



MEDICAL POLICY ANNOUNCEMENTS

Posted August 2022

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

- [Dermatology](#)
- [Gastroenterology](#)
- [Neurology](#)
- [Plastic Surgery](#)
- [Radiology - Radiotracers Oncologic Imaging](#)
- [Rehabilitation](#)

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

DERMATOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Treatment of Hyperhidrosis	406	Policy clarified. Minor editorial refinements to policy statements; intent unchanged.	August 1, 2022	Commercial Medicare	No action required.

GASTROENTEROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medicare Advantage Management	132	LCD added. Multiplex Gastrointestinal Pathogen Panel (GPP) Tests for Acute Gastroenteritis (AGE) (L39226) under medical policy #555.	August 1, 2022	Medicare	No action required.

NEUROLOGY REHABILITATION

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Dry Hydrotherapy for Chronic	164	New medical policy describing investigational indications.	November 1, 2022	Commercial	No action required.

Pain Conditions					
Alcohol Injections for Treatment of Peripheral Morton Neuromas	642	Policy retired. Investigational statement transferred to MP 719 Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas.	August 1, 2022	Commercial Medicare	No action required.
Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas	719	Policy clarified. Ongoing intralesional alcohol ablation added to investigational policy statement. Transferred from MP #642 Alcohol Injections for Treatment of Peripheral Morton Neuromas. Policy title changed to "Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas."	August 1, 2022	Commercial Medicare	No action required.

PLASTIC SURGERY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Reconstructive Breast Surgery/ Management of Breast Implants	428	Policy revised. New indications and investigational policy statements added for preventive breast implant explantation to reduce remote risk of anaplastic large cell lymphoma and B cell lymphoma.	November 1, 2022	Commercial Medicare	No action required.

RADIOLOGY – RADIOTRACERS ONCOLOGIC IMAGING

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
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Advanced Imaging Radiology CPT and HCPCS Codes	900	<p>Policy revised. Added radiotracer codes. Prior authorization will be required through AIM Specialty Health.</p> <p>A9596 Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie A9601 Flortaucipir f 18 injection, diagnostic, 1 millicurie</p>	November 1, 2022	Commercial Medicare	Prior authorization is required through AIM Specialty Health
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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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