

July 2021 Medical Policy Announcements

Posted: July 2021

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

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

Retired policies: Effective July 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.

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None

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NEW PHARMACY MEDICAL POLICIES:

None

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REVISED PHARMACY MEDICAL POLICIES:

None

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Allograft Injection for Degenerative Disc Disease	838	New medical policy describing investigational indications.	October 1, 2021	Commercial Medicare	Neurosurgery Neurology Orthopedics

Manual Wheelchair Bases	365	New medical policy describing medically necessary and not medically necessary manual wheelchair bases.	October 1, 2021	Commercial	DME Rehabilitation
Ostomy Supplies	369	New medical policy describing medically necessary and not medically necessary ostomy supplies.	October 1, 2021	Commercial	DME Gastro- enterology
Power Mobility Devices	366	New medical policy describing medically necessary and not medically necessary power mobility devices (power operated vehicles and power wheelchairs).	October 1, 2021	Commercial	DME Rehabilitation
Urological Supplies	370	New medical policy describing medically necessary and not medically necessary urological supplies.	October 1, 2021	Commercial	DME Urology
Wheelchair Options and Accessories	367	New medical policy describing medically necessary and not medically necessary wheelchair options and accessories.	October 1, 2021	Commercial	DME Rehabilitation
Wheelchair Seating	368	New medical policy describing medically necessary and not medically necessary wheelchair seating.	October 1, 2021	Commercial	DME Rehabilitation

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma	066	New medically necessary and investigational indications described for Axicabtagene ciloleucel for adult patients with elapsed or refractory follicular lymphoma after 2 or more lines of systemic therapy. See new policy #944 Prior Authorization Request Form for CAR T-Cell Therapy Services for Follicular Lymphoma (Axicabtagene Ciloleucel).	July 1, 2021	Commercial	Hematology
Computer-Assisted Navigation for Orthopedic Procedure	594	Investigational policy statement revised to include spine surgery.	October 1, 2021	Commercial	Neurosurgery Orthopedics

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Implantable Bone-Conduction and Bone-Anchored Hearing Aids	479	Clarification made to policy statement for FDA approved devices.	July 1, 2021	Commercial Medicare	Otolaryngology
Intraoperative Neurophysiologic Monitoring Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG	211	Monitoring of laryngeal nerve clarified. Total thyroidectomy clarified to include hemithyroidectomy.	July 1, 2021	Commercial	Neurosurgery Otolaryngology
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Advise hydroxychloroquine (HCQ) test added.	July 1, 2021	Commercial Medicare	Multispecialty

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

NEW PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective date
None	N/A	N/A	N/A

REVISED PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective date
None	N/A	N/A	N/A

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 BCBSMA medical policy. To search for a particular code, click the following link: 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.***