy is followed
MP 180	Endothelial Keratoplasty	No LCD or NCD BCBSMA Commercial policy is followed
MP 181	Hematopoietic Cell Transplantation for Primary Amyloidosis	No LCD or NCD BCBSMA Commercial policy is followed
MP 182	Immune Cell Function Assay	No LCD or NCD BCBSMA Commercial policy is followed
MP 183	Prolotherapy	NCD: Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (150.7)
MP 185	Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon	No LCD or NCD BCBSMA Commercial policy is followed
MP 186	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	No LCD or NCD BCBSMA Commercial policy is followed
MP 187	Biofeedback for Miscellaneous Indications	NCD: Biofeedback Therapy (30.1)
MP 189	Gender Affirming Services (Transgender Services)	No LCD or NCD BCBSMA Commercial policy is followed
MP 190	Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	NCD: Stem Cell Transplantation Formerly 110.8.1 (110.23)
MP 191	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	No LCD or NCD BCBSMA Commercial policy is followed
MP 192	Hematopoietic Cell Transplantation for Autoimmune Diseases	No LCD or NCD BCBSMA Commercial policy is followed
MP 193	Total Ankle Replacement	No LCD or NCD BCBSMA Commercial policy is followed
MP 195	Dynamic Spinal Visualization and Vertebral Motion Analysis	No LCD or NCD BCBSMA Commercial policy is followed
MP 196	Kidney Transplant	No LCD or NCD BCBSMA Commercial policy is followed

MP 197	Heart Transplant	No LCD or NCD BCBSMA Commercial policy is followed
MP 198	Liver Transplant and Combined Liver-Kidney Transplant	NCD: Adult Liver Transplantation (260.1)
MP 200	Transanal Endoscopic Microsurgery	LCD: Category III CPT® Codes (L33392) (A56195)
MP 201	Functional Neuromuscular Electrical Stimulation	NCD: Neuromuscular Electrical Stimulation (NMES) (160.12)
MP 203	Electromagnetic Navigation Bronchoscopy	No LCD or NCD BCBSMA Commercial policy is followed
MP 204	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	No LCD or NCD BCBSMA Commercial policy is followed
MP 205	Hematopoietic Cell Transplantation for CNS Embryonal Tumors and Ependymoma	No LCD or NCD BCBSMA Commercial policy is followed
MP 206	Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure	NCD: Ambulatory Blood Pressure Monitoring (20.19)
MP 207	Hematopoietic Cell Transplantation for Hodgkin Lymphoma	NCD: Stem Cell Transplantation (110.8.1)
MP 208	Hematopoietic Cell Transplantation for Solid Tumors of Childhood	NCD: Stem Cell Transplantation (110.8.1)
MP 209	Endoscopic Retrograde Cholangiopancreatography (ERCP) with Laser or Electrohydraulic Lithotripsy	No LCD or NCD BCBSMA Commercial policy is followed
MP 210	Biofeedback as a Treatment of Chronic Pain	NCD: Biofeedback Therapy (30.1)
MP 211	Intraoperative Neurophysiologic Monitoring Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring	LCD: Visual Electrophysiology Testing (L36831) LCD: Intraoperative Neurophysiological Testing (L34623) No LCD or NCD BCBSMA Commercial policy is followed <ul style="list-style-type: none"> ▪ Somatosensory Evoked Potential Testing ▪ Motor Evoked Potential Testing
MP 212	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	No LCD or NCD BCBSMA Commercial policy is followed
MP 218	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus	No LCD or NCD BCBSMA Commercial policy is followed
MP 219	Carotid Stent Placement	NCD: Percutaneous Transluminal Angioplasty (PTA) (20.7)

MP 221	Keratoprosthesis	No LCD or NCD BCBSMA Commercial policy is followed
MP 222	Automated Point of Care Nerve Conduction Tests	No LCD or NCD BCBSMA Commercial policy is followed
MP 223	Aqueous Shunts and Stents for Glaucoma	LCD: Micro-Invasive Glaucoma Surgery (MIGS) (L37244)
MP 224	Home Cardiorespiratory Monitoring	No LCD or NCD BCBSMA Commercial policy is followed
MP 227	Myoelectric Prosthetic and Orthotic Components for the Upper Limb	No LCD or NCD BCBSMA Commercial policy is followed
MP 231	Automated Percutaneous and Percutaneous Discectomy	No LCD or NCD BCBSMA Commercial policy is followed
MP 233	Endovascular Stent Grafts for Disorders of the Thoracic Aorta	No LCD or NCD BCBSMA Commercial policy is followed
MP 235	Implantation of Intrastromal Corneal Ring Segments	No LCD or NCD BCBSMA Commercial policy is followed
MP 237	Occipital Nerve Stimulation	No LCD or NCD BCBSMA Commercial policy is followed
MP 238	Treatment of Varicose Veins/Venous Insufficiency	LCD: Varicose Veins of the Lower Extremity, Treatment of (L33575)
MP 240	Image-Guided Minimally Invasive Decompression for Spinal Stenosis	NCD: Percutaneous image-guided lumbar decompression for lumbar spinal stenosis (150.13)
MP 243	Magnetic Resonance–Guided Focused Ultrasound	LCD: Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor (L37421)
MP 244	Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids	No LCD or NCD BCBSMA Commercial policy is followed
MP 247	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	No LCD or NCD BCBSMA Commercial policy is followed
MP 248	Extracorporeal Photopheresis	NCD: Extracorporeal Photopheresis (110.4)
MP 249	Multimarker Serum Testing Related to Ovarian Cancer	LCD: Non-covered Services (L33629)
MP 250	Systems Pathology in Prostate Cancer	No LCD or NCD BCBSMA Commercial policy is followed
MP 253	InVitro Chemoresistance and Chemosensitivity Assays	No LCD or NCD BCBSMA Commercial policy is followed
MP 254	Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used With	No LCD or NCD BCBSMA Commercial policy is followed

