



MEDICAL POLICY ANNOUNCEMENTS

Posted April 2023

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

- [Cardiology](#)
- [Gastroenterology](#)
- [Hematology](#)
- [Oral Maxillofacial Surgery](#)
- [Pharmacy](#)

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

CARDIOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Transcatheter Aortic-Valve Implantation for Aortic Stenosis	392	Policy revised. Investigational policy statement added for use of cerebral embolic protection devices in individuals undergoing TAVI. Minor editorial refinements to existing policy statements; intent unchanged.	July 1, 2023	Commercial	No action required.

GASTROENTEROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical and Surgical Management of Obesity including Anorexiant	379	Policy revised. For completeness, medically necessary policy statement added for individuals who are diabetic and do not have class III obesity. Although no new evidence added for this population, evidence was previously determined to be sufficient.	July 1, 2023	Commercial	Prior authorization is still required for surgical services.

HEMATOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas	143	Policy revised. Medically necessary policy statement added for hepatosplenic T-cell lymphoma.	July 1, 2023	Commercial	Prior authorization is still required.

ORAL MAXILLOFACIAL SURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Temporomandibular Joint Disorder (TMJD)	035	Policy revised. Botulinum toxin A added as investigational under nonsurgical treatments of TMJD.	July 1, 2023	Commercial Medicare	Prior authorization is still required on surgical treatments only.

PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Drugs for Weight Loss	572	Policy revised. Updated to include criteria for Wegovy continuation from 4% to 5% of body weight.	August 1, 2023	Commercial	Prior authorization is still required.
Multiple Sclerosis Prior Authorization and Step Therapy	839	Policy revised. Updated Gilenya criteria to include trial of fingolimod.	August 1, 2023	Commercial	Prior authorization is still required.
Vascular Endothelial Growth Factor (VEGF) Inhibitors Step Therapy	092	Policy revised. Updated to move Beovu and Eylea to Step 3 of the policy.	August 1, 2023	Commercial	Prior authorization is still required.

New 2023 Category III CPT Codes

All category III CPT Codes, including new 2023 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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