

## January 2021 Medical Policy Announcements

Posted: January 2021

New and revised policies: Effective April 2021 (for variable effective dates see table below)

Clarified policies: Posted January 2021 (for variable posted dates see table below)

Retired policies: Effective January 2021

To make it easier for providers to find the new policies and revisions, the Medical Policy Administration department is posting the following searchable lists of new, revised, clarified and retired policies.

The following tables of contents are organized by policy type and alphabetically by policy title. The entries in each table are also color coded to help identify new, revised, clarified and retired policies. Clicking on a title in any of the tables of contents will take you to a summary of the new or revised policy.

A full draft version of each policy is available **only by request, to ordering participating clinician providers, one month prior to the effective date of the policy**. To request draft policies, contact Medical Policy Administration at [ebr@bcbsma.com](mailto:ebr@bcbsma.com).

### A note about Medicare Advantage policies

For Medicare Advantage plans, we are required to make coverage determinations for services through the CMS National Coverage Determination (NCD) policies and benefit manuals. In addition, we follow Local Coverage Determination (LCD) policies established by the Massachusetts Medicare Administrative Contractors. When there is no NCD or LCD, we follow our Commercial medical policies for Medicare Advantage members. Refer to [medical policy 132, Medicare Advantage Management](#), for a directory of commercial and Medicare policies or to the [Medicare Advantage section](#) of our medical policy site.

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### Genetic Testing AIM Specialty Health - Effective March 8, 2021

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### RETIRED UTILIZATION MANAGEMENT CRITERIA: Effective April 1, 2021

- Air Ambulance. See above this is being transitioned to medical policy #142
- Ground Ambulance. See above this is being transitioned to medical policy #146
- Outpatient Pediatric Pain Rehabilitation Centers. See above this is being transitioned to medical policy #158
- Private Duty Nursing. See above this is being transitioned to medical policy #159
- Outpatient Chest PT
- PT/OT for Vestibular Rehabilitation

### TRANSITIONED TO INTERQUAL UTILIZATION MANAGEMENT CRITERIA: Effective date TBD

- Family Stabilization
- Crisis Stabilization

| NEW MEDICAL POLICIES           |               |  |                |                   |                                    |
|--------------------------------|---------------|--|----------------|-------------------|------------------------------------|
| New Medical Policy Title       | Policy Number | Policy Summary   | Effective Date | Products Affected | Policy Type                        |
| Diagnostic Laboratory Services | 139           | New medical policy describing covered indications and limitations for urine culture, blood count, thyroid testing, prothrombin time (PT), serum iron studies, and hepatitis panel. | April 1, 2021  | Commercial        | Multispecialty Clinical Laboratory |

| REVISED MEDICAL POLICIES                  |               |   |                |                   |                                       |
|---|---------------|---|----------------|-------------------|---------------------------------------|
| Medical Policy Title                      | Policy Number | Policy Change Summary   | Effective Date | Products Affected | Policy Type                           |
| Air Ambulance                             | 142           | Clinical UM criteria on Air Ambulance moved to medical policy. New medical policy describing medically necessary indications; criteria unchanged. | April 1, 2021  | Commercial        | Emergency Medicine                    |
| Assisted Reproductive Technology Services | 086           | Bullet point added to clarify that requests for demonstration of infertility services for members who have a chronic condition that               | April 1, 2021  | Commercial        | Obstetrics Gynecology Genetic Testing |

|   |     |   |               |                     |                           |
|---|-----|---|---------------|---------------------|---------------------------|
|   |     | <p>requires medication maintenance, may be evaluated on a case by case basis.</p> <p>“Vaping” added to evaluation requirements for smoking section.</p> <p>Removal of first bullet point “at least 2 unprocessed semen analyses show &lt;10 million total motile sperm, OR” for ICSI and IVF for male factor infertility.</p> <p>“Cycle” added to Donor Egg and Donor Embryo section as clarification.</p> <p>Natural killer cell assay added to list of additional non-covered services.</p> |               |                     |                           |
| Cochlear Implant  | 478 | Policy statements updated to reflect expanded indications in children aged 9 months and older with profound unilateral sensorineural hearing loss.  | April 1, 2021 | Commercial          | Otolaryngology            |
| Fecal Microbiota Transplantation                              | 682 | Policy statement updated with information from 2017 Infectious Diseases Society of America guidelines for C.diff regarding the number of prior C diff infections before fecal microbiota transplantation is considered (ie, "There have been at least 2 recurrences that are refractory to standard antibiotic treatment").   | April 1, 2021 | Commercial Medicare | Gastro-enterology         |
| Ground Ambulance  | 146 | Clinical UM criteria on Ground Ambulance moved to medical policy. New medical policy describing medically necessary indications; criteria unchanged.  | April 1, 2021 | Commercial          | Emergency Medicine        |
| Minimally Invasive Treatments of Benign Prostatic Hyperplasia | 744 | New medically necessary indications described. Title changed.   | April 1, 2021 | Commercial Medicare | Urology                   |
| Outpatient Pediatric Pain Rehabilitation Centers              | 158 | Clinical UM criteria on Outpatient Pediatric Pain Rehabilitation moved to   | April 1, 2021 | Commercial Medicare | Pediatrics Rehabilitation |

|                      |     |  |               |            |         |
|----------------------|-----|--|---------------|------------|---------|
|                      |     | medical policy. New medical policy describing medically necessary indications; criteria unchanged.   |               |            |         |
| Private Duty Nursing | 159 | Clinical UM criteria on Private Duty Nursing moved to medical policy. New medical policy describing medically necessary indications; criteria unchanged. | April 1, 2021 | Commercial | Nursing |

