



MEDICAL POLICY ANNOUNCEMENTS

Posted February 2022

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

- [Behavioral Health](#)
- [Durable Medical Equipment](#)
- [Gastroenterology](#)
- [Infertility/Obstetrics](#)
- [Multispecialty - Prior Authorization Implementation Delayed](#)
- [Neurology Neurosurgery](#)
- [Neurology Neurosurgery Orthopedics Rehabilitation](#)
- [Oncology - Clinical Laboratory](#)
- [Otolaryngology](#)
- [Pharmacy](#)
- [Plastic Surgery and Dermatology](#)
- [Transplantation](#)

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	New policy describing medically necessary indications and prior authorization information. Transferred from InterQual criteria.	March 1, 2022	Commercial Medicare	Providers should continue to request prior authorization.

DURABLE MEDICAL EQUIPMENT

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Manual and Power Operated Wheelchairs	365	Prior authorization requirements for power operated wheelchairs are delayed until further notice .	Delayed until further notice	Commercial	No action required.

GASTROENTEROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon	185	Policy revised. Magnetic capsule endoscopy (NaviCam) added to policy with new indication and investigational policy statement. Title changed to "Wireless Capsule Endoscopy for Gastrointestinal (GI) Disorders."	May 1, 2022	Commercial Medicare	No action required.

INFERTILITY /OBSTETRICS

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Assisted Reproductive Services	086	Policy clarified. Clarification made to additional ICSI criteria section. ICSI is a covered service when done to fertilize cryopreserved eggs.	February 1, 2022	Commercial Medicare	No action required.

MULTISPECIALTY - PRIOR AUTHORIZATION IMPLEMENTATION DELAYED

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Outpatient Prior Authorization Code List for Commercial	072	Outpatient prior authorization requirements for Commercial PPO and EPO are delayed until further notice.	Delayed until further notice	Commercial	No action required.

NEUROLOGY NEUROSURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Laser Interstitial Thermal	948	New policy describing investigational indications.	May 1, 2022	Commercial Medicare	No action required.

Therapy for Neurological Conditions					
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NEUROLOGY NEUROSURGERY ORTHOPEDICS REHABILITATION

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Trans-cutaneous Electrical Nerve Stimulation	003	Policy revised. New investigational indications described for TENS devices for essential tremor and attention deficit hyperactivity disorder.	February 1, 2022	Commercial	No action required.

ONCOLOGY CLINICAL LABORATORY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Policy clarified. NavDx DNA Blood Test for Detection of HPV-driven Cancer added.	February 1, 2022	Commercial Medicare	No action required.

OTOLARYNGOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical Technology Assessment Noncovered Services	400	Policy clarified. Code 42975 removed from Medical Technology Assessment Noncovered Services List. 42975 Diagnostic sleep endoscopy with evaluation of velum, pharynx, tongue base, and larynx	January 1, 2022	Commercial Medicare	No action required.

PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Immune Modulating Drugs	004	Policy revised. In accordance with the FDA change, JAK inhibitors Xeljanz and Rinvoq will transition to the non-preferred in the respective disease states.	March 1, 2022	Commercial	Prior authorization will continue in the same process in line with the FDA change.

PLASTIC SURGERY AND DERMATOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Bioengineered Skin and Soft Tissue Substitutes	663	Policy clarified to include a list of allogeneic acellular dermal matrix products for breast reconstructive surgery.	February 1, 2022	Commercial Medicare	No action required.

TRANSPLANTATION

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Immune Cell Function Assay	182	Policy clarified. Statements reworded for clarity but intent of statements unchanged.	May 1, 2022	Commercial Medicare	No action required.

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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