



**Cardiology and Pulmonology  
MEDICAL POLICY GROUP**  
Co-chairs  
Katherine Dallow, MD, MPH • Vice President • Clinical Programs and Strategy  
Desiree Otenti, ANP, MPH, Senior Director • Medical Policy Administration

April 27 <sup>th</sup> 2021	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:** Katherine Dallow, MD, MPH, co-chair (Medical Policy Administration), Desiree Otenti, ANP, co-chair, (Medical Policy Administration); Grace Baker, MSW, LCSW, (Medical Policy Administration); Laura Barry, RN, BSN, (Medical Policy Administration); Craig Haug, MD, (Surgery); Thomas Hawkins, MD, (Internal Medicine); Kenneth Duckworth, MD, (Psychiatry); Peter Lakin, R.Ph, (Pharmacy Operations);

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

Policies with Upcoming Coverage Updates	
<a href="#">Bronchial Valves (313)</a>	6/2021: New medically necessary indications described. Bronchial Valves for the treatment of severe emphysema is considered medically necessary when criteria are met.
<a href="#">AIM Guideline – Oncologic Imaging</a>	5/1/2021: Alignment with updated United States Preventive Services Task Force USPSTF recommendation: Screening for lung cancer: USPSTF recommendation statement. JAMA. 2021;325(10):962-70.  <b>Lung cancer screening</b> Expanded low-dose CT screening for ages equal to or greater than 50 and less than or equal to 80 AND 20 or greater pack-year history of cigarette smoking

Policies with Coverage Updates in the Past 12 Months	
<a href="#">Antihyperlipidemics (013)</a>	8/2020: Updated to specify which meds are required to be filled at an in-network specialty pharmacy.
<a href="#">Cardiac Rehabilitation in the Outpatient Setting (916)</a>	1/2021: Policy clarified to indicate outpatient pediatric cardiac rehabilitation program for congenital heart disease is left to the discretion of the referring and/or ordering provider. Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
<a href="#">Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty (219)</a>	10/1/2020: New medically necessary indications described for TCAR when all the policy criteria for Extracranial Carotid Stent Placement are met. Title changed.
<a href="#">Closure Devices for Patent Foramen Ovale and Atrial Septal Defects (121)</a>	1/2021: Policy clarified. Statement on PFO for individuals with history of cryptogenic stroke who have failed conventional drug therapy was removed. Failed medical therapy is not a requirement for PFO closure.
<a href="#">Diagnostic Laboratory Services (139)</a>	4/2021: New medical policy describing coverage indications and limitations. Clarified coding information. Effective 4/1/2021.

<a href="#">Drugs for Cystic Fibrosis (408)</a>	2/2021: Updated to add New eligible mutations to the policy. 10/2020: Updated to include new age edit for Kalydeco™.
<a href="#">HETLIOZ tasimelteon (697)</a>	1/2021: Updated to add new indication to Hetlioz™.
<a href="#">Home Cardiorespiratory Monitoring (224)</a>	12/2020: BCBSA National medical policy review. Policy edited to improve overall readability and increase clarity of the policy statements. New not medically necessary indications described for cardiopulmonary evaluation in lower-risk infants following a brief resolved unexplained event (BRUE), which was previously known as an apparent life-threatening event (ALTE). Effective 12/1/2020.
<a href="#">Injectable Asthma Medications (017)</a>	1/2021: Updated to add new indication for Xolair. 10/2020: Updated to add new indication for Nucala®. Removed deleted codes
<a href="#">Implantable Cardioverter Defibrillator (070)</a>	10/2020: BCBSA National medical policy review. New medically necessary indications described for patients with cardiac sarcoid with conditions. Clarified coding information. Effective 10/1/2020.
<a href="#">Laboratory Tests Post Transplant and for Heart Failure (530)</a>	12/2020: BCBSA National medical policy review. Content from policy #723 ST2 Assay for Chronic Heart Failure and Heart Transplant Rejection was merged into this policy. Title changed to: Laboratory Tests Post Transplant and for Heart Failure.
<a href="#">Outpatient Prior Authorization Code List (072)</a>	11/1/2020: HCPCS code G0277 added. Prior authorization is required for Commercial Managed Care (HMO and POS). G0277 Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval
<a href="#">Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders (120)</a>	9/2020: Policy criteria on high frequency chest compression device revised based on expert opinion. New medically necessary indications added for chronic neuromuscular disorder. Clarified coding information. Effective 9/1/2020.
<a href="#">Special Foods (304)</a>	2/2021: Updated to add coverage for Relizorb® to the policy.
<a href="#">Testing Serum Vitamin D Levels (746)</a>	3/2021: Policy clarified to include coverage for rheumatoid arthritis. References added.
AIM Specialty Health Updated Guidelines *Please view proposed changes on AIM Website under Clinical UM guidelines	1/4/2021: <ul style="list-style-type: none"> <li>• AIM Genetic Testing for Hereditary Cancer Susceptibility</li> <li>• AIM Genetic Testing - Molecular Testing of Solid and Hematology Tumors and Malignancies</li> </ul> 3/14/2021: <ul style="list-style-type: none"> <li>• AIM Advanced Imaging/ Radiology Imaging of the Chest</li> <li>•</li> </ul>

