



# MEDICAL POLICY ANNOUNCEMENTS

Posted July 2022

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

- [Cardiology](#)
- [Gastroenterology](#)
- [Neurology](#)
- [Otolaryngology](#)
- [Radiation Oncology - Radiopharmaceuticals](#)
- [Radiology - Radiotracers Oncologic Imaging](#)

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

## CARDIOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Leadless Cardiac Pacemakers	038	<b>Policy revised</b> to include investigational statement for the Aveir™ single-chamber transcatheter pacing system for all indications.	October 1, 2022	Commercial	No action required.

## GASTROENTEROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical and Surgical Management of Obesity including Anorexiant	379	<b>Policy clarified.</b> Added policy statements on revision surgery to address perioperative or late complications of a bariatric procedure.	June 22, 2022	Commercial	No action required.

## NEUROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
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Remote Electrical Neuro-modulation for Migraines	145	<b>New medical policy</b> describing ongoing investigational indications. Code K1023 transferred from MP 400 Medical Technology Assessment Noncovered Services to MP 145.  K1023 Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	July 1, 2022	Commercial Medicare	No action required.
Medical Technology Assessment Noncovered Services	400	<b>Investigational (non-covered) code K1023</b> transferred to MP 145 Remote Electrical Neuromodulation for Migraines.	July 1, 2022	Commercial Medicare	No action required.
Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	334	<b>Policy clarified</b> to include the FDA-approved Amplatzer Amulet device.	July 1, 2022	Commercial	No action required.

**OTOLARYNGOLOGY**

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Vestibular Function Testing	024	<b>Policy revised.</b> New medically necessary indications described for vestibular evoked myogenic potential (VEMP) testing.	October 1, 2022	Commercial Medicare	No action required.

**RADIATION ONCOLOGY – RADIOPHARMACEUTICALS**

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
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Quality Care Cancer Program (Radiation Oncology) CPT and HCPCS Codes	938	<p><b>Policy revised</b> to add radiopharmaceutical codes.</p> <p>Prior authorization is required through AIM Specialty Health.</p> <p>A9604 Quadramet A9600 Metastron A9543 Zevalin A9513 Lutathera A9590 Azedra A9606 Xofigo A9528 Sodium Iodide 131 A9699 Pluvicto*</p> <p>*Pluvicto will be implemented with the NOC code of A9699 but will be updated when a permanent code is available for the drug.</p>	October 8, 2022	Commercial Medicare	Prior authorization is required through AIM Specialty Health.
Therapeutic Radiopharmaceuticals in Oncology	028	<p><b>Policy will be retired.</b></p> <p>For coverage information, see MP 938 Quality Care Cancer Program (Radiation Oncology) CPT and HCPCS Codes.</p>	October 8, 2022	Commercial Medicare	Prior authorization is required through AIM Specialty Health.

**RADIOLOGY – RADIOTRACERS ONCOLOGIC IMAGING**

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Advanced Imaging Radiology CPT and HCPCS Codes	900	<p><b>Policy revised</b> to add radiotracer codes. Prior authorization will be required through AIM Specialty Health.</p> <p>A9515; A9552; A9580 A9586; A9587; A9588 A9591; A9592; A9593 A9594; A9595; A9597 A9598; Q9982; Q9983</p>	October 8, 2022	Commercial Medicare	Prior authorization is required through AIM Specialty Health.

## 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](mailto: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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