

## March 2021 Medical Policy Announcements

Posted: March 2021

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

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

Retired policies: Effective March 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](mailto:ebr@bcbsma.com).

### Table of Contents

#### NEW MEDICAL POLICIES:

[Prescription Digital Therapeutics for Substance Abuse](#)

### Table of Contents

#### REVISED MEDICAL POLICIES:

[Bioengineered Skin and Soft Tissue Substitutes](#)

[Bronchial Valves](#)

[Reduction Mammoplasty for Breast-Related Symptoms](#)

### Table of Contents

#### CLARIFICATIONS TO MEDICAL POLICIES:

[Medicare Advantage Management](#)

[Outpatient Prior Authorization Code List for Commercial](#)

[Vitamin D Assay Testing](#)

### Table of Contents

#### RETIRED MEDICAL POLICIES:

[Computed Tomography Perfusion Imaging of the Brain](#)

[Placental/Umbilical Cord Blood as a Source of Stem Cells](#)

### Table of Contents

#### NEW PHARMACY MEDICAL POLICIES:

None

### Table of Contents

#### REVISED PHARMACY MEDICAL POLICIES:

[Immune Modulating Drugs](#)

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Prescription Digital Therapeutics for Substance Abuse	127	New medical policy describing investigational indications.	June 1, 2021	Commercial Medicare	Behavioral Health Psychiatry

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type

Bronchial Valves	313	New medically necessary indications described.	June 1, 2021	Commercial Medicare	Pulmonology
Bioengineered Skin and Soft Tissue Substitutes	663	Soft tissue products added to the investigational list.	June 1, 2021	Commercial Medicare	Plastic Surgery Dermatology
Reduction Mammoplasty for Breast-Related Symptoms	703	Policy criteria on the minimum amount of breast tissue removal was revised from 500 grams to 350 grams.	March 1, 2021	Commercial	Plastic Surgery

**CLARIFICATIONS TO MEDICAL POLICIES**

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Medicare Advantage Management	132	The following commercial policies were retired: MP 285 Placental/Umbilical Cord Blood as a Source of Stem Cells; MP 448 Computed Tomography Perfusion Imaging of the Brain.	March 1, 2021	Medicare	Multispecialty
Outpatient Prior Authorization Code List for Commercial	072	Policy #285 Placental or Umbilical Cord Blood as a Source of Stem Cells retired; outpatient prior authorization requirements removed.	March 1, 2021	Commercial	Multispecialty
Vitamin D Assay Testing	746	Policy clarified to include coverage for rheumatoid arthritis.	March 1, 2021	Commercial	Multispecialty

**RETIRED MEDICAL POLICIES**

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Computed Tomography Perfusion Imaging of the Brain	448	Policy is retired.  For coverage information, see <a href="#">AIM Specialty Health guidelines</a> .	March 14, 2021	Commercial Medicare	Neurology
Placental and Umbilical Cord Blood as a Source of Stem Cells	285	Policy is retired.	March 1, 2021	Commercial Medicare	Hematology

New Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
None	N/A	N/A	N/A

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date

Immune Modulating Drugs	004	Cosentyx criteria revised.	May 6, 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 Blue Shield of Massachusetts medical policy. To search for a particular code, click the following link: [https://www.bluecrossma.com/common/en\\_US/medical\\_policies/medcat.htm](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.***