



# MEDICAL POLICY ANNOUNCEMENTS

Posted November 2021

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

- [Allergy Immunology and Otolaryngology](#)
- [Alternative Medicine](#)
- [Durable Medical Equipment and Rehabilitation Medicine](#)
- [Oncology](#)
- [Pharmacy](#)

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

## ALLERGY IMMUNOLOGY AND OTOLARYNGOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Cryoablation for Chronic Rhinitis	843	<p><b>New medical policy</b> describing ongoing investigational indications.</p> <p>Ongoing investigational policy statement transferred from MP 400 to new policy <b>#843</b> Cryoablation of Chronic Rhinitis.</p> <p>HCPCS code: C9771 remains investigational.</p>	November 1, 2021	Commercial Medicare	No action required.
Intraoperative Neurophysiologic Monitoring Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring	211	<p><b>Policy clarified</b> to indicate that IONM of the facial nerve may be indicated during cochlear implantation, middle ear, and mastoid surgery and other neurotologic/otologic surgical procedures).</p>	November 1, 2021	Commercial	Outpatient prior authorization still required.
Medical Technology Assessment Investigational	400	<p><b>Ongoing investigational policy</b> statement on cryoablation for chronic rhinitis removed and</p>	November 1, 2021	Commercial Medicare	No action required.

(Non-Covered) Services List		transferred to new policy <b>#843</b> Cryoablation of Chronic Rhinitis.			
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## ALTERNATIVE MEDICINE

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Complementary Medicine	178	<p><b>Policy clarified</b> to add bioelectromagnetic therapy as an investigational service.</p> <p><b>Policy clarified</b> to include description, summary and references from literature search through October 2021.</p> <p>Ongoing investigational policy statement unchanged.</p>	November 1, 2021	Commercial Medicare	No action required

## DURABLE MEDICAL EQUIPMENT AND REHABILITATION MEDICINE

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Durable Medical Equipment (DME)	842	<b>New medical policy</b> listing DME medical policies.	February 1, 2022	Commercial	No action required.
Manual and Power Operated Wheelchairs	365	<p><b>Policy clarified:</b> Prior authorization for power operated wheelchairs will be required February 1, 2022, instead of January 1, 2022, as previously announced on September 1, 2021.</p> <p>Prior authorization will not be required for manual wheelchairs.</p>	Prior authorization for power operated wheelchairs required <b>February 1, 2022</b>	Commercial	Outpatient prior authorization required.

## ONCOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Surgical and Debulking Treatments for Lymphedema	037	<b>Policy clarified:</b> Criteria pertaining to Bioimpedance (L-Dex) differential of at least 10 units was removed. Policy intent is unchanged.	November 1, 2021	Commercial Medicare	No action required.

## PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Site of Care	137	<b>New pharmacy policy implementation cancelled:</b> Policy #137 Site of Care is not being implemented as previously announced in May 2021.	N/A	N/A	No action required.

## 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.***

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).

## 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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