

May 2021 Medical Policy Announcements

Posted: May 2021

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

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

Retired policies: Effective May 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.

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NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma	066	<p>New medically necessary indications described.</p> <p>Lisocabtagene maraleucel is considered medically necessary for adult patients with specific types of aggressive non-Hodgkin lymphoma.</p> <p>Policy title changed from Chimeric Antigen Receptor Therapy for Hematologic Malignancies to Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma.</p> <p>See new policy #941 Prior Authorization Request Form for CAR T-Cell Therapy Services for Non-Hodgkin Lymphoma (Lisocabtagene Maraleucel).</p>	May 1, 2021	Commercial	Hematology
Retinal Telescreening for Diabetic Retinopathy	065	<p>New medically necessary indications described.</p> <p>Automated image analysis may be considered medically necessary for screening for diabetic retinopathy.</p>	August 1, 2021	Commercial	Ophthalmology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Cardiac Rehabilitation in the Outpatient Setting	916	Investigational policy statement clarified for intensive cardiac rehabilitation with the Benson-Henry Institute Program.	May 1, 2021	Commercial	Cardiology Rehabilitation
Cochlear Implant	478	Policy statement clarified on replacement of internal and/or external components solely for the purpose of upgrading to a next-generation device; providers should determine the reasonable useful lifetime of the device to be five years.	May 1, 2021	Commercial	Oto-laryngology
Continuous Passive Motion in the Home Setting	407	Not medically necessary, clarified to investigational in	May 1, 2021	Commercial	Orthopedics Rehabilitation

		second policy statement. Policy intent unchanged.			
Gender Affirming Services (Transgender Services)	189	Policy statement on fertility preservation clarified to meet the intent of the policy. Inclusive of members prior to gender affirmation surgery or hormone treatment (for members who have already started hormone therapy, they are expected to stop and assess sperm/egg quality prior to cryopreservation). Prior authorization is required for fertility preservation.	May 1, 2021	Commercial Medicare	Plastic and Reconstructive Surgery
Medical Technology Assessment Noncovered Services	400	CPT codes 64912 and 64913 were removed. 64912: Nerve repair; with nerve allograft, each nerve, first strand (cable) 64913: Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	April 16, 2021	Commercial Medicare	Plastic Surgery General Surgery
ST2 Assay for Chronic Heart Failure	530	Title changed. Policy clarified to remove myTAIHEART assay; Allosure and AlloMap. These tests are managed through AIM Specialty Health.	April 19, 2021	Commercial	Cardiology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Implantation of Intrastromal Corneal Ring Segments	235	Policy is retired.	May 1, 2021	Commercial Medicare	Ophthalmology
Keratoprosthesis	221	Policy is retired.	May 1, 2021	Commercial Medicare	Ophthalmology
Vagus Nerve Blocking Therapy for Treatment of Obesity	644	Policy is retired.	May 1, 2021	Commercial	Gastro- enterology

NEW PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective date
None	N/A	N/A	N/A

REVISED PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective date
Medicare Advantage Part B Step Therapy	020	<p>Riabni™</p> <ul style="list-style-type: none"> ▪ We are adding Riabni as a Step 2 therapy to pharmacy medical policy #020 for non-oncology indications. ▪ Oncology indications will be managed by AIM Quality Care Cancer Program (Medical Oncology) in medical policy #099 ▪ Currently, there is no specific code for this drug. A Not Otherwise Classified code (NOC) with an NDC may be used to report the drug. ▪ When a specific HCPCS code is assigned for this medication, the policy will be updated with the new code and the step therapy guideline will continue to apply. <p>*Pharmacy Medical Policy #099/#105 will be posted on the website June 1, 2021 effective July 1, 2021.</p>	August 1, 2021

CLARIFIED PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective date
Site of Care	137	New medical policy describing our coverage for certain infused medications in a health care provider's office, an ambulatory infusion suite, or through a home infusion therapy provider, unless an alternative site of care (such as a hospital outpatient clinic) is authorized."	September 1, 2021

New 2021 Category III CPT Codes

All category III CPT Codes, including new 2021 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.***