



MASSACHUSETTS

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Medical Policy Updates

Document Number: 999

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FEBRUARY 2019

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Surgical Treatments for Breast Cancer-Related Lymphedema	037	New medical policy describing medically necessary and investigational indications.	May 1, 2019	Commercial Medicare	Oncology

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Aqueous Shunts and Stents for Glaucoma	223	New medically necessary indications described. The use of FDA-approved stent in a stand-alone procedure to reduce IOP pressure is medically necessary. Policy edited to clarify the differences between ab externo shunts and ab interno stents.	May 1, 2019	Commercial	Ophthalmology
Assisted Reproductive Services – Demonstration of Infertility section	086	Premature ovarian insufficiency removed under Demonstration of Infertility section.	May 1, 2019	Commercial Medicare	Obstetrics Gynecology
Fecal Calprotectin Testing	329	New medically necessary indications described. Fecal calprotectin testing is medically necessary when the differential diagnosis is inflammatory bowel disease or irritable bowel syndrome for	May 1, 2019	Commercial Medicare	Gastro-enterology

		whom endoscopy with biopsy is being considered.			
Plastic Surgery Pectus Excavatum/Pectus Carinatum	068	Age criteria to correct pectus excavatum and pectus carinatum removed.	May 1, 2019	Commercial	Plastic Surgery Pulmonology
Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	130	New medically necessary indications described. Hypoglossal nerve stimulation is medically necessary under specified conditions.	May 1, 2019	Commercial Medicare	Pulmonology Otolaryngology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Assisted Reproductive Services Infertility Services - Donor Egg/Donor Embryo section	086	Donor Egg/Embryo section clarified.	February 1, 2019		Obstetrics Gynecology