	Autologous Bone Marrow)	
MP 258	Quantitative Sensory Testing	NCD: Sensory Nerve Conduction Threshold Tests (sNCTs) (160.23)
MP 259	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	No LCD or NCD BCBSMA Commercial policy is followed
MP 260	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	No LCD or NCD BCBSMA Commercial policy is followed
MP 261	Bioimpedance Devices for the Detection of Lymphedema	No LCD or NCD BCBSMA Commercial policy is followed
MP 263	Dynamic Posturography	No LCD or NCD BCBSMA Commercial policy is followed
MP 264	Diagnosis and Management of Idiopathic Environmental Intolerance or Clinical Ecology	No LCD or NCD BCBSMA Commercial policy is followed
MP 266	Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome	No LCD or NCD BCBSMA Commercial policy is followed
MP 267	Treatment of Tinnitus	No LCD or NCD BCBSMA Commercial policy is followed
MP 268	Cellular Immunotherapy for Prostate Cancer	NCD: Autologous Cellular Immunotherapy Treatment (110.22)
MP 269	Heart/Lung Transplant	No LCD or NCD BCBSMA Commercial policy is followed
MP 271	Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)	NCD: Thermal Intradiscal Procedures (TIPs) (150.11)
MP 272	Intravitreal and Punctum Corticosteroid Implants	No LCD or NCD BCBSMA Commercial policy is followed
MP 274	Methadone Treatment for Opioid Use Disorder	MLN Matters Number: SE1604 Medicare Coverage of Substance Abuse Services Medicare Prescription Drug Benefit Manual Chapter 6 – Part D Drugs and Formulary Requirements
MP 277	Stereotactic Radiosurgery and Stereotactic Body Radiotherapy	LCD: Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (L35076)
MP 278	Intraoperative Radiotherapy	No LCD or NCD BCBSMA Commercial policy is followed
MP 280	Total Artificial Hearts and Implantable Ventricular Assist Devices	NCD: Artificial Hearts and Related Devices (20.9)

MP 283	Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	NCD: Lipid Testing (190.23) LCD: B-type Natriuretic Peptide (BNP) Testing (L33573) LCD: MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36523)
MP 284	Bronchial Thermoplasty	No LCD or NCD BCBSMA Commercial policy is followed
MP 285	Placental/Umbilical Cord Blood as a Source of Stem Cells	No LCD or NCD BCBSMA Commercial policy is followed
MP 287	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	NCD: Cardiac Output Monitoring by Thoracic Electrical Bioimpedance (TEB) (20.16)
MP 290	Serum Biomarker Human Epididymis Protein 4 - HE4	No LCD or NCD BCBSMA Commercial policy is followed
MP 291	Intravenous Anesthetics for the Treatment of Chronic Pain	No LCD or NCD BCBSMA Commercial policy is followed
MP 292	Radioembolization for Primary and Metastatic Tumors of the Liver	No LCD or NCD BCBSMA Commercial policy is followed
MP 297	Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders	LCD: Transcranial Magnetic Stimulation (L33398)
MP 299	Subtalar Arthroereisis	No LCD or NCD BCBSMA Commercial policy is followed
MP 302	Electrical Stimulation for the Treatment of Arthritis	No LCD or NCD BCBSMA Commercial policy is followed
MP 303	Ultrasonographic Evaluation of Skin Lesions	No LCD or NCD BCBSMA Commercial policy is followed
MP 305	Vertical Expandable Prosthetic Titanium Rib	No LCD or NCD BCBSMA Commercial policy is followed
MP 306	Wireless Pressure Sensors in Endovascular Aneurysm Repair	No LCD or NCD BCBSMA Commercial policy is followed
MP 307	Saturation Biopsy for Diagnosis, Staging and Management of Prostate Cancer	No LCD or NCD BCBSMA Commercial policy is followed
MP 308	Biofeedback as a Treatment of Fecal Incontinence or Constipation	NCD: Biofeedback Therapy (30.1)
MP 309	Transanal Radiofrequency Treatment of Fecal Incontinence	No LCD or NCD BCBSMA Commercial policy is followed
MP 313	Bronchial Valves	No LCD or NCD BCBSMA Commercial policy is followed
MP 320	Diagnosis and Treatment of Sacroiliac	LCD: Pain Management (L33622)

