



# MEDICAL POLICY ANNOUNCEMENTS

Posted April 2022

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

- [Behavioral Health](#)
- [Clinical Laboratory](#)
- [Gastroenterology](#)
- [Multispecialty](#)
- [Obstetrics and Gynecology](#)
- [Orthopedic Surgery](#)
- [Otolaryngology](#)
- [Pharmacy](#)
- [Radiology – Vascular Imaging](#)

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
Applied Behavior Analysis (ABA)	091	<b>Policy revised.</b> Policy notes for ABA updated to include additional information for standard treatment protocols for behavior identification assessment, behavior identification supporting assessment and adaptive behavior treatment protocols for focused ABA and comprehensive ABA treatment. Added note for group adaptive behavior treatment regarding standard treatment protocols.	July 1, 2022	Commercial	PA still required.
Medical Technology Assessment Noncovered Services	400	<b>Policy clarified.</b> Prescription Digital Therapeutics for Substance Abuse (HCPCS A9291) <b>added to non-covered list.</b>	April 1, 2022	Commercial Medicare	No action required.

## CLINICAL LABORATORY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical Technology Assessment Noncovered Services	400	<b>Policy clarified.</b> Wound panel added to non-covered list.	March 17, 2022	Commercial Medicare	No action required.

## GASTROENTEROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Endoscopic retrograde cholangio-Pancreato-graphy (ERCP) with Laser or Electro-hydraulic Lithotripsy	209	<b>Policy is retired.</b> This is a covered service.	April 1, 2022	Commercial Medicare	No action required.

## MULTISPECIALTY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Amniotic Membrane and Amniotic Fluid	643	<b>Policy revised.</b> New investigational statement added for repair following Mohs microsurgery.	July 1, 2022	Commercial Medicare	No action required.

## OBSTETRICS GYNECOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Maternal Serum Biomarkers for Prediction of Adverse	163	<b>New policy</b> describing ongoing investigational indications.	April 1, 2022	Commercial Medicare	No action required.

Obstetric Outcomes		Noncovered CPT codes moved from MP 400 Medical Technology Assessment Noncovered Services.			
Laparoscopic and Transcervical Techniques for the Myolysis of Uterine Fibroids	244	<p><b>Policy clarified.</b> Policy intent remains unchanged.</p> <p>Title changed to Laparoscopic, percutaneous, and transcervical techniques for uterine fibroid myolysis.</p>	April 1, 2022	Commercial Medicare	No action required.

## ORTHOPEDIC SURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical Technology Assessment Noncovered Services	400	<p><b>Policy clarified.</b> Regenerative Peripheral Nerve Interface (RPNI) during amputation added to list of non-covered services.</p>	April 1, 2022	Commercial Medicare	No action required.

## OTOLARYNGOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Cryoablation for Chronic Rhinitis	843	<p><b>Policy revised.</b> New investigational indications described for radiofrequency ablation and laser ablation for chronic rhinitis.</p> <p>Title changed to Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis.</p>	July 1, 2022	Commercial Medicare	No action required.
Temporomandibular Joint Disorder	035	<p><b>Policy revised.</b> Investigational policy statement modified to</p>	July 1, 2022	Commercial Medicare	No action required.

		include dextrose prolotherapy.			
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## PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medicare Advantage Part B Step Therapy	020	<p><b>Riabni moving to Step 1 medication</b> (which means it will no longer require prior authorization).</p> <p><b>Truxima moving to Step 2 medication</b> (prior authorization will be required for members new to therapy; existing users within the past 365 days will be grandfathered).</p>	July 1, 2022	Medicare	Providers will be required to use Riabni or Ruxience prior to use of Rituxan or Truxima.

## RADIOLOGY - VASCULAR IMAGING

The following updates will apply to the AIM Clinical Appropriateness Guidelines for Radiology. 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](mailto:aim.guidelines@aimspecialtyhealth.com)

AIM GUIDELINE	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Stenosis or occlusion, extracranial carotid arteries	<p><b>Stenosis or occlusion, extracranial carotid arteries</b></p> <p><i>See separate indication for acute stroke or transient ischemic attack.</i> Vascular imaging is considered medically necessary in patients who are candidates for carotid revascularization in <b>ANY</b> of the following scenarios:</p> <ul style="list-style-type: none"> <li>• Screening <ul style="list-style-type: none"> <li>➢ Starting 5 years post-neck irradiation and every 3 years thereafter</li> <li>➢ Initial evaluation of carotid calcification incidentally detected on nonvascular imaging</li> </ul> </li> <li>• Surveillance of established carotid disease</li> </ul>	June 12, 2022	Commercial Medicare	Prior authorization still required via AIM.

