



MEDICAL POLICY ANNOUNCEMENTS

Posted January 2022

This document announces new medical policy changes that take effect April 1, 2022. Changes affect these specialties:

- [Durable Medical Equipment](#)
- [Hematology](#)
- [Neurology Neurosurgery and Orthopedics](#)

Note that revised, clarified, or retired policies may have separate effective dates. See details in the table below.

DURABLE MEDICAL EQUIPMENT

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Manual and Power Operated Wheelchairs	365	<p>Policy clarified: Prior authorization for power operated wheelchairs will be required April 1, 2022, for Commercial and Medicare.</p> <p>Prior authorization will not be required for manual wheelchairs.</p>	April 1, 2022	Commercial Medicare	Prior authorization required effective April 1, 2022.

HEMATOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma	066	<p>Policy revised. New medically necessary indications described for B-cell acute lymphoblastic leukemia.</p> <p>Brexucabtagene autoleucl is considered medically necessary for adult patients with relapsed/refractory B-cell acute lymphoblastic leukemia.</p>	January 1, 2022	Commercial	Prior authorization still required.

		See CAR T-Cell Therapy Services for B-cell Acute Lymphoblastic Leukemia (Brexucabtagene Autoleucel) Prior Authorization Request Form #945.			
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NEUROLOGY NEUROSURGERY AND ORTHOPEDICS

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Diagnosis and Treatment of Sacroiliac Joint Pain	320	<p>Policy clarified. "Transiliac placement" and "eg, iFuse" added to the medically necessary statement on sacroiliac joint fusion.</p> <p>See Diagnosis and Treatment of Sacroiliac Joint Pain Prior Authorization Request Form #927.</p>	January 1, 2022		Prior authorization still required.

New 2022 Category III CPT Codes

All category III CPT Codes, including new 2022 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.**

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.

Definitions

Medically Necessary: Procedure, services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine

Edits: Blue Cross Blue Shield of Massachusetts uses edits to enforce medical policies. These system edits use CPT/HCPCS and ICD-10 diagnosis codes to ensure claims are processing according to the medical policy.

Post Payment Review: After a claim has been paid, Blue Cross Blue Shield of Massachusetts will review the paid claim and determine if the claim has been paid appropriately.

Prior Authorization: Certain inpatient and outpatient services are reviewed to determine if they are medically necessary and appropriate for the member. If the determination is made that the services are medically necessary, an approval—or authorization— is sent in writing to the member, primary care provider (PCP), the treating physician, and the facility, if applicable, to let them know that the services have been approved.

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