	Joint Pain	LCD: Minimally Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint (L36406)
MP 321	Threshold Electrical Stimulation as a Treatment of Motor Disorders	NCD: Treatment of Motor Function Disorders with Electric Nerve Stimulation (160.2)
MP 322	Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia	No LCD or NCD BCBSMA Commercial policy is followed
MP 323	Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)	NCD: Percutaneous Transluminal Angioplasty (PTA) (20.7)
MP 324	Islet Transplantation	NCD: Islet Cell Transplantation in the Context of a Clinical Trial (260.3.1)
MP 326	Accelerated Breast Irradiation and Brachytherapy Boost after Breast-Conserving Surgery for Early Stage Breast Cancer	No LCD or NCD BCBSMA Commercial policy is followed
MP 328	Allogeneic Pancreas Transplant	NCD: Pancreas Transplants (260.3)
MP 329	Fecal Calprotectin Testing	No LCD or NCD BCBSMA Commercial policy is followed
MP 332	Insulin Delivery Devices	NCD: Infusion Pumps (280.14)
MP 334	Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	NCD: Percutaneous Left Atrial Appendage Closure (LAAC) (20.34)
MP 336	Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer	LCD: MolDX-CDD: ConfirmMDx Epigenetic Molecular Assay (L35632) LCD: Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis (L37733) Local Coverage Article: MolDX: Progenesa® PCA3 Assay Coverage Update (A53107)
MP 341	Flow Cytometry for Cell Analysis	No LCD or NCD BCBSMA Commercial policy is followed
MP 342	Thermography	NCD: Thermography (220.11)
MP 347	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	NCD: Electrocardiographic Services (20.15)
MP 348	Stem Cell Therapy for Peripheral Arterial Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 352	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis	No LCD or NCD BCBSMA Commercial policy is followed
MP 353	High-Dose Rate Temporary Prostate Brachytherapy	No LCD or NCD BCBSMA Commercial policy is followed

MP 354	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	NCD: Pneumatic Compression Devices (280.6)
MP 356	Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)	No LCD or NCD BCBSMA Commercial policy is followed
MP 362	Cranial Electrotherapy Stimulation and Auricular Electrostimulation	No LCD or NCD BCBSMA Commercial policy is followed
MP 364	Lung Volume Reduction Surgery for Severe Emphysema	NCD: Lung Volume Reduction Surgery (Reduction Pneumoplasty) (100-3/240.1)
MP 371	Gas Permeable Scleral Contact Lens	No LCD or NCD BCBSMA Commercial policy is followed
MP 372	Viscocanalostomy and Canaloplasty	No LCD or NCD BCBSMA Commercial policy is followed
MP 374	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	No LCD or NCD BCBSMA Commercial policy is followed
MP 379	Medical and Surgical Management of Obesity including Anorexians	NCD: Intensive Behavioral Therapy for Obesity (210.12) NCD: Bariatric Surgery for the Treatment of Morbid Obesity (100.1)
MP 385	Routine Foot Care and Debridement of Nails	LCD: Routine Foot Care and Debridement of Nails (L33636)
MP 392	Transcatheter Aortic Valve Implantation for Aortic Stenosis	NCD: Transcatheter Aortic Valve Replacement (TAVR) (20.32)
MP 393	Nerve Fiber Density Measurement	No LCD or NCD BCBSMA Commercial policy is followed
MP 397	Quantitative Assay for Measurement of HER2 Total Protein Expression and HER2 Dimers	No LCD or NCD BCBSMA Commercial policy is followed
MP 403	Transcatheter Pulmonary Valve Implantation	No LCD or NCD BCBSMA Commercial policy is followed
MP 404	Axial Lumbosacral Interbody Fusion	No LCD or NCD BCBSMA Commercial policy is followed
MP 406	Treatment of Hyperhidrosis	No LCD or NCD BCBSMA Commercial policy is followed
MP 407	Continuous Passive Motion in the Home Setting	NCD: Durable Medical Equipment Reference List (280.1)
MP 423	Outpatient Psychotherapy	LCD: Psychiatry and Psychology Services (L33632)
MP 428	Reconstructive Breast Surgery/Management of Breast Implants	No LCD or NCD BCBSMA Commercial policy is followed

