



MEDICAL POLICY ANNOUNCEMENTS

Posted September 2022

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

- [Behavioral Health](#)
- [Genetic Testing: Hematology and Oncology](#)
- [Oral Maxillofacial](#)
- [Orthopedics; Neurosurgery](#)
- [Otolaryngology](#)
- [Pharmacy](#)
- [Radiation Oncology](#)
- [Sleep Management](#)

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
Digital Health Technologies: Diagnostic Applications	175	New medical policy describing investigational indications.	December 1, 2022	Commercial Medicare	No action required.

GENETIC TESTING: HEMATOLOGY AND ONCOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies	790	<p>Policy retired. We will be using AIM's Clinical Appropriateness Guidelines for Molecular Testing of Solid and Hematologic Tumors and Malignancies.</p> <p>Providers may access and download a copy of AIM's current guidelines here. For questions related to the guidelines, please contact AIM via email at</p>	September 4, 2022	Commercial Medicare	Prior authorization still required through AIM Specialty Health.

		aim.guidelines@aimspecialtyhealth.com			
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ORAL MAXILLOFACIAL

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Temporomandibular Joint Disorder (TMJD)	035	Policy clarified. Splint therapy, including a mandibular orthopedic repositioning appliance (MORA) and measuring, fabricating and adjusting the splint, added under nonsurgical treatments of TMJD.	September 1, 2022	Commercial Medicare	No action required.

ORTHOPEDICS; NEUROSURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Bone Morphogenetic Protein	097	Policy clarified. FDA-approved INFUSE™ products added. Policy statements unchanged.	August 12, 2022	Commercial Medicare	No action required.

OTOLARYNGOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Balloon Sinuplasty for Treatment of Chronic Sinusitis	582	Policy clarified. Balloon reduction of inferior turbinate hypertrophy added to the list of investigational indications.	September 1, 2022	Commercial Medicare	No action required.

PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Injectable Specialty	071	Policy revised to add Leqvio (inclisiran).	January 1, 2023	Commercial	No action required.

Medication Coverage					
Medicare Advantage Part B Step Therapy	020	Byooviz 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).	October 1, 2022	Medicare	Providers will be required to use Avastin prior to use of Beovu, Byooviz, Eylea, Lucentis, or Macugen.

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	<p>Pluvicto A9607 radiopharmaceutical implementation is delayed.</p> <p>Prior authorization requirement through AIM Specialty Health is being delayed from October 8, 2022, to November 8, 2022.</p> <p>Pluvicto services prior to November 8, 2022: PA is not required through Blue Cross.</p> <p>Pluvicto services on or after November 8, 2022: PA is required through AIM.</p> <p>A9607 Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie (Pluvicto)</p> <p>Unlisted code (A9699) will not require prior authorization from AIM Specialty Health or from Blue Cross.</p> <p>Quadramet A9604</p>	November 8, 2022	Commercial Medicare	Prior authorization is required through AIM Specialty Health.

		Prior authorization is not required from AIM Specialty Health or from Blue Cross. This drug is no longer manufactured.			
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SLEEP MANAGEMENT

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	130	<p>Policy statement on Hypoglossal Nerve Stimulation retired from MP #130.</p> <p>For coverage information, see AIM Specialty Health Guidelines.</p> <p>Providers may access and download a copy of AIM's current guidelines here. For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com</p>	September 11, 2022	Commercial Medicare	Prior authorization is required through AIM Specialty Health.

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, 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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