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**UROLOGY AND OBSTETRICS/GYNECOLOGY
MEDICAL POLICY GROUP**

Co-chairs
Katherine Dallow, MD, MPH • Vice President • Clinical Programs and Strategy
Desiree Otenti, ANP, MPH, Senior Director • Medical Policy Administration

September 29 th 2020	12-2 pm	Conference call only. Please email ebr@bcbsma.com for more information.
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Invited: Katherine Dallow, MD, MPH, co-chair (Medical Policy Administration), Desiree Otenti, ANP, co-chair, (Medical Policy Administration); Grace Baker, MSW, LCSW, (Medical Policy Administration); Laura Barry, RN, BSN, (Medical Policy Administration); Craig Haug, MD, (Surgery); Thomas Hawkins, MD, (Internal Medicine); Kenneth Duckworth, MD, (Psychiatry); Peter Lakin, R.Ph, (Pharmacy Operations); Thomas Kowalski, R.Ph, (Clinical Pharmacy)

Invited Physician Guest(s): Representatives from the Massachusetts Society of Urology, Representatives from the Massachusetts Society of Obstetrics and Gynecology;

RSVP to EBR@BCBSMA.com

Network physicians who plan to attend the meeting must confirm and provide their contact information by email to EBR@bcbsma.com **at least 48 hours before the meeting**. Please be aware that this meeting may end early if there are no attending providers.

Policies with Upcoming Coverage Updates	
Policy 078 – Sexual Dysfunction Diagnosis and Therapy	Effective 10/1/2020: Policy 078 will be updated to indicate that 6 units per 30 days is allowed for generic drug sildenafil. Brand name Viagra remains 4 units per 30 days.
Policy 244 - Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids	Effective 10/1/2020: New medically necessary indications described for laparoscopic radiofrequency ablation of uterine fibroids based on expert opinion.
Policy 123 – Nononcologic Uses of Rituximab	Effective November 1, 2020: New medical policy describing medically necessary indications. Draft policy will be available October 1, 2020.

Policies with Coverage Updates in the Past 12 Months	
Policy 086 – Assisted Reproductive Services (infertility services)	<p>Effective 5/1/2020: Donor sperm, cryopreservation of sperm or testicular tissue and evaluation requirements clarified:</p> <ul style="list-style-type: none"> • Added note in donor sperm section clarifying that not all fees associated with donor sperm are covered • Clarified that Estradiol levels must be equal to or greater than 100 in evaluation requirements for IVF procedure. <p>Effective 3/1/2020: Evaluation and donor requirements clarified:</p> <ul style="list-style-type: none"> • To include 3D ultrasound, and hysterosalpingo contrast sonography (HyCoSy).

	<ul style="list-style-type: none"> • Non-smoking members with an initial negative cotinine level test, are not required to have repeat or ongoing cotinine tests. • Frozen embryo transfer for reciprocal IVF is covered if the recipient meets criteria for donor egg/embryo.
Policy 733 - Focal Treatments for Prostate Cancer	Effective 4/1/2020: Local Coverage Determination (LCD): Salvage High-intensity Focused Ultrasound (HIFU) Treatment in Prostate Cancer (PCa) (L38262) added.
Policy 555 – Identification of Microorganisms Using Nucleic Acid Probes	<p>Effective 3/11/2020: New medically necessary and investigational indications described. Nucleic acid testing without quantification of viral load) is medically necessary for:</p> <ul style="list-style-type: none"> • Chlamydia pneumoniae • Bordetella Pertusis • Mumps • Rubeola (measles) • Influenza Virus • Zika Virus. • <p>Nucleic acid testing respiratory virus panel (without quantification of viral load) is considered medically necessary. Nucleic acid testing panel is investigational for:</p> <ul style="list-style-type: none"> • Central nervous system pathogen panel • Gastrointestinal pathogen panel. <p>Nucleic acid testing using direct or amplified probe technique is investigational for:</p> <ul style="list-style-type: none"> • Gardernella vaginalis.
Policy 968 - AIM Advanced Imaging/Radiology	<p>Effective 2/9/2020:</p> <ul style="list-style-type: none"> • Foreign body (Pediatric only), Gastrointestinal bleeding, Henoch-Schonlein purpura, Hematoma or hemorrhage – intracranial or extracranial, Perianal fistula/abscess (fistula in ano), Ascites, Biliary tract dilatation or obstruction , Cholecystitis, Choledocholithiasis, Focal liver lesion, Hepatomegaly, Jaundice, Azotemia, Adrenal mass, indeterminate, Hematuria, Renal mass, Urinary tract calculi, Adrenal hemorrhage, Adrenal mass, Lymphadenopathy, Splenic hematoma, Undescended testicle (cryptorchidism) • Pancreatic mass <ul style="list-style-type: none"> ○ Separated criteria for solid and cystic pancreatic masses ○ Defined follow up intervals for cystic pancreatic masses • Pancreatic Mass <ul style="list-style-type: none"> ○ Moved this indication to Oncologic Imaging Guideline
Policy 747 – Magnetic Resonance Imaging Targeted Biopsy of the Prostate	Effective February 1, 2020 – This policy is retired. This is now a covered service.
Policy 178 – Complementary Medicine	Effective 1/1/2020: Investigational statement on acupuncture was removed. Clarified coding information.