MP 436	Interspinous Fixation - Fusion Devices	No LCD or NCD BCBSMA Commercial policy is followed
MP 437	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	LCD: Proton Beam Therapy (L35075)
MP 445	Ultrasound for the Evaluation of Paranasal Sinuses	No LCD or NCD BCBSMA Commercial policy is followed
MP 447	Whole-Body Computed Tomography Scan as a Screening Test	NCD: Computed Tomography (220.1)
MP 448	Computed Tomography Perfusion Imaging of the Brain	No LCD or NCD BCBSMA Commercial policy is followed
MP 449	Vertebral Fracture Assessment with Densitometry	No LCD or NCD BCBSMA Commercial policy is followed
MP 450	Bone Mineral Density Studies	LCD: Category III CPT® Codes (L33392) (A56195) Medicare Benefit Policy Manual - Pub 100-02 Medicare Benefit Policy
MP 451	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	No LCD or NCD BCBSMA Commercial policy is followed
MP 453	Melanoma Vaccines	No LCD or NCD BCBSMA Commercial policy is followed
MP 454	Oncologic Applications of Photodynamic Therapy, Including Barrett Esophagus	No LCD or NCD BCBSMA Commercial policy is followed
MP 455	Adoptive Immunotherapy	No LCD or NCD BCBSMA Commercial policy is followed
MP 461	Laser Treatment of Active Acne	No LCD or NCD BCBSMA Commercial policy is followed
MP 462	Nonpharmacologic Treatment of Rosacea	No LCD or NCD BCBSMA Commercial policy is followed
MP 463	Dermatologic Applications of Photodynamic Therapy	NCD: Treatment of Actinic Keratosis (250.4)
MP 464	Implantable Miniature Telescope (IMT)	LCD: Implantable Miniature Telescope (IMT) (L33584)
MP 465	Lipid Apheresis	No LCD or NCD BCBSMA Commercial policy is followed
MP 466	Plasma Exchange	NCD: Apheresis (Therapeutic Pheresis) (110.14)
MP 469	Radioactive Seed Localization of Nonpalpable Breast Lesions	No LCD or NCD BCBSMA Commercial policy is followed
MP 470	Pelvic Floor Stimulation as a Treatment of Urinary Incontinence and Fecal	NCD: Non-Implantable Pelvic Floor Electrical Stimulator (230.8)

	Incontinence	
MP 471	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	NCD: Incontinence Control Devices (230.10)
MP 472	Spinal Cord and Dorsal Root Ganglion Stimulation	NCD: Electrical Nerve Stimulators (160.7)
MP 473	Deep Brain Stimulation	NCD: Deep Brain Stimulation for Essential Tremor and Parkinson Disease (160.24)
MP 474	Vagus Nerve Stimulation	NCD: Vagus Nerve Stimulation (VNS) (160.18)
MP 478	Cochlear Implant	NCD: Cochlear Implantation (50.3)
MP 479	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	No LCD or NCD BCBSMA Commercial policy is followed
MP 480	Semi-Implantable and Fully Implantable Middle Ear Hearing Aid	No LCD or NCD BCBSMA Commercial policy is followed
MP 481	Auditory Brainstem Implant	No LCD or NCD BCBSMA Commercial policy is followed
MP 482	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty	NCD: Thermal Intradiscal Procedures (TIPs) (150.11)
MP 483	Manipulation under Anesthesia	No LCD or NCD BCBSMA Commercial policy is followed
MP 484	Percutaneous Vertebroplasty and Sacroplasty	LCD: Vertebroplasty and Vertebral Augmentation (Percutaneous) (L33569)
MP 485	Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty, and Mechanical Vertebral Augmentation	LCD: Vertebroplasty and Vertebral Augmentation (Percutaneous) (L33569)
MP 492	Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management - Ductal Lavage and Suction Collection Systems	No LCD or NCD BCBSMA Commercial policy is followed
MP 493	Breast Duct Endoscopy	No LCD or NCD BCBSMA Commercial policy is followed
MP 494	Scintimammography and Gamma Imaging of the Breast and Axilla	No LCD or NCD BCBSMA Commercial policy is followed
MP 497	Ultrasound Accelerated Fracture Healing Device	LCD: Osteogenesis Stimulators (L33796)
MP 498	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	No LCD or NCD BCBSMA Commercial policy is followed
MP 499	Electrical Bone Growth Stimulation of the	LCD: Osteogenesis Stimulators (L33796)

