

April 2021 Medical Policy Announcements

Posted: April 2021

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

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

Retired policies: Effective April 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.

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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

Radiation Oncology					
Quality Care Cancer Program (Radiation Oncology)	937	<p>Blue Cross Blue Shield of Massachusetts has delegated utilization management of outpatient radiation oncology services to AIM Specialty Health (AIM), an independent company, for Commercial and Medicare Advantage products. Prior authorization through AIM Specialty Health for radiation oncology will be implemented.</p> <p>Commercial Prior authorization for Commercial HMO/POS and PPO/EPO will be required.</p> <p>Medicare Advantage Prior authorization for Medicare HMO Blue and PPO Blue will be required.</p> <p>For medical necessity criteria, see AIM Clinical Appropriateness Guidelines.</p>	July 1, 2021	Commercial Medicare	Oncology
Quality Care Cancer Program (Radiation Oncology) CPT and HCPCS Codes	938	<p>List of CPT and HCPCS codes that require prior authorization as part of the AIM Quality Care Cancer Program. AIM Specialty Health, an independent company, administers the program on our behalf. These apply to Commercial and Medicare Advantage products.</p> <p>For medical necessity criteria, see AIM Clinical Appropriateness Guidelines.</p>	July 1, 2021	Commercial Medicare	Oncology

Blue Cross Blue Shield of Massachusetts will be retiring the following Radiation Oncology Medical Policies

The following Radiation Oncology medical policies **will be retired effective July 1, 2021**. These policies will no longer be available on the Blue Cross website as of this date. For medically necessary indications, see the [AIM Clinical Appropriateness Guidelines for Radiation Oncology](#).

Retired Radiation Oncology Medical Policies	Policy Number
Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early-Stage Breast Cancer	326
Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	175
Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	437
Electronic Brachytherapy for Nonmelanoma Skin Cancer	739
Endobronchial Brachytherapy	091
High-Dose Rate Temporary Prostate Brachytherapy	353
Hydrogel Spacer use During Radiotherapy for Prostate Cancer	743
Intensity Modulated Radiation Therapy of the Prostate	090
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Intensity-Modulated Radiation Therapy: Abdomen and Pelvis	165
Intensity-Modulated Radiation Therapy: Cancer of the Head and Neck or Thyroid	164
Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	602
Intraoperative Radiation Therapy	278
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy	277

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Amniotic Membrane and Amniotic Fluid	643	Affinity added to medically necessary statement for the treatment of diabetic foot ulcers; edits made to investigational statement on human amniotic products.	July 1, 2021	Commercial Medicare	Multispecialty
Bioengineered Skin and Soft Tissue Substitutes	663	New investigational indications described: <ul style="list-style-type: none"> ▪ Superior capsular reconstruction using acellular dermal matrix to restore the superior capsule (preventing upward migration of the humeral head) in the setting of massive, irreparable rotator cuff tears ▪ Use of ADM to augment rotator cuff repairs. 	July 1, 2021	Commercial Medicare	Orthopedics
Gender Affirming Services (Transgender Services)	189	Policy statement on oocyte, embryo, or sperm retrieval, freezing and storage for transgender members revised to clarify fertility preservation criteria prior to genital gender affirming surgery. Clarified that adequate sperm or egg evaluation would be needed to be eligible.	April 1, 2021	Commercial Medicare	Plastic and Reconstructive Surgery

Temporomandibular Joint Disorder	035	Investigational policy statement modified to include platelet concentrates.	July 1, 2021	Commercial Medicare	
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Effective for dates of service on and after May 1, 2021, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines [here](#). For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Oncologic Imaging	<p>Alignment with updated United States Preventive Services Task Force USPSTF recommendation: Screening for lung cancer: USPSTF recommendation statement. JAMA. 2021;325(10):962-70.</p> <p>Lung cancer screening Expanded low-dose CT screening for ages equal to or greater than 50 and less than or equal to 80 AND 20 or greater pack-year history of cigarette smoking</p>	May 1, 2021	Commercial Medicare	Radiology Pulmonology Oncology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	498	<p>Invasive, semi-invasive, and noninvasive electrical stimulation are investigational as an adjunct to cervical fusion surgery and for failed cervical spine fusion.</p> <p>Effective 4/1/2021, invasive, semi-invasive, and noninvasive electrical stimulation as an adjunct to cervical fusion surgery and for failed cervical spine fusion will not be reimbursed.</p>	April 1, 2021	Commercial Medicare	Neurology Neurosurgery
Medical and Surgical Management of Obesity including Anorexiant	379	Policy statement for adolescent bariatric surgery clarified due to updated weight-based criteria used for adults issued by the American Academy of Pediatrics.	April 1, 2021	Commercial	Gastro-enterology
Medical Technology Assessment Noncovered Services	400	<p>Q9950 removed from non-covered list.</p> <p>Q9950 Injection, sulfur hexafluoride lipid microspheres, per ml</p>	April 1, 2021	Commercial Medicare	Multi-specialty

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Implantable Miniature Telescope (IMT)	464	Policy is retired.	April 1, 2021	Commercial	Ophthalmology
Surgical Treatment of Femoroacetabular Impingement	145	Policy is retired.	April 1, 2021	Commercial Medicare	Orthopedics
Transurethral Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia	060	Policy is retired. See policy #744 for coverage information.	April 1, 2021	Commercial	Urology

NEW PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective date
Site of Care	137	Implement a new Site of Care policy.	September 1, 2021
Medical Oncology			
Quality Care Cancer Program (Medical Oncology)	099	Implement a new policy in conjunction with our Quality Care Cancer Program which covers infused oncologic medications.	July 1, 2021
Supportive Care Treatments for Patients with Cancer	105	Implement a new policy with the white blood cell growth factor medications in conjunction with our Quality Care Cancer Program.	July 1, 2021

REVISED PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective date
Medicare Advantage Part B Step Therapy	020	<p>Moving Granulocyte Colony Stimulants (filgrastim) and Granulocyte Colony Stimulants (pegfilgrastim) to AIM MP 099.</p> <p>Moving Anti-HER2 Monoclonal Antibody to AIM MP 105.</p> <p>All other drugs that have an oncology indication will be managed by AIM, non-oncology indications will be managed by BCBSMA.</p> <p>Update HCPCS Codes Table; Policy History; and References.</p>	July 1, 2021

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 Blue Cross 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.**