Liquid Biopsy (797)	January 4 <sup>th</sup> 2021 – <b>Policy is retired.</b> Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (liquid biopsy) transitioned to AIM. Please see: <a href="#">AIM Clinical Appropriateness Guidelines.</a>
ST2 Assay for Chronic Heart Failure and Heart Transplant Rejection	12/1/2021: <b>Policy is retired.</b> Investigational statements merged into policy #530 Laboratory Tests Post Transplant and for Heart Failure.

#### 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. [Benign Prostatic Hyperplasia – BPH Medications \(040\)](#)
6. [Biventricular Pacemakers - Cardiac Resynchronization Therapy for the Treatment of Heart Failure \(101\)](#)
7. [Bronchial Thermoplasty \(284\)](#)
8. [B-Type Natriuretic Peptide \(031\)](#)
9. [Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting \(287\)](#)
10. [Cardiovascular Risk Panels \(664\)](#)
11. [Catheter Ablation as Treatment for Atrial Fibrillation \(141\)](#)
12. [Chelation Therapy \(122\)](#)
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. [Endobronchial Brachytherapy \(091\)](#)
18. [Endovascular Procedures for Intracranial Arterial Disease - Atherosclerosis and Aneurysms \(323\)](#)
19. [Endovascular Stent Grafts for Abdominal Aortic Aneurysms \(098\)](#)
20. [Endovascular Stent Grafts for Disorders of the Thoracic Aorta \(233\)](#)
21. [Enhanced External Counterpulsation - EECp - for Chronic Stable Angina or Congestive Heart Failure \(649\)](#)
22. [Extracorporeal Membrane Oxygenation - ECMO \(726\)](#)
23. [Extracorporeal Photopheresis \(248\)](#)
24. [High-Sensitivity C-Reactive Protein \(032\)](#)
25. [Homocysteine Testing in the Screening, Diagnosis, and Management of Cardiovascular Disease and Venous Thromboembolic Disease \(016\)](#)
26. [Hyperbaric Oxygen Therapy \(653\)](#)
27. [Identification of Microorganisms Using Nucleic Acid Probes \(555\)](#)
28. [Inhaled Nitric Oxide as a Treatment of Hypoxic Respiratory Failure in Neonates \(100\)](#)
29. [Influenza Drugs Tamiflu and Relenza \(440\)](#)
30. [Intracellular Micronutrient Analysis \(073\)](#)
31. [Intraoperative Neurophysiologic Monitoring Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring \(211\)](#)
32. [Leadless Cardiac Pacemakers \(038\)](#)
33. [Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation \(334\)](#)
34. [Lung Volume Reduction Surgery for Severe Emphysema \(364\)](#)
35. [Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders \(524\)](#)
36. [Measurement of Lipoprotein-Associated Phospholipase A2 - Lp-PLA2 - in the Assessment of Cardiovascular Risk \(558\)](#)
37. [Minimally Invasive Coronary Artery Bypass Graft Surgery \(553\)](#)