### Genetic Testing

Effective for dates of service on and after **January 4, 2021**, the following updates will apply to the AIM Genetic Testing Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines [here](#). For questions related to the guidelines, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com).

| AIM Guideline   | Contains updates to the following:  | Effective Date  | Products Affected | Policy Type                           |
|---|---|-----------------|-------------------|---------------------------------------|
| Genetic Testing for Hereditary Cancer Susceptibility                      | <ul style="list-style-type: none"> <li>Updated version: NCCN ® Guideline Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic v1.2021</li> <li>CPT codes were updated</li> </ul>   | January 4, 2021 | Commercial        | Genetic Testing Oncology              |
| Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis | <ul style="list-style-type: none"> <li>Prenatal cell-free DNA (cfDNA) screening was expanded to cover screening in twin pregnancies</li> <li>CPT codes were updated</li> </ul>  | January 4, 2021 | Commercial        | Genetic Testing Obstetrics Gynecology |
| Molecular Testing of Solid and Hematologic Tumors and Malignancies        | <ul style="list-style-type: none"> <li>General Coverage Criteria <ul style="list-style-type: none"> <li>Criteria was clarified for FDA companion diagnostic somatic multi-gene panel testing</li> </ul> </li> <li>Liquid Biopsy Criteria <ul style="list-style-type: none"> <li>Criteria was added for testing in patients with metastatic castrate-resistant prostate cancer, metastatic non-small cell lung cancer, advanced or metastatic breast cancer, and ovarian cancer</li> </ul> </li> <li>CPT codes were updated</li> </ul> | January 4, 2021 | Commercial        | Genetic Testing Hematology Oncology   |

### Genetic Testing

Effective for dates of service on and after **March 8, 2021**, the following updates will apply to the AIM Genetic Testing Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines [here](#). For questions related to the guidelines, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com).

| AIM Guideline  | Contains updates to the following:  | Effective Date | Products Affected | Policy Type                         |
|--|---|----------------|-------------------|-------------------------------------|
| Genetic Testing for Hereditary Cancer Susceptibility | Genetic counseling requirements were updated and NCCN ® criteria were reformatted with no criteria changes. | March 8, 2021  | Commercial        | Genetic Testing Hematology Oncology |

|   |   |               |            |                                       |
|---|---|---------------|------------|---------------------------------------|
| Genetic Testing for Hereditary Cardiac Disease                            | Genetic counseling requirements were updated.   | March 8, 2021 | Commercial | Genetic Testing cardiology            |
| Genetic Testing for Pharmacogenomics and Thrombophilia                    | No criteria changes.  | March 8, 2021 | Commercial | Genetic Testing Hematology            |
| Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis | <ul style="list-style-type: none"> <li>Cystic fibrosis carrier screening was expanded.</li> <li>Criteria for carrier screening that is not clinically appropriate were updated.</li> </ul>  | March 8, 2021 | Commercial | Genetic Testing Obstetrics Gynecology |
| Genetic Testing for Single-Gene and Multifactorial Conditions             | Chromosomal Microarray Analysis (CMA) criteria were clarified with no criteria changes.   | March 8, 2021 | Commercial | Genetic Testing Multispecialty        |
| Genetic Testing for Whole Exome and Whole Genome Sequencing               | <ul style="list-style-type: none"> <li>Genetic counseling requirements were updated.</li> <li>Criteria across WES testing (Phenotype Suspicious for a Genetic Diagnosis, Epilepsy, Hearing Loss, and Whole Exome Reanalysis) were updated.</li> </ul> | March 8, 2021 | Commercial | Genetic Testing Multispecialty        |