	<ul style="list-style-type: none"> <li>○ Stenosis or occlusion in asymptomatic persons with no prior revascularization <ul style="list-style-type: none"> <li>○ Moderate (50%-69%) stenosis: every 12 months</li> <li>○ Severe (70% or greater) stenosis: every 6 months</li> </ul> </li> <li>○ Post-revascularization <b>after the first year: every 12 months</b></li> </ul> <p><i>Note: Revascularization refers to carotid endarterectomy or carotid artery stenting. Standard field of view for advanced imaging of the neck includes the aortic arch.</i></p> <p><b>Explanation of change</b></p> <ul style="list-style-type: none"> <li>• Screening: New indications post neck irradiation, for incidental carotid calcification</li> <li>• Surveillance: alignment with SVS guideline for annual imaging post-revascularization after first year (<b>reduced frequency for residual severe stenosis by prior GL</b>; no change for mild-moderate residual stenosis; <b>expansive when no residual stenosis</b>).</li> </ul>			
Stroke or transient ischemic attack (TIA), extracranial evaluation	<p><b>Stroke or transient ischemic attack (TIA), extracranial evaluation</b></p> <p>Vascular imaging is considered medically necessary in <b>ANY</b> of the following scenarios:</p> <ul style="list-style-type: none"> <li>• Acute (7 days or less) stroke/TIA in <b>ANY</b> of the following scenarios: <ul style="list-style-type: none"> <li>○ Acute stroke in an interventional candidate</li> <li>○ Evidence of acute ischemia or infarct on brain imaging</li> <li>○ Evaluation following acute TIA</li> </ul> </li> <li>• Subacute (within 30 days) stroke/TIA in <b>EITHER</b> of the following scenarios: <ul style="list-style-type: none"> <li>○ Signs or symptoms attributable to the anterior (carotid) circulation, in patients who are</li> </ul> </li> </ul>	June 12, 2022	Commercial Medicare	Prior authorization still required via AIM.

	<p>candidates for carotid revascularization</p> <ul style="list-style-type: none"> <li>○ Signs or symptoms other than syncope attributable to the posterior circulation</li> <li>★ Chronic (30 days or more) stroke/TIA when no carotid evaluation since the stroke/TIA event in EITHER of the following scenarios: <ul style="list-style-type: none"> <li>○ Signs or symptoms attributable to the anterior (carotid) circulation, in patients who are candidates for carotid revascularization</li> <li>○ Signs or symptoms other than syncope attributable to the posterior circulation</li> </ul> </li> </ul> <p><b>IMAGING STUDY</b></p> <ul style="list-style-type: none"> <li>- Duplex arterial ultrasound (any indication)</li> <li>- CTA or MRA neck for acute stroke/TIA, subacute stroke/TIA, and chronic posterior circulation stroke/TIA</li> <li>- CTA or MRA neck for chronic anterior circulation stroke/TIA when duplex arterial ultrasound cannot be performed or is nondiagnostic</li> </ul> <p><b>Explanation of change</b></p> <ul style="list-style-type: none"> <li>● Recategorization into dedicated Stroke/TIA section (no content change for Acute Stroke/TIA)</li> <li>● Subacute stroke/TIA: allow CTA/MRA Neck without previously prerequisite US in alignment with 2021 AHA/ASA guidelines</li> <li>● Chronic stroke/TIA: New Carotid US indication given potential for intervention; CTA/MRA Neck allowed for chronic posterior circulation stroke/TIA</li> </ul>			
Pulmonary embolism	<p><b>Pulmonary embolism</b>  Also see <i>Cardiac Imaging guidelines</i>.  <b>ADULT</b></p>	June 12, 2022	Commercial Medicare	Prior authorization still required via AIM.

	<p>Advanced imaging is considered medically necessary in <b>ANY</b> of the following scenarios:</p> <ul style="list-style-type: none"> <li>• <b>Pulmonary embolism likely</b> based on modified Wells criteria<sup>45</sup> (&gt; 4 points)</li> <li>• <b>Pulmonary embolism unlikely</b> based on modified Wells criteria<sup>45</sup> (≤ 4 points) with a positive D-dimer</li> <li>• Suspected pulmonary embolism in pregnancy when PE cannot be excluded by YEARS algorithm (<b>EITHER</b> of the following scenarios): <ul style="list-style-type: none"> <li>○ D-dimer ≥ 1000 ng/mL</li> <li>○ D-dimer ≥ 500 ng/mL and <b>ANY</b> of the following: <ul style="list-style-type: none"> <li>▪ Clinical signs of deep-vein thrombosis, after normal compression ultrasonography</li> <li>▪ Hemoptysis</li> <li>▪ Pulmonary embolism as the most likely diagnosis</li> </ul> </li> </ul> </li> </ul> <p><b>PEDIATRIC</b> Advanced imaging is considered medically necessary in <b>EITHER</b> of the following scenarios:</p> <ul style="list-style-type: none"> <li>• Moderate or high clinical suspicion of pulmonary embolism</li> <li>• Concern for recurrent embolism in patients on adequate medical therapy</li> </ul> <p><b>Explanation of change</b> Removal of CXR requirement added last cycle given lower threshold for elevated D-dimer scenarios, thrombosis related to COVID infection, etc</p>			
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**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](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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