Policy 744 – Prostatic Urethral Lift	<p>Effective 1/1/2020:</p> <ul style="list-style-type: none"> Medically necessary statement was updated to remove: Patient does not have prostate-specific antigen level ≥ 3 ng/mL. <p>Medically necessary criterion regarding nickel allergy was expanded to include titanium and stainless steel.</p>
Policy 400 – Medical technology Assessment Noncovered Services	<p>Effective 12/1/2019:</p> <ul style="list-style-type: none"> Ongoing investigational code C8937 added. This code was transferred from retired medical policy #578, Computer-Aided Evaluation as an Adjunct to Magnetic Resonance Imaging of the Breast. C8937 Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)
Policy 147 - Zulresso™ (Brexanalone) for the Treatment of Post-Partum Depression	<p>Effective 10/1/2019:</p> <ul style="list-style-type: none"> Policy clarified to state that Zulresso™ must be administered in the inpatient setting.
Policy 336 – Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer	<p>Effective 8/2019:</p> <p>Local Coverage Determination (LCD): Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis (L37733) (4K score) added.</p>

Policies with No Coverage Updates

1. Addyi ([131](#))
2. AIM Genetic Testing Management Program Commercial and Medicare Advantage ([954](#))
3. AIM High Technology Radiology Management Program CPT Codes ([900](#))
4. Benign Prostatic Hyperplasia (BPH) - Prescription Drug Step Therapy: Avodart (Dutasteride) Finasteride; Proscar (Finasteride) ([040](#))
5. Biofeedback as a Treatment of Urinary Incontinence ([173](#))
6. Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds ([175](#))
7. Breast Duct Endoscopy ([493](#))
8. Cellular Immunotherapy for Prostate Cancer ([268](#))
9. Computer-Aided Evaluation as an Adjunct to Magnetic Resonance Imaging of the Breast ([578](#))
10. Cryosurgical ablation of the Prostate ([149](#))
11. Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems) ([492](#))
12. Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery ([546](#))
13. Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer ([204](#))
14. Home Uterine Activity Monitoring ([043](#))
15. Hydrogel Spacer Use During Radiotherapy for Prostate Cancer ([743](#))
16. Incontinence Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence ([471](#))
17. Intensity Modulated Radiation Therapy (IMRT) of the Prostate ([090](#))
18. Intravenous Immunoglobulin (for recurrent fetal loss; recurrent spontaneous abortion) ([310](#))
19. Laboratory Tests for Heart and Kidney Transplant Rejection ([530](#))
20. Mineral Density Studies ([450](#))
21. MRI-Guided Focused Ultrasound - MRgFUS ([243](#))
22. Multimarker Serum Testing Related to Ovarian Cancer ([249](#))
23. Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis ([711](#))
24. Nerve Graft in Association with Radical Prostatectomy ([590](#))
25. Obstetrical Ultrasound and Ultrasound for Family Planning ([007](#))
26. Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Arteries ([242](#))

27. Oncology Drugs ([409](#))
28. Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome ([266](#))
29. Overactive Bladder Medications: Detrol/LA (tolterodine); Ditropan/XL (oxybutynin); Enablex (darifenacin); oxybutynin/ER; Sanctura/XR (trospium); Toviaz (fesoterodine); VESIcare (solifenacin) ([170](#))
30. Pelvic Floor Stimulation as a Treatment of Urinary Incontinence and Fecal Incontinence ([470](#))
31. Percutaneous Tibial Nerve Stimulation ([583](#))
32. Plastic Surgery: Reconstructive and Cosmetic Services (Reconstruction after Mastectomy) ([068](#))
33. Preimplantation Genetic Testing ([088](#))
34. Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension ([919](#))
35. Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) Using In-111 Satumomab Pendetide (OncoScint) or Tc-99m Arcitumomab (IMMU-4, CEA-Scan) ([638](#))
36. Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) with Indium-111 Capromab Pendetide (Prostascint®) for Prostate Cancer ([639](#))
37. Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma) ([640](#))
38. Reconstructive Breast Surgery/Management of Breast Implants ([428](#))
39. Reduction Mammoplasty for Breast-Related Symptoms ([703](#))
40. Sacral Nerve Neuromodulation/Stimulation ([153](#))
41. Saturation Biopsy for Diagnosis and Staging of Prostate Cancer ([307](#))
42. Scintimammography-Breast-Specific Gamma Imaging-Molecular Breast Imaging ([494](#))
43. Serum Biomarker Human Epididymis Protein 4 (HE4) ([290](#))
44. Systems Pathology in Prostate Cancer ([250](#))
45. Testing Serum Vitamin D Levels ([746](#))
46. Transrectal Ultrasound for Staging Rectal Cancer ([679](#))
47. Transrectal Ultrasound of the Prostate ([680](#))
48. Transurethral Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia ([060](#))
49. Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence ([523](#))
50. Tumor Markers for Diagnosis and Management of Cancer ([167](#))
51. Vertebral Fracture Assessment with Densitometry ([449](#))

Reference Policies

Policy 072 - Outpatient Prior Authorization Code List	New policy outlining procedure codes that require prior authorization when performed in the outpatient setting.
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Specialty	Date	Time
Neurology and Neurosurgery	January 28 th , 2020	12 –2 PM
Hematology and Oncology	February 25 th , 2020	9–11 AM
Allergy and ENT/Otolaryngology	Monday March 23 th , 2020	12 –2 PM
Cardiology and Pulmonology	April 28 th , 2020	12 –2 PM
Pediatrics and Endocrinology	May 26 th , 2020	12 –2 PM
Orthopedics, Rehabilitation Medicine and Rheumatology	June 30 th , 2020	12 –2 PM
Psychiatry and Ophthalmology	July 28 th , 2020	12 –2 PM
Urology and Obstetrics/Gynecology	September 29 th , 2020	12 –2 PM
Gastroenterology, Nutrition and Organ Transplantation	October 27 th , 2020	12 –2 PM
Plastic Surgery, Dermatology and Podiatry	November 17 th , 2020	12 –2 PM

For questions: ebr@bcbsma.com