



MEDICAL POLICY ANNOUNCEMENTS

Posted March 2022

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

- [Behavioral Health](#)
- [Cardiology](#)
- [Durable Medical Equipment](#)
- [Pharmacy](#)

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
Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Mental Health Conditions	087	Annual policy review. References, description and summary reviewed. No changes to policy statements made.	March 1, 2022	Commercial Medicare	Prior authorization still required.

CARDIOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Lipid Apheresis	465	Prior authorization update. Prior authorization will no longer be required for Commercial HMO/POS and Medicare HMO and Medicare PPO.	April 1, 2022	Commercial Medicare	Prior authorization no longer required.

DURABLE MEDICAL EQUIPMENT

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
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Continuous Passive Motion in the Home Setting	407	Enforcement update. Diagnoses codes list added. New diagnoses-to-CPT codes edit implemented. Policy criteria unchanged.	April 1, 2022	Commercial	No action required.
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PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Dificid fidaxomicin	700	Policy is retired.	March 1, 2022	Commercial	Prior authorization no longer required.
Medicare Advantage Part B Step Therapy	020	Avsola moved to Step 1 medication, which means it will no longer require prior authorization.	April 1, 2022	Medicare	Providers will be required to use Avsola or Inflectra prior to use of Remicade or Renflexis.

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.

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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