	Appendicular Skeleton	
MP 503	CA 125	NCD: Tumor Antigen by Immunoassay - CA 125 (190.28)
MP 509	Interferential Current Stimulation	No LCD or NCD BCBSMA Commercial policy is followed
MP 510	Cooling Devices Used in the Outpatient Setting	LCD: Cold Therapy (L33735)
MP 513	Peripheral Subcutaneous Field Stimulation	No LCD or NCD BCBSMA Commercial policy is followed
MP 515	Neurofeedback	No LCD or NCD BCBSMA Commercial policy is followed
MP 517	Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain	No LCD or NCD BCBSMA Commercial policy is followed
MP 521	In Vivo Analysis of Colorectal Polyps	No LCD or NCD BCBSMA Commercial policy is followed
MP 522	Low-Level Laser Therapy	NCD: Laser Procedures (140.5)
MP 523	Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence	LCD: Non-covered Services (L33629)
MP 524	Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders	No LCD or NCD BCBSMA Commercial policy is followed
MP 528	Plugs for Anal Fistula Repair	No LCD or NCD BCBSMA Commercial policy is followed
MP 530	Laboratory Tests for Heart and Kidney Transplant Rejection	NCD: Heartbreath Test for Heart Transplant Rejection (260.10); AlloMap Coding and Billing Guidelines (M00016, V11)
MP 532	Insulin Potentiation Therapy	No LCD or NCD BCBSMA Commercial policy is followed
MP 533	Actigraphy	No LCD or NCD BCBSMA Commercial policy is followed
MP 536	Analysis of Proteomic Patterns for Early Detection of Cancer	No LCD or NCD BCBSMA Commercial policy is followed
MP 538	Serum Tumor Markers for Breast and Gastrointestinal Malignancies	NCD: Carcinoembryonic Antigen (190.26)
MP 541	Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	No LCD or NCD BCBSMA Commercial policy is followed

MP 542	Ultrafiltration in Decompensated Heart Failure	No LCD or NCD BCBSMA Commercial policy is followed
MP 543	Negative Pressure Wound Therapy in the Outpatient Setting	Negative Pressure Wound Therapy Interpretive Guidelines Negative Pressure Wound Therapy Interpretive Guidelines March 2012
MP 544	Surgical Ventricular Restoration	No LCD or NCD BCBSMA Commercial policy is followed
MP 546	Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery	No LCD or NCD BCBSMA Commercial policy is followed
MP 547	Ultrasonographic Measurement of Carotid Intima-Medial Thickness as an Assessment of Subclinical Atherosclerosis	NCD: Ultrasound Diagnostic Procedures (220.5)
MP 549	Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover	NCD: Collagen Crosslinks, any Method (190.19)
MP 550	Orthotics for Progressive Scoliosis	No LCD or NCD BCBSMA Commercial policy is followed
MP 551	Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 553	Minimally Invasive Coronary Artery Bypass Graft Surgery	No LCD or NCD BCBSMA Commercial policy is followed
MP 554	Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder	No LCD or NCD BCBSMA Commercial policy is followed
MP 555	Identification of Microorganisms Using Nucleic Acid Probes	No LCD or NCD BCBSMA Commercial policy is followed
MP 556	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis	No LCD or NCD BCBSMA Commercial policy is followed
MP 557	Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening	Decision Memo for Screening for Colorectal Cancer Stool DNA Testing (CAG-00440N)
MP 558	Measurement of Lipoprotein-Associated Phospholipase A2 - Lp-PLA2 - in the Assessment of Cardiovascular Risk	No LCD or NCD BCBSMA Commercial policy is followed
MP 560	Hippotherapy	No LCD or NCD BCBSMA Commercial policy is followed
MP 561	Serum Holotranscobalamin as a Marker of Vitamin B12 - Cobalamin Status	No LCD or NCD BCBSMA Commercial policy is followed

MP 562	Laser Treatment of Onychomycosis	No LCD or NCD BCBSMA Commercial policy is followed
MP 570	Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea	No LCD or NCD BCBSMA Commercial policy is followed
MP 576	Myocardial Sympathetic Innervation Imaging in Patients with Heart Failure	No LCD or NCD BCBSMA Commercial policy is followed
MP 577	Whole Body Dual X-Ray Absorptiometry to Determine Body Composition	No LCD or NCD BCBSMA Commercial policy is followed
MP 581	Cerebrospinal Fluid and Urinary Biomarkers of Alzheimer Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 582	Balloon Sinuplasty for Treatment of Chronic Sinusitis	No LCD or NCD BCBSMA Commercial policy is followed
MP 583	Percutaneous Tibial Nerve Stimulation for Voiding Dysfunction	LCD: Posterior Tibial Nerve Stimulation for Voiding Dysfunction (L33396)
MP 584	Interspinous and Interlaminar Stabilization/Distractor Devices (Spacers)	No LCD or NCD BCBSMA Commercial policy is followed
MP 585	Artificial Intervertebral Disc: Cervical Spine	No LCD or NCD BCBSMA Commercial policy is followed
MP 586	Rhinomanometry and Acoustic/Optical Rhinometry	No LCD or NCD BCBSMA Commercial policy is followed
MP 589	Leukocyte Histamine Release Test	No LCD or NCD BCBSMA Commercial policy is followed
MP 590	Nerve Graft with Radical Prostatectomy	No LCD or NCD BCBSMA Commercial policy is followed
MP 591	Thermal Capsulorrhaphy as a Treatment of Joint Instability	No LCD or NCD BCBSMA Commercial policy is followed
MP 592	Artificial Intervertebral Disc: Lumbar Spine	NCD: Lumbar Artificial Disc Replacement (LADR) (150.10)
MP 593	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems	NCD: Phrenic Nerve Stimulator (160.19) LCD: Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea (L37929)
MP 594	Computer-Assisted Navigation for Orthopedic Procedure	LCD: Category III CPT® Codes (L33392) (A56195)
MP 595	Baroreflex Stimulation Devices	LCD: Category III CPT® Codes (L33392) (A56195)
MP 596	Navigated Transcranial Magnetic Stimulation	No LCD or NCD BCBSMA Commercial policy is followed
MP 597	Phototherapeutic Keratectomy	No LCD or NCD BCBSMA Commercial policy is followed

