

## November 2020 Medical Policy Announcements

Posted: November 2020

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

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

Retired policies: Effective November 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](mailto:ebr@bcbsma.com).

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#### NEW MEDICAL POLICIES:

None

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#### REVISED MEDICAL POLICIES:

[Ablation of Peripheral Nerves to Treat Pain](#)

[Scenesse \(afamelanotide\) for Treatment of Erythropoietic Protoporphria](#)

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#### CLARIFICATIONS TO MEDICAL POLICIES:

[Medical Technology Assessment Investigational \(Non-Covered\) Services List](#)

[Laparoscopic and Transcervical Techniques for the Myolysis of Uterine Fibroids](#)

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#### RETIRED MEDICAL POLICIES:

[Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions](#)

[Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions](#)

[Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes](#)

[Radioimmunoscintigraphy Imaging and Monoclonal Antibody Imaging Using Technetium-99m Nofetumomab](#)

[Merpentan \(Verluma\)](#)

[Radioimmunoscintigraphy Imaging and Monoclonal Antibody Imaging Using In-111 Satumomab Pendetide](#)

[\(OncoScint\) or Tc-99m Arcitumomab IMMU-4, CEA-Scan](#)

#### 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 |
|---|---------------|--|------------------|---------------------|-------------|
| Ablation of Peripheral Nerves to Treat Pain | 794           | Cryoneurolysis was added to the investigational statement on occipital neuralgia or cervicogenic headache; other statements unchanged. | February 1, 2021 | Commercial Medicare | Neurology   |
| Scenesse (afamelanotide) for Treatment of   | 077           | New medically necessary and investigational indications  | February 1, 2021 | Commercial Medicare | Dermatology |

|                                |  |   |  |  |  |
|--------------------------------|--|---|--|--|--|
| Erythropoietic Protoporphyrria |  | described. Prior authorization is required. |  |  |  |
|--------------------------------|--|---|--|--|--|

**CLARIFICATIONS TO MEDICAL POLICIES**

| Medical Policy Title   | Policy Number | Policy Change Summary   | Posted Date      | Products Affected   | Policy Type           |
|--|---------------|---|------------------|---------------------|-----------------------|
| Medical Technology Assessment Investigational (Non-Covered) Services List      | 400           | Code 0421T clarified coverage for Medicare Advantage.<br><br>Code C2596 clarified coverage for Medicare Advantage.<br><br>C2596 Probe, image-guided, robotic, waterjet ablation | November 1, 2020 | Medicare            | Urology               |
| Laparoscopic and Transcervical Techniques for the Myolysis of Uterine Fibroids | 244           | Policy title clarified. Terminology for transcervical procedure clarified. Policy statements unchanged.   | November 1, 2020 | Commercial Medicare | Obstetrics Gynecology |

**RETIRED MEDICAL POLICIES**

| Medical Policy Title   | Policy Number | Policy Change Summary  | Effective Date   | Products Affected   | Policy Type   |
|--|---------------|--|------------------|---------------------|---------------|
| Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions               | 343           | Policy is retired.<br><br>For coverage information, see Vascular Endothelial Growth Factor (VEGF) Inhibitors Step Therapy #092.  | November 1, 2020 | Commercial Medicare | Ophthalmology |
| Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions                 | 401           | Policy is retired.<br><br>For coverage information, see Vascular Endothelial Growth Factor (VEGF) Inhibitors Step Therapy #092.  | November 1, 2020 | Commercial Medicare | Ophthalmology |
| Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes | 654           | Policy is retired.<br><br>CPT code 81506 is addressed in MP 400.<br><br>81506: Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score | November 1, 2020 | Commercial Medicare | Endocrinology |
| Radioimmunosintigraphy Imaging and Monoclonal  | 640           | Policy is retired.   | November 1, 2020 | Commercial Medicare | Oncology      |

|  |     |                    |                  |                     |          |
|--|-----|--------------------|------------------|---------------------|----------|
| Antibody Imaging Using Technetium-99m Nofetumomab Merpentan (Verluma)  |     |                    |                  |                     |          |
| Radioimmunoscinigraphy Imaging and Monoclonal Antibody Imaging Using In-111 Satumomab Pentetide (OncoScint) or Tc-99m Arcitumomab IMMU-4, CEA-Scan | 638 | Policy is retired. | November 1, 2020 | Commercial Medicare | Oncology |

**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](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.***