



MEDICAL POLICY ANNOUNCEMENTS

Posted June 2024

This document announces new medical policy changes that take effect September 1, 2024. Changes affect these specialties:

- [Behavioral Health](#)
- [Cardiology Pulmonology Endocrinology](#)
- [Gastroenterology](#)
- [Neurology](#)
- [Oncology](#)
- [Ophthalmology](#)
- [Pharmacy Hematology](#)
- [Plastic Surgery Dermatology](#)
- [Rehabilitation](#)

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

BEHAVIORAL HEALTH

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Zulresso™ (Brexanolone) for the Treatment of Post-Partum Depression	147	Annual policy review. References reviewed. No changes to policy statements made.	June 1, 2024	Commercial Medicare	Prior authorization is still required.
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/ Neurologic Disorders	297	Policy clarified. Prior authorization will be required on codes 90867 90868 90869 for commercial PPO products. PA is already required for Medicare Advantage and commercial HMO and POS.	July 1, 2024	Commercial Medicare	Prior authorization is still required.

CARDIOLOGY PULMONOLOGY ENDOCRINOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
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Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM)	082	<p>New policy on RPM describing medically necessary indications for chronic obstructive pulmonary disease, heart failure, and diabetes.</p> <p>RTM is considered investigational.</p>	September 1, 2024	Commercial Medicare	No action required.
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GASTROENTEROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical and Surgical Management of Obesity including Anorexiant	379	<p>Policy revised. New medically necessary statement added for bariatric surgery in adults with Class 2 obesity and at least 1 obesity-related comorbid condition.</p> <p>Medically necessary statement on revision surgery clarified to include GERD as an indication for revision surgery.</p> <p>Policy statements and evidence review indications revised to align with current obesity classification terminology and clinical practice guidelines.</p>	September 1, 2024	Commercial	Prior authorization is required for surgical services.

NEUROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Monoclonal Antibodies for Treatment of Alzheimer's Disease	946	<p>Policy revised to include medically necessary and investigational indications for Leqembi (lecanemab).</p>	June 1, 2024	Commercial	Prior authorization is required.

		Prior Authorization Request Form #949			
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ONCOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Surgical and Debulking Treatments for Lymphedema	037	Policy clarified. Lymphovenous bypass for the prevention of lymphedema is investigational.	June 1, 2024	Commercial Medicare	Prior authorization is required for Commercial.

OPHTHALMOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Retinal Prosthesis	606	Policy 606 retired. Second Sight discontinued the Argus II retinal prosthesis in 2019.	June 1, 2024	Commercial Medicare	No action required.
Orthoptic Training for the Treatment of Vision or Learning Disabilities	611	Policy 611 retired. This is a covered service.	June 1, 2024	Commercial Medicare	No action required.

PHARMACY HEMATOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Gene Therapies for Sickle Cell Disease	050	Policy clarified. Updated criteria for history of supportive care measures to include additional examples of pain medications for an acute pain event. Prior Authorization Request Form #079	May 10, 2024	Commercial Medicare	Prior authorization is still required.

Gene Therapies for Sickle Cell Disease	050	Policy clarified. Prior authorization is required for Lyfgenia code J3394. Prior Authorization Request Form #079	July 1, 2024	Commercial Medicare	Prior authorization is still required.
Gene Therapies for Thalassemia	215	Policy clarified. Prior authorization is required for Zynteglo code J3393. Prior Authorization Request Form #216	July 1, 2024	Commercial Medicare	Prior authorization is still required.
Outpatient Prior Authorization Code List for Commercial Plans	072	Policy clarified. MP 050 Gene Therapies for Sickle Cell Disease. Prior authorization is required for Lyfgenia code J3394. MP 215 Gene Therapies for Thalassemia. Prior authorization is required for Zynteglo code J3393.	July 1, 2024	Commercial	Prior authorization is still required.

PLASTIC SURGERY DERMATOLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Plastic Surgery	068	Policy clarified. Laser treatments of port wine stains or hemangiomas of the face and neck are covered. Authorizations are not required for laser treatments of port wine stains/hemangiomas on the face and neck in children and adults.	May 1, 2024	Commercial	No action required.
Gender Affirming Services (Transgender and Gender Diverse Services)	189	Policy clarified to: <ul style="list-style-type: none"> include coverage for facial feminization procedures i.e., orbital contouring. exclude coverage for monsplasty. 	June 1, 2024	Commercial Medicare	No action required.

REHABILITATION

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Hippotherapy	560	Policy 560 retired. Ongoing investigational statement transferred to MP 400 MTAG Non-covered services list.	June 1, 2024	Commercial Medicare	No action required.

New 2024 Category III CPT Codes

All category III CPT Codes, including new 2024 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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