MASSACHUSETTS

MEDICAL POLICY ANNOUNCEMENTS

Posted January 2023

This document announces new medical policy changes that take effect April 1, 2023.
Changes affect these specialties:

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

INFECTIOUS DISEASES

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Pathogen Panel Testing	045	**Policy clarified** to include the following microorganisms under nucleic acid testing panel: Anaplasma phagocytophilum; Babesia microti; Borrelia miyamotoi; Ehrlichia chaffeensis New codes for microorganisms are effective 1.1.2023.	January 1, 2023	Commercial Medicare	No action required

LABORATORY SERVICES

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Diagnostic Laboratory Services	139	**Policy revised** to include the following note under serum iron studies: Children ages 0-3 are covered for serum ferritin for anemia screening.	April 1, 2023	Commercial	No action required

NEUROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Aducanumab for Alzheimer Disease	946	**Policy clarified.** Medicare National Coverage Determination (NCD) 200.3: Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease will be followed for Medicare Advantage members.	January 12, 2023	Medicare	No action required

ONCOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Axillary Reverse Mapping for Prevention of Breast Cancer-Related Lymphedema	184	**New medical policy** describing investigational indications.	April 1, 2023	Commercial Medicare	No action required

ORTHOPEDICS NEUROSURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used with Autologous Bone Marrow)	254	**Policy clarified.** Added: Allograft and bone substitute products used with autologous bone marrow. Policy statements unchanged.	December 1, 2022	Commercial Medicare	No action required

Manipulation under Anesthesia	483	**Policy revised.** Manipulation under Anesthesia for Treatment of Adhesive Capsulitis of the Shoulder was removed from this policy. InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	No action required
InterQual® Musculo-skeletal Services Management	220	**New policy.** Prior authorization will be required for inpatient and outpatient pre-scheduled musculoskeletal services, such as spine, joint, and pain management procedures. For the list of codes that will require prior authorization, see InterQual® Musculoskeletal Services Management Program CPT and HCPCS Codes, #221.	April 1, 2023	Commercial Medicare	Prior authorization will be required
Artificial Intervertebral Disc - Cervical Spine	585	**This policy will be retired.** InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	Submit prior authorization requests using Authorization Manager
Diagnosis and Treatment of Sacroiliac Joint Pain	320	**This policy will be retired.** InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	Submit prior authorization requests using Authorization Manager
Epidural Steroid Injections	690	**This policy will be retired.** InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	Submit prior authorization requests using Authorization Manager
Facet Joint Denervation	140	**This policy will be retired.** InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	Submit prior authorization requests using Authorization Manager

Percutaneous Balloon Kyphoplasty, Radio-frequency Kyphoplasty and Mechanical Vertebral Augmentation	485	**This policy will be retired.** InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	Submit prior authorization requests using Authorization Manager
Percutaneous Vertebroplasty and Sacroplasty	484	**This policy will be retired.** InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	Submit prior authorization requests using Authorization Manager
Spinal Cord and Dorsal Root Ganglion Stimulation	472	**This policy will be retired.** InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	Submit prior authorization requests using Authorization Manager
Total Ankle Replacement	193	**This policy will be retired.** InterQual® criteria will be used to determine coverage for this procedure.	April 1, 2023	Commercial Medicare	Submit prior authorization requests using Authorization Manager

Clarification. Effective April 1, 2023, the following codes will be removed from non-covered for all products. The codes will be added to the Musculoskeletal InterQual Program and prior authorization will be required. Prior authorization requests should be submitted using Authorization Manager.

- 0440T Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
- 0441T Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
- 0442T Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve)

PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medicare Advantage Part B Step Therapy	020	**Policy revised.** Cimerli added to Step 2 medication (prior authorization will be required for members new to therapy; existing users within the past 365 days will be grandfathered).	February 1, 2023	Medicare	Providers will be required to use Avastin prior to use of Beovu, Byooviz, Cimerli, Eylea, Lucentis, or Macugen.

Medicare Advantage Part B Medical Utilization Management	125	**Policy revised.** Aduhelm added to Part B Medical Utilization Management.	January 12, 2023	Medicare	Providers will be required to submit a Prior Authorization request for the use of Aduhelm.
Infertility Step Therapy	014	Policy is retired.	January 1, 2023	Commercial	No action required

RADIATION ONCOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Quality Care Cancer Program (Radiation Oncology) CPT and HCPCS Codes	938	**Policy revised.** The following codes will be removed from the AIM Radiation Oncology Program. G6001; G6002; G6003; G6004; G6005; G6006; G6007; G6008; G6009; G6010; G6011; G6012; G6013; G6014; G6015; G6016; G6017.	April 8, 2023	Commercial Medicare	Prior authorization will no longer be required.

RADIOLOGY IMAGING

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Advanced Imaging/ Radiology CPT and HCPCS Codes	900	**Policy revised.** Radiotracer codes A9602; A9800 added. These codes will require prior authorization through AIM Specialty Health. A9602 Fluorodopa f-18, diagnostic, per millicurie A9800 Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie	April 8, 2023	Commercial Medicare	Prior authorization will be required through AIM Specialty Health.

New 2023 Category III CPT Codes

All category III CPT Codes, including new 2023 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.org/medical-policies/
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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