MEDICAL POLICY ANNOUNCEMENTS
Posted July 2023

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

[Cardiology](#)
[Pediatrics](#)
[Pharmacy](#)

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	**Policy revised.** Medically necessary statements were added for Aveir and Micra AV transcatheter pacing systems with criteria. Medical necessity criteria were updated for both Micra and Aveir devices based on labeled indications for use and responses to structured requests for clinical input.	October 1, 2023	Commercial	No action required.

PEDIATRICS

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Diagnostic Laboratory Services	139	**Policy revised** to include the following note under complete blood count: Children ages 0-4 are covered for anemia screening when billed with 85027.	October 1, 2023	Commercial	No action required.

PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Gene Therapies for Bladder Cancer	159	**New medical policy** describing medically necessary and investigational indications. [Prior Authorization request Form for Adstiladrin (nadofaragene firadenovec-vncg), #193](#)	June 8, 2023	Commercial Medicare	Prior authorization is required.
Entyvio (Vedolizumab)	162	**Policy criteria revised**.	June 1, 2023	Commercial	Prior authorization is still required.
Immune Modulating Drugs	004	**Policy criteria revised.**	June 1, 2023	Commercial	Prior authorization is still required.

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.