



# MEDICAL POLICY ANNOUNCEMENTS

Posted April 2024

This document announces new medical policy changes that take effect July 1, 2024. Changes affect these specialties:

- [Behavioral Health](#)
- [Cardiology](#)
- [Neurology](#)
- [Neurosurgery Orthopedics](#)
- [Pharmacy](#)
- [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
Transcranial Magnetic Stimulation as a Treatment of Depression	297	<b>Policy revised.</b> Prior authorization will be required for Commercial PPO on effective date.	July 1, 2024	Commercial	Prior authorization is required.

## CARDIOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Transcatheter Aortic-Valve Implantation for Aortic Stenosis	392	<b>Policy revised.</b> For TAVI and valve-in-valve TAVI, the criterion of left ventricular ejection fraction greater than 20% was removed.  A statement was added for consideration of individuals who may be at high risk of open surgery but not demonstrated on Society of Thoracic Surgeons risk score.	July 1, 2024	Commercial	No action required.
Cardiovascular Risk Panels	664	<b>Policy 664 retired.</b> Cardiovascular Risk	April 1, 2024	Commercial	No action required.

		Panels transferred to MP 283 Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease.			
Measurement of Lipoprotein-Associated Phospholipase A2 - Lp-PLA2 - in the Assessment of Cardiovascular Risk	558	<b>Policy 558 retired.</b> Measurement of Lipoprotein-Associated Phospholipase A2 in the Assessment of Cardiovascular Risk is transferred to MP 283 Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease.	April 1, 2024	Commercial	No action required.
Biomarker Testing in Risk Assessment and Management of Cardiovascular Disease	283	<b>Policy clarified.</b> Statements from MP 558 Measurement of Lipoprotein-Associated Phospholipase A2 in the Assessment of Cardiovascular Risk and MP 664 Cardiovascular Risk Panels were combined into MP 283.	April 1, 2024	Commercial	No action required.

**NEUROLOGY**

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical Technology Assessment Non-Covered Services List	400	<b>Policy clarified.</b> Multiple Sclerosis Disease Activity (MSDA) Test added to the narrative section of policy 400.	April 1, 2024	Commercial Medicare	No action required.  This is not a covered service.

**NEUROSURGERY ORTHOPEDICS**

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Intraosseous Basivertebral Nerve Ablation	485	Policy inclusion criteria <b>revised.</b>	July 1, 2024	Commercial	Prior authorization is still required.

## PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Botulinum Toxin Injections	006	<b>Policy revised.</b> Myobloc, Xeomin and Daxxify are being moved to Non-Formulary Non-Covered in the policy.	July 1, 2024	Commercial	Prior authorization is still required.
Immunomodulators for Skin Conditions	010	<b>Policy revised.</b> Rinvoq criteria is being changed. A trial of topical corticosteroid and topical calcineurin inhibitor is required.	July 1, 2024	Commercial	Prior authorization is still required.
Injectable Asthma Medications	017	<b>Policy revised to</b> include dose and frequency requirement for the medications in the policy to coincide with the medical claim system edits.	July 1, 2024	Commercial	Prior authorization is still required.
Anti-Migraine Policy	021	<b>Policy revised.</b> Qulipta is being moved to covered. A note is being added that Vyepi is part of the Medical Utilization Management program.	July 1, 2024	Commercial	Prior authorization is still required.
Medical Benefit Prior Authorization Medication List	034	<b>Policy revised.</b> Vyepi is being added to the Medical Utilization Management list.	July 1, 2024	Commercial	Prior authorization is still required.
Supportive Care Treatments for Patients with Cancer	105	<b>Policy revised.</b> These drugs are being moved to Non-Formulary Non-Covered drugs in the policy: Nivestym, Releuko, Fulphila, Flyneta, Nyvepria, Rolvedon, Stimufend, and Udenyca.	July 1, 2024	Commercial Medicare	Prior authorization is still required.
Hepatitis C Medication Management	344	<b>Policy revised.</b> Vosevi is being added	July 1, 2024	Commercial	Prior authorization is still required.

		to Non-Formulary Non-Covered.  Ledipasvir/sofosbuvir and sofosbuvir/velpatasvir are being moved to covered in the policy.			
Topical Ocular Hydrating Agents	426	<b>Policy revised.</b> Lacrisert is being added to the policy.	July 1, 2024	Commercial	Prior authorization is still required.
Medical Utilization Management (MED UM) & Pharmacy Prior Authorization Policy	033	<b>Policy revised.</b> Dupixent for atopic dermatitis (eczema) criteria is being changed. A trial of topical corticosteroid and topical calcineurin inhibitor is required.	July 1, 2024	Commercial	Prior authorization is still required.
Phosphodiesterase Type-5 Inhibitors for Pulmonary Arterial Hypertension	036	<b>Policy retired.</b> These drugs are covered.	July 1, 2024	Commercial	No action required.
Benign Prostatic Hyperplasia - BPH	040	<b>Policy retired.</b> These drugs are covered.	July 1, 2024	Commercial	No action required.

**UROLOGY**

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical Technology Assessment Non-Covered Services List	400	<b>Policy clarified.</b> Bladder Voiding Pressure Study / Penile Cuff Pressure Test (Urocuff) added to the narrative section of policy 400.	March 1, 2024	Commercial Medicare	No action required.  This is not a covered service.

**New 2024 Category III CPT Codes**

All category III CPT Codes, including new 2024 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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