

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.

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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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 <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.

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"> Updated version: NCCN ® Guideline Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic v1.2021 CPT codes were updated 	January 4, 2021	Commercial	Genetic Testing Oncology
Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis	<ul style="list-style-type: none"> Prenatal cell-free DNA (cfDNA) screening was expanded to cover screening in twin pregnancies CPT codes were updated 	January 4, 2021	Commercial	Genetic Testing Obstetrics Gynecology
Molecular Testing of Solid and Hematologic Tumors and Malignancies	<ul style="list-style-type: none"> General Coverage Criteria <ul style="list-style-type: none"> Criteria was clarified for FDA companion diagnostic somatic multi-gene panel testing Liquid Biopsy Criteria <ul style="list-style-type: none"> 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 CPT codes were updated 	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.

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"> ▪ Cystic fibrosis carrier screening was expanded. ▪ Criteria for carrier screening that is not clinically appropriate were updated. 	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"> ▪ Genetic counseling requirements were updated. ▪ Criteria across WES testing (Phenotype Suspicious for a Genetic Diagnosis, Epilepsy, Hearing Loss, and Whole Exome Reanalysis) were updated. 	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 AIM Clinical Appropriateness Guidelines .	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. 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
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Policy Title	Number		Date	Affected	
Automated Point of Care Nerve Conduction Tests	222	Policy is retired. 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. For medical necessity criteria, see AIM Clinical Appropriateness Guidelines .	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. 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 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.***