

September 2021 Medical Policy Announcements

Posted: September 2021

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

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

Retired policies: Effective September 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.

Table of Contents

NEW MEDICAL POLICIES:

[Digital Health Therapies for Attention Deficit /Hyperactivity Disorder](#)

Table of Contents

REVISED MEDICAL POLICIES:

[Magnetic Resonance Imaging-Guided Focused Ultrasound](#)

[Medicare Advantage Management](#)

[Outpatient Prior Authorization Code List for Commercial](#)

Table of Contents

CLARIFICATIONS TO MEDICAL POLICIES:

[Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone](#)

[Manual and Power Operated Wheelchairs](#)

[Medical Technology Assessment Noncovered Services](#)

Table of Contents

RETIRED MEDICAL POLICIES:

None

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Digital Health Therapies for Attention Deficit /Hyperactivity Disorder	947	New policy describing investigational indications for the treatment of attention deficit/hyperactivity disorder.	December 1, 2021	Commercial Medicare	Pediatrics Behavioral Health

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Magnetic Resonance Imaging-Guided Focused Ultrasound	243	New investigational indications described for the treatment of medication-refractory tremor dominant Parkinson disease.	December 1, 2021	Commercial	Obstetrics Gynecology
Medicare Advantage Management	132	Outpatient prior authorization requirements added for Medicare Advantage PPO.	January 1, 2022	Medicare	Multispecialty

Outpatient Prior Authorization Code List for Commercial	072	Outpatient prior authorization requirements added for Commercial PPO and EPO.	January 1, 2022	Commercial	Multispecialty
---	-----	---	-----------------	------------	----------------

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone	260	Title changed to "Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone." Policy statement revised to align with separation of indications by tumor location - intent unchanged.	September 1, 2021	Commercial Medicare	Oncology
Manual and Power Operated Wheelchairs	365	<p>We announced in July 2021 the following new policies effective October 1, 2021:</p> <ul style="list-style-type: none"> ▪ MP 365 Manual Wheelchair Bases ▪ MP 366 Power Mobility Devices ▪ MP 367 Wheelchair Options/Accessories ▪ MP 368 Wheelchair Seating. <p>We will be combining these separate medical policies under policy #365 Manual and Power Operated Wheelchairs. Policy #365 is effective October 1, 2021.</p> <p>A note about prior authorization Effective January 1, 2022, prior authorization will be required for power-operated wheelchairs. Prior authorization will not be required for manual wheelchairs.</p>	September 1, 2021	Commercial	Rehabilitation Medicine
Medical Technology Assessment Noncovered Services	400	Cryosurgical Ablation of Posterior Nasal Nerve for Chronic Rhinitis (Clarifix™) added under the narrative section.	September 1, 2021	Commercial Medicare	Oto-laryngology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
----------------------	---------------	-----------------------	----------------	-------------------	-------------

None	N/A	N/A	N/A	N/A	N/A
------	-----	-----	-----	-----	-----

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.***