

September 2020 Medical Policy Announcements

Posted: September 2020

New and revised policies: Effective December 2020 (for variable effective dates see table below)

Clarified policies: Posted September 2020 (for variable posted dates see table below)

Retired policies: Effective September 2020

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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None

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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
Benign Skin Lesions	707	Diagnoses codes list added. New diagnoses-to-CPT codes edit implemented. Policy criteria unchanged.	December 1, 2020	Commercial	Dermatology

Epidural Steroid Injections for Neck and Back Pain	690	Epidural steroid injections are considered investigational in all other situations, including but not limited to treatment of spinal stenosis and nonspecific low back pain. Effective 12.1.20, epidural steroid injections will not be reimbursed for spinal stenosis and low back pain.	December 1, 2020	Commercial	Neurology Neurosurgery
Home Cardiorespiratory Monitoring	224	Policy edited to improve overall readability and increase clarity of the policy statements. New not medically necessary indications described for cardiopulmonary evaluation in lower-risk infants following a brief resolved unexplained event (BRUE), which was previously known as an apparent life-threatening event (ALTE).	December 1, 2020	Commercial Medicare	Pulmonology
Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies	634	New investigational indications described for TACE as part of combination therapy (with radiofrequency ablation) for resectable or unresectable hepatocellular carcinoma.	December 1, 2020	Commercial Medicare	Oncology Gastro- enterology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Cochlear Implant	478	Policy statements clarified to reflect expanded indications in children aged 9 months and older with profound bilateral sensorineural hearing loss.	September 1, 2020	Commercial	Oto- laryngology Pediatrics
Electromagnetic Navigation Bronchoscopy	203	Medically necessary policy statement edited for clarity to separate out indications; statements otherwise unchanged.	September 1, 2020	Commercial Medicare	Pulmonology Oncology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
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Noncontact Radiant Heat Bandage for the Treatment of Wounds	656	Policy is retired.	September 1, 2020	Commercial	Dermatology
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New Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Medicare Advantage Part B Medical Utilization Management (MED UM)	125	New policy describing medically necessary indications and Part B criteria.	January 1, 2021

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Medical Benefit Prior Authorization Medication List and Related Policies	034	Authorization requirements will be added to include prior authorization for Commercial PPO and EPO members.	January 1, 2021

New 2020 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.***