



MEDICAL POLICY ANNOUNCEMENTS

Posted February 2023

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

[Multispecialty - Transgender Services](#)
[Urology](#)

[AIM Specialty Health Name Change/Rebrand](#)

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

MULTISPECIALTY - TRANSGENDER SERVICES

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Gender Affirming Services (Transgender Services)	189	Annual policy update. WPATH version 8 (9/2022) guidelines and references reviewed and added. Clarifications made to section on hormone therapy. Clarified coding information.	February 1, 2023	Commercial Medicare	No action required

UROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Minimally Invasive and surgical treatment options for Benign Prostatic Hyperplasia	744	New policy statement describing investigational indications for Temporarily Implanted Nitinol Device (iTind) for Benign Prostatic Hyperplasia added.	May 1, 2023	Commercial Medicare	No action required

AIM Specialty Health Name Change/Rebrand

AIM Specialty Health has joined Carelon, a new healthcare services brand dedicated to solving the industry's most complex challenges.

Effective March 1, 2023, AIM Specialty Health is changing its name to Carelon Medical Benefits Management. The AIM Clinical Appropriateness Guideline documents will change to the Carelon Medical Benefits Management Clinical Guidelines. This transition is a name change only.

Note: The intent of our existing documents on Genetic Testing, Radiation Oncology, Medical Oncology, Advanced/Imaging Radiology and Sleep Disorder Management is unchanged.

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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