



MEDICAL POLICY ANNOUNCEMENTS

Posted October 2022

This document announces new medical policy changes that take effect January 1, 2023.
Changes affect these specialties:

- [Behavioral Health](#)
- [Cardiology](#)
- [Durable Medical Equipment](#)
- [Endocrinology](#)
- [Hematology and Oncology](#)
- [Neurology and Neurosurgery](#)
- [Obstetrics and Gynecology](#)
- [Oral Maxillofacial Surgery](#)
- [Orthopedics](#)
- [Urology](#)

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
Zulresso™ (Brexanolone) for the Treatment of Post-Partum Depression	147	Policy is revised to include adults 15 years or older as per the United States Food and Drug Administration expansion in the prescribing label.	January 1, 2023	Commercial Medicare	No action required.
Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Mental Health Conditions	087	Annual policy review. Description, summary and references updated. Policy statements updated to clarify that maintenance/ continuation therapy or repeat treatment of Esketamine or IV ketamine is considered investigational.	January 1, 2023	Commercial	Prior authorization is still required.

CARDIOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
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Minimally Invasive Coronary Artery Bypass Graft Surgery	553	Policy is retired.	October 1, 2022	Commercial Medicare	No action required.
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DURABLE MEDICAL EQUIPMENT

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	498	Enforcement update. Diagnoses codes list added. New diagnoses-to-CPT codes edit implemented. Policy criteria unchanged.	November 14, 2022	Commercial	No action required.

ENDOCRINOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems	107	Policy is clarified to include medically necessary policy statements for individuals with type 2 diabetes who require multiple daily doses of insulin and whose diabetes is poorly controlled.	October 1, 2022	Commercial	No action required.

HEMATOLOGY AND ONCOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Therapeutic Radiopharmaceuticals in Oncology	028	Policy is retired. Radiopharmaceuticals will be managed by AIM Specialty Health Radiation Oncology Program. Prior authorization is required through AIM Specialty Health.	October 8, 2022	Commercial Medicare	No action required.

		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			
Chimeric Antigen Receptor Therapy for Multiple Myeloma	942	New medically necessary indications added for Ciltacabtagene Autoleucel (CiltaCel)	October 1, 2022	Commercial Medicare	Prior Authorization is required.
Isolated Limb Perfusion or Infusion for Malignant Melanoma	124	Policy is retired.	October 1, 2022	Commercial Medicare	No action required.

NEUROLOGY AND NEUROSURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Surgical Left Atrial Appendage Occlusion Devices for Stroke Prevention in Atrial Fibrillation	176	New medical policy describing investigational indications.	January 1, 2023	Commercial Medicare	No action required.
Spinal Cord and Dorsal Root Ganglion Stimulation	472	Policy clarified. Peripheral neuropathy updated to include diabetic peripheral neuropathy.	October 1, 2022	Commercial Medicare	No action required.
Adrenal-to-Brain Transplantation	627	Policy is retired.	October 1, 2022	Commercial Medicare	No action required.
Stereotactic Radio-frequency Pallidotomy for the	626	Policy is retired.	October 1, 2022	Commercial Medicare	No action required.

Treatment of Parkinsons Disease					
Embryonic Mesencephalic Transplantation for the Treatment of Parkinsons Disease	625	Policy is retired.	October 1, 2022	Commercial Medicare	No action required.

OBSTETRICS AND GYNECOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Home Uterine Activity Monitoring	043	Policy is retired.	October 1, 2022	Commercial Medicare	No action required.
Assisted Reproductive Services	086	Annual policy review. ASRM society guidelines reviewed and added. Clarifications made to donor sperm section and voluntary sterilization section. References added.	January 1, 2023	Commercial Medicare	No action required.

ORAL MAXILLOFACIAL SURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Temporo-mandibular Joint Disorder	035	Policy is clarified. Prior authorization is required for surgical treatments of TMJD only. Diagnostic procedures and nonsurgical treatments do not require prior authorization.	September 6, 2022	Commercial Medicare	No action required.

ORTHOPEDICS

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Thermal Capsu- lorrhaphy as a Treatment of Joint Instability	591	Policy is retired.	October 1, 2022	Commercial Medicare	No action required.

UROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Transvaginal and Transurethral Radio- frequency Tissue Remodeling for Urinary Stress Incontinence	523	Policy is retired.	October 1, 2022	Commercial	No action required.

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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