#### CLARIFICATIONS TO MEDICAL POLICIES

| Medical Policy Title   | Policy Number | Policy Change Summary   | Posted Date      | Products Affected   | Policy Type                 |
|--|---------------|---|------------------|---------------------|-----------------------------|
| AIM Genetic Testing Management Program                             | 954           | Policy #797 Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy) is retired. For medical necessity criteria, see <a href="#">AIM Clinical Appropriateness Guidelines</a> . | January 4, 2021  | Commercial          | Oncology Genetic Testing    |
| Bioengineered Skin and Soft Tissue Substitutes                     | 663           | Penile construction following transgender surgery using Alloderm is covered.  | December 9, 2020 | Commercial Medicare | Dermatology Plastic Surgery |
| Cardiac Rehabilitation in the Outpatient Setting                   | 916           | Policy clarified. Outpatient pediatric cardiac rehabilitation program for congenital heart disease is left to the discretion of the referring and/or ordering provider.                                       | January 1, 2021  | Commercial          | Cardiology Rehabilitation   |
| Closure Devices for Patent Foramen Ovale and Atrial Septal Defects | 121           | 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.     | January 1, 2021  | Commercial Medicare | Cardiology                  |

|  |     |   |                  |                     |                                |
|--|-----|---|------------------|---------------------|--------------------------------|
| Drug Testing in Pain Management and Substance Use Disorder Treatment | 674 | Terminology in policy statement corrected from "not medically necessary" to "investigational" when criteria are not met. Policy statements otherwise unchanged.   | January 1, 2021  | Commercial          | Psychiatry                     |
| Gender Affirming Services (Transgender Services)                     | 189 | Penile construction following transgender surgery using Alloderm is covered.  | December 9, 2020 | Commercial Medicare | Plastic Surgery Dermatology    |
| Measurement of Serum Antibodies to Selected Biologic Agents          | 917 | Updated terminology throughout the policy to reflect the addition of the interleukin-2 and -23 antagonist ustekinumab. Policy statement otherwise unchanged.  | January 1, 2021  | Commercial Medicare | Rheumatology Gastro-enterology |
| Medical and Surgical Management of Obesity including Anorexiant      | 379 | Policy clarified to include the following criteria: Has failed other non-surgical approaches to long-term weight loss. These approaches (i.e. diet and exercise plans, behavioral changes, etc.) and duration are up to the surgeon's discretion. | January 1, 2021  | January 1, 2021     | Commercial                     |
| Medical Technology Assessment Noncovered Services                    | 400 | 62263, 62264 added from retired policy #598 Lysis of Epidural Adhesions.<br><br>95905 added from retired policy #222 Automated Point of Care Nerve Conduction Tests   | January 1, 2021  | Commercial Medicare | Neurology Multispecialty       |
| Medicare Advantage Management  | 132 | Outpatient PA information for Medicare Advantage added from #072 Outpatient Prior Authorization Code List.  | January 1, 2021  | Medicare            | Multispecialty                 |
| Outpatient Prior Authorization Code List for Commercial              | 072 | Prior authorization information for Medicare Advantage transferred into Policy # 132, Medicare Advantage Management.  | January 1, 2021  | Commercial          | Multispecialty                 |
| Sphenopalatine Ganglion Block for Headache                           | 026 | Indication added for individuals with postdural puncture headache. Policy statement unchanged.  | January 1, 2021  | Medicare            | Neurology                      |

#### RETIRED MEDICAL POLICIES

| Medical | Policy | Policy Change Summary | Effective | Products | Policy Type |
|---------|--------|-----------------------|-----------|----------|-------------|
|---------|--------|-----------------------|-----------|----------|-------------|

| Policy Title  | Number |   | Date            | Affected            |                          |
|---|--------|---|-----------------|---------------------|--------------------------|
| Automated Point of Care Nerve Conduction Tests  | 222    | Policy is retired.<br><br>Code 95905 added on MP #400 Medical Technology Assessment Noncovered Services.                | January 1, 2021 | Commercial Medicare | Neurology                |
| Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy) | 797    | Policy is retired.<br><br>For medical necessity criteria, see <a href="#">AIM Clinical Appropriateness Guidelines</a> . | January 4, 2021 | Commercial          | Oncology Genetic Testing |
| Ingestible pH and Pressure Capsule  | 045    | Policy is retired. This is now a covered service.   | January 1, 2021 | Commercial Medicare | Gastro-enterology        |
| Lysis of Epidural Adhesions   | 598    | Policy is retired.<br><br>62263, 62264 added on MP #400 Medical Technology Assessment Noncovered Services.              | January 1, 2021 | Commercial Medicare | Neurology                |
| Phototherapeutic Keratectomy  | 597    | Policy is retired.  | January 1, 2021 | Commercial Medicare | Ophthalmology            |
| Transanal Radiofrequency Treatment of Fecal Incontinence                                | 309    | Policy is retired. Narrative added on MP #400 Medical Technology Assessment Non-Covered Services List.                  | January 1, 2021 | Commercial Medicare | Gastro-enterology        |

### New 2021 Category III CPT Codes

All category III CPT Codes, including new 2020 codes, are **non-covered** unless they are explicitly described as “medically necessary” in a BCBSMA medical policy. To search for a particular code, click the following link: [https://www.bluecrossma.com/common/en\\_US/medical\\_policies/medcat.htm](https://www.bluecrossma.com/common/en_US/medical_policies/medcat.htm) and type the code in the search box on the page. Consult the coverage statement of any associated medical policy. ***If there is no associated policy, the code is non-covered.***