MP 598	Lysis of Epidural Adhesions	No LCD or NCD BCBSMA Commercial policy is followed
MP 599	Photodynamic Therapy for Choroidal Neovascularization	NCD/LCD: National Coverage Determination (NCD) for Photodynamic Therapy (OPT) (80.2)
MP 600	Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization	No LCD or NCD BCBSMA Commercial policy is followed
MP 602	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	No LCD or NCD BCBSMA Commercial policy is followed
MP 603	Vertebral Axial Decompression	NCD: Vertebral Axial Decompression (VAX-D) (160.16)
MP 604	Trigger Point and Tender Point Injections	LCD: Pain Management (L33622)
MP 606	Retinal Prosthesis	LCD: Category III CPT® Codes (L33392) (A56195)
MP 607	Photocoagulation of Macular Drusen	No LCD or NCD BCBSMA Commercial policy is followed
MP 609	Suprachoroidal Delivery of Pharmacologic Agents	No LCD or NCD BCBSMA Commercial policy is followed
MP 610	Intraocular Radiotherapy for Age-Related Macular Degeneration	LCD: Category III CPT® Codes (L33392) (A56195)
MP 611	Orthoptic Training for the Treatment of Vision or Learning Disabilities	No LCD or NCD BCBSMA Commercial policy is followed
MP 613	Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome	LCD: Category III CPT® Codes (L33392) (A56195)
MP 618	Confocal Laser Endomicroscopy	No LCD or NCD BCBSMA Commercial policy is followed
MP 625	Embryonic Mesencephalic Transplantation for the Treatment of Parkinsons Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 626	Stereotactic Radiofrequency Pallidotomy for the Treatment of Parkinsons Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 627	Adrenal-to-Brain Transplantation	No LCD or NCD BCBSMA Commercial policy is followed
MP 631	Isolated Small Bowel Transplant	NCD: Intestinal and Multi-Visceral Transplantation (260.5)
MP 632	Small Bowel/Liver and Multivisceral Transplant	NCD: Intestinal and Multi-Visceral Transplant (260.5)
MP 633	Cryosurgical Ablation of Primary or Metastatic Liver Tumors	No LCD or NCD BCBSMA Commercial policy is followed
MP 634	Transcatheter Arterial Chemoembolization	No LCD or NCD

	to Treat Primary or Metastatic Liver Malignancies	BCBSMA Commercial policy is followed
MP 636	Gastric Electrical Stimulation	No LCD or NCD BCBSMA Commercial policy is followed
MP 639	Radioimmunoscinigraphy Imaging (Monoclonal Antibody Imaging) with Indium-111 Capromab Pendetide for Prostate Cancer	No LCD or NCD BCBSMA Commercial policy is followed
MP 642	Alcohol Injections for Treatment of Peripheral Morton Neuromas	No LCD or NCD BCBSMA Commercial policy is followed
MP 643	Amniotic Membrane and Amniotic Fluid	No LCD or NCD BCBSMA Commercial policy is followed
MP 644	Vagus Nerve Blocking Therapy for Treatment of Obesity	LCD: Category III CPT® Codes (L33392) (A56195)
MP 648	End-Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema	No LCD or NCD BCBSMA Commercial policy is followed
MP 649	Enhanced External Counterpulsation (EECP) for Chronic Stable Angina or Congestive Heart Failure	NCD: External Counterpulsation (ECP) Therapy for Severe Angina (20.20)
MP 651	Transmyocardial Revascularization	NCD: Transmyocardial Revascularization (TMR) (20.6)
MP 652	Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia	No LCD or NCD BCBSMA Commercial policy is followed
MP 653	Hyperbaric Oxygen Therapy	NCD: Hyperbaric Oxygen Therapy (20.29)
MP 655	Electrostimulation and Electromagnetic Therapy for Treating Wounds	NCD: Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1)
MP 657	Noncontact Ultrasound Treatment for Wounds	No LCD or NCD BCBSMA Commercial policy is followed
MP 659	Sensory Integration Therapy and Auditory Integration Therapy	LCD: Outpatient Physical and Occupational Therapy Services (L33631) LCD: Speech-Language Pathology (L33580)
MP 660	Cognitive Rehabilitation	No LCD or NCD BCBSMA Commercial policy is followed
MP 661	Surgical and Non-surgical Treatment of Gynecomastia	LCD: Cosmetic and Reconstructive Surgery (L34698)
MP 662	Composite Tissue Allotransplantation of the Hand and Face	No LCD or NCD BCBSMA Commercial policy is followed
MP 663	Bioengineered Skin and Soft Tissue	No LCD or NCD

	Substitutes	BCBSMA Commercial policy is followed
MP 664	Cardiovascular Risk Panels	No LCD or NCD BCBSMA Commercial policy is followed
MP 673	Antigen Leukocyte Antibody Test	No LCD or NCD BCBSMA Commercial policy is followed
MP 674	Drug Testing in Pain Management and Substance Use Disorder Treatment	LCD: Urine Drug Testing (L36037)
MP 675	Vision Services	No LCD or NCD BCBSMA Commercial policy is followed
MP 677	Multibiomarker Disease Activity Blood Test for Rheumatoid Arthritis	Local Coverage Article: MoIDX: Vectra™ DA Coding and Billing Guidelines (A53110)
MP 682	Fecal Microbiota Transplantation	No LCD or NCD BCBSMA Commercial policy is followed
MP 689	Ultrasound during Pregnancy	No LCD or NCD BCBSMA Commercial policy is followed
MP 690	Epidural Steroid Injections for Neck and Back Pain	LCD: Lumbar Epidural Injections (L35937)
MP 691	Non-Invasive Vascular Studies - Duplex Scans	LCD: Non-Invasive Vascular Studies (L33627)
MP 692	Transcatheter Mitral Valve Repair	NCD: Transcatheter Mitral Valve Repair (TMVR) (20.33)
MP 695	Surgery for Groin Pain in Athletes	No LCD or NCD BCBSMA Commercial policy is followed
MP 701	Electromyography and Nerve Conduction Studies	LCD: Nerve Conduction Studies and Electromyography (L35098)
MP 702	Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Diseases	No LCD or NCD BCBSMA Commercial policy is followed
MP 703	Reduction Mammoplasty for Breast-Related Symptoms	LCD: Reduction Mammoplasty (L35001)
MP 706	Patient-Specific Instrumentation (eg, Cutting Guides) for Joint Arthroplasty	No LCD or NCD BCBSMA Commercial policy is followed
MP 707	Benign Skin Lesions	LCD: Removal of Benign Skin Lesions (L35498)
MP 709	Proteomic Testing for Systemic Therapy in Non-Small-Cell Lung Cancer	LCD: Molecular Pathology Procedures (L35000)
MP 711	Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis	No LCD or NCD BCBSMA Commercial policy is followed

MP 713	Autonomic Nervous System Testing	LCD: Autonomic Function Testing (L36236)
MP 715	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	No LCD or NCD BCBSMA Commercial policy is followed
MP 716	Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy	No LCD or NCD BCBSMA Commercial policy is followed
MP 718	Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities	No LCD or NCD BCBSMA Commercial policy is followed
MP 719	Ablation Procedures for Peripheral Neuromas	No LCD or NCD BCBSMA Commercial policy is followed
MP 721	Patient-Controlled End of Range Motion Stretching Devices	No LCD or NCD BCBSMA Commercial policy is followed
MP 723	ST2 Assay for Chronic Heart Failure and Heart Transplant Rejection	LCD: Non-covered Services (L33629)
MP 726	Extracorporeal Membrane Oxygenation	No LCD or NCD BCBSMA Commercial policy is followed
MP 730	Endovascular Therapies for Extracranial Vertebral Artery Disease	LCD: Category III CPT® Codes (L33392) (A56195)
MP 732	Chemical Peels	No LCD or NCD BCBSMA Commercial policy is followed
MP 733	Focal Treatments for Prostate Cancer	LCD: Salvage High-intensity Focused Ultrasound (HIFU) Treatment in Prostate Cancer (PCa) (L38262)
MP 736	Applied Behavioral Analysis (ABA)	No LCD or NCD BCBSMA Commercial policy is followed
MP 737	Orthopedic Applications of Platelet-Rich Plasma	LCD: Category III CPT® Codes (L33392) (A56195)
MP 739	Electronic Brachytherapy for Nonmelanoma Skin Cancer	LCD: Category III CPT® Codes (L33392) (A56195)
MP 740	Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair	LCD: Blepharoplasty, Blepharoptosis and Brow Lift (L34528)
MP 742	Urinary Metabolite Tests for Adherence to Direct-Acting Antiviral Medications for Hepatitis C	No LCD or NCD BCBSMA Commercial policy is followed
MP 743	Hydrogel Spacer use During Radiotherapy for Prostate Cancer	LCD: Prostate Rectal Spacers (L37485)
MP 744	Prostatic Urethral Lift	No LCD or NCD BCBSMA Commercial policy is followed
MP 745	Nutrient/Nutritional Panel Testing	No LCD or NCD BCBSMA Commercial policy is followed