38. [Molecular Testing in the Management of Pulmonary Nodules \(029\)](#)
39. [Myocardial Sympathetic Innervation Imaging in Patients with Heart Failure \(576\)](#)
40. [Myocardial Strain Imaging \(112\)](#)
41. [Non-Invasive Vascular Studies - Duplex Scans \(691\)](#)
42. [Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease \(283\)](#)
43. [Oncologic Applications of Photodynamic Therapy, Including Barretts Esophagus \(454\)](#)
44. [Open and Thoracoscopic Approaches to Treat Atrial Fibrillation - Maze and Related Procedures \(356\)](#)
45. [Optical Coherence Tomography for Imaging of Coronary Arteries \(915\)](#)
46. [Outpatient Pulmonary Rehabilitation \(136\)](#)
47. [Phosphodiesterase Type-5 Inhibitors for Pulmonary Arterial Hypertension \(036\)](#)
48. [Phrenic Nerve Stimulation for Central Sleep Apnea \(955\)](#)
49. [Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia \(652\)](#)
50. [Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension \(919\)](#)
51. [Signal-Averaged Electrocardiography – SAECG \(134\)](#)
52. [Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome \(130\)](#)
53. [Surgical Ventricular Restoration \(544\)](#)
54. [Total Artificial Hearts and Implantable Ventricular Assist Devices \(280\)](#)
55. [Transcatheter Aortic-Valve Implantation for Aortic Stenosis \(392\)](#)
56. [Transcatheter Mitral Valve Repair \(692\)](#)
57. [Transcatheter Pulmonary Valve Implantation \(403\)](#)
58. [Transmyocardial Revascularization \(651\)](#)
59. [Ultrafiltration in Decompensated Heart Failure \(542\)](#)
60. [Ultrasonographic Measurement of Carotid Intima-Medial Thickness as an Assessment of Subclinical Atherosclerosis \(547\)](#)
61. [Vertical Expandable Prosthetic Titanium Rib \(305\)](#)
62. [Vestibular Function Testing \(024\)](#)
63. [Wearable Cardioverter Defibrillators \(042\)](#)
64. [Wireless Pressure Sensors in Endovascular Aneurysm Repair \(306\)](#)
65. [Whole-Body Computed Tomography Scan as a Screening Test \(447\)](#)
66. [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.
Medicare Advantage Management ( <a href="#">132</a> )	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>
AIM Specialty Health Guidelines	<b>AIM Specialty Health Advanced Imaging/ Radiology and Sleep Disorder Management Program Policies:</b> <a href="#">AIM Advanced Imaging Radiology, #968</a> <a href="#">AIM High Technology Radiology Management Program CPT and HCPCS Codes (900)</a> <a href="#">AIM Sleep Disorder Management, #969</a>

	<p><a href="#">AIM Sleep Disorder Management CPT and HCPCS Codes, #970</a> <a href="#">AIM Advanced Imaging/ Radiology and Sleep Disorder Management Redirect, #923</a></p> <p><b>AIM Specialty Health Genetic Testing Management Program Policies:</b> <a href="#">AIM Genetic Testing Management Program, #954</a> <a href="#">AIM Genetic Testing Management Program CPT and HCPCS Codes, #957</a></p> <p><b><u>Effective 7/1/2021:</u></b> <b>AIM Specialty Health Quality Care Cancer Program Policies:</b> Quality Care Cancer Program (Medical Oncology) 099 Supportive Care Treatments for Patients with Cancer 105</p>
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For questions: [ebr@bcbsma.com](mailto:ebr@bcbsma.com)