



MEDICAL POLICY ANNOUNCEMENTS

Posted May 2022

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

- [Behavioral Health](#)
- [Dermatology](#)
- [Durable Medical Equipment \(DME\)](#)
- [Endocrinology](#)
- [Gastroenterology](#)
- [Hematology Oncology](#)
- [Multispecialty - Prior Authorization Information](#)
- [Ophthalmology](#)
- [Orthopedics](#)
- [Plastic Surgery](#)
- [Pulmonology](#)

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

BEHAVIORAL HEALTH

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Electrical Stimulation Devices for Psychiatric and Neurological Conditions	157	Policy clarified to include new references.	May 1, 2022	Commercial Medicare	No action required. Still not a covered service.

DERMATOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Treatment of Varicose Veins/Venous Insufficiency	238	Policy clarified. Last criteria clarified under saphenous veins and accessory saphenous veins to state: A failure after the use of medical grade compression stockings (medical	May 1, 2022	Commercial	Prior authorization still required.

		grade at least 20-30mmHg pressure).			
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DURABLE MEDICAL EQUIPMENT (DME)

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Manual and Power Operated Wheelchairs	365	<p>On February 1, 2022, we clarified that prior authorization requirements for power operated wheelchairs were being delayed until further notice.</p> <p>Effective June 1, 2022, prior authorization for power operated wheelchairs will be required.</p> <p>Prior authorization will not be required for manual wheelchairs.</p>	June 1, 2022	Commercial Medicare	Prior authorization required for all Commercial PPO and EPO; HMO and POS products effective June 1, 2022.
Myoelectric Prosthetic and Components for the Upper Limb	227	<p>Policy clarified. Not medically necessary policy statement updated to Investigational for policy standardization purposes.</p> <p>Clarification added that the second policy statement pertains to advanced prosthetic components with both sensor and myoelectric control (e.g., LUKE Arm). Policy intent unchanged.</p>	May 1, 2022	Commercial Medicare	Prior authorization still required.

ENDOCRINOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Insulin Delivery Devices	332	Policy clarified to include a note that Omnipod® DASH and	April 11, 2022	Commercial	No action required.

		Omnipod® 5 can only be obtained through the pharmacy benefit.			
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GASTROENTEROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Serological Diagnosis of Celiac Disease	138	Policy revised. Medically necessary indications described for serologic measurement of deamidated gliadin peptide (DGP) antibodies.	August 1, 2022	Commercial Medicare	No action required.

HEMATOLOGY ONCOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Flow Cytometry for Cell Analysis	342	Policy clarified to include multiple myeloma and myelodysplastic syndromes.	May 1, 2022	Commercial Medicare	No action required.
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Policy clarified. Code 83521 removed from noncovered list. This is a covered service. Code 83521 Immunoglobulin light chains free	May 1, 2022	Commercial Medicare	No action required.

MULTISPECIALTY - PRIOR AUTHORIZATION INFORMATION

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Outpatient Prior Authorization Code List for Commercial	072	Prior authorization implementation. On February 1, 2022, we clarified that outpatient prior authorization requirements for Commercial PPO and EPO were being	June 1, 2022	Commercial	Prior authorization required for Commercial PPO and EPO products effective June 1, 2022.

		<p>delayed until further notice.</p> <p>Effective June 1, 2022, outpatient prior authorization requirements will be implemented for Commercial PPO and EPO.</p>			
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OPHTHALMOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Intravitreal and Punctum Corticosteroid Implants	272	Policy clarified. Editorial refinement to policy statement. Policy intent unchanged.	May 1, 2022	Commercial Medicare	No action required.
Orthoptic Training for the Treatment of Vision or Learning Disabilities	611	Policy clarified. Not medically necessary policy statement changed to Investigational for policy standardization purposes. Policy intent unchanged.	May 1, 2022	Commercial Medicare	No action required.
Viscocanalostomy and Canaloplasty	372	Policy clarified. Not medically necessary policy statement changed to Investigational for policy standardization purposes. Policy intent unchanged.	May 1, 2022	Commercial Medicare	No action required.

ORTHOPEDICS

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Ultrasound Accelerated Fracture Healing Device	497	Policy clarified. Not medically necessary policy statements updated to investigational for policy standardization purposes. Policy intent unchanged.	May 1, 2022	Commercial	No action required.

PLASTIC SURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Surgical and Non-surgical Treatment of Gynecomastia	661	Policy clarified. Prior authorization is no longer required.	June 1, 2022	Commercial Medicare	Prior authorization for Commercial HMO/POS and Medicare HMO and Medicare PPO is no longer required.

PULMONOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Hyperbaric Oxygen Therapy	653	Policy clarified. Prior authorization is no longer required.	June 1, 2022	Commercial Medicare	Prior authorization for Commercial HMO/POS and Medicare HMO and Medicare PPO is no longer 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.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, for 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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