MP 746	Vitamin D Assay Testing	LCD: Vitamin D Assay Testing (L37535)
MP 748	Multispectral Digital Skin Lesion Analysis	No LCD or NCD BCBSMA Commercial policy is followed
MP 790	Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies	LCD: Genomic Sequence Analysis Panels in the Treatment of Non-Small Cell Lung Cancer (L36376) LCD: Genomic Sequence Analysis Panels in the Treatment of Acute Myelogenous Leukemia (AML) (L36926) LCD: Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases (L37606)
MP 792	Dry Needling of Trigger Points for Myofascial Pain	NCD: Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3)
MP 794	Ablation of Peripheral Nerves to Treat Pain	No LCD or NCD BCBSMA Commercial policy is followed
MP 797	Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)	LCD: Non-covered Services (L33629) LCD: MoIDX: Guardant360® Plasma-Based Comprehensive Genomic Profiling in Non-Small Cell Lung Cancer (NSCLC) (L37699)
MP 800	Steroid-Eluting Sinus Stents	No LCD or NCD BCBSMA Commercial policy is followed
MP 801	Surgical Deactivation of Headache Trigger Sites	No LCD or NCD BCBSMA Commercial policy is followed
MP 900	Advanced Imaging/Radiology CPT and HCPCS Codes	Prior authorization through AIM Specialty Health is required for Medicare Advantage products.
MP 904	Chromoendoscopy as an Adjunct to Colonoscopy	No LCD or NCD BCBSMA Commercial policy is followed
MP 905	Corneal Collagen Cross-linking	LCD: Category III CPT® Codes (L33392) (A56195)
MP 910	Intensity Modulated Radiotherapy (IMRT) Central Nervous System Tumors	No LCD or NCD BCBSMA Commercial policy is followed
MP 911	Gene Therapy for Inherited Retinal Dystrophy	No LCD or NCD BCBSMA Commercial policy is followed
MP 912	Microwave Tumor Ablation	No LCD or NCD BCBSMA Commercial policy is followed
MP 914	Neural Therapy	No LCD or NCD BCBSMA Commercial policy is followed
MP 915	Optical Coherence Tomography for Imaging of Coronary Arteries	No LCD or NCD BCBSMA Commercial policy is followed
MP 916	Cardiac Rehabilitation in the Outpatient Setting	NCD: Cardiac Rehabilitation Programs (20.10) NCD: Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)

MP 917	Measurement of Serum Antibodies to Selected Biologic Agents	No LCD or NCD BCBSMA Commercial policy is followed
MP 918	Dopamine Transporter Imaging with Single Photon Emission Computed Tomography	No LCD or NCD BCBSMA Commercial policy is followed
MP 919	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	No LCD or NCD BCBSMA Commercial policy is followed
MP 920	Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 921	Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease	No LCD or NCD BCBSMA Commercial policy is followed
MP 923	Medical Policy for Medicare Advantage Products Advanced Imaging/Radiology and Sleep Disorder Management	Prior authorization through AIM Specialty Health is required for Medicare Advantage products.
MP 955	Phrenic Nerve Stimulation for Central Sleep Apnea	LCD: Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea (L37929)
MP 957	AIM Genetic Testing Management Program CPT and HCPCS Codes	Prior authorization through AIM Specialty Health is not required for Medicare Advantage products. Please see the appropriate NCD or LCD through the CMS website for specific genetic testing guidelines.

Policy History

Date	Action
11/2020	The following Commercial policies were retired: MP 343 Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions MP 401 Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions MP 638 Radioimmunoscintigraphy Imaging and Monoclonal Antibody Imaging Using In-111 Satumomab Pendetide (OncoScint) or Tc-99m Arcitumomab IMMU-4, CEA-Scan MP 640 Radioimmunoscintigraphy Imaging and Monoclonal Antibody Imaging Using Technetium-99m Nofetumomab Merpentan (Verluma) MP 654 Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes
10/2020	The following Commercial policies were retired: MP 242 Occlusion of Uterine Arteries Using Transcatheter Embolization MP 679 Transrectal Ultrasound for Staging Rectal Cancer MP 680 Transrectal Ultrasound of the Prostate MP 519 Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy MP 504 Alpha-Fetoprotein-L3 for Detection of Hepatocellular (Liver) Cancer.
10/2020	New document. Effective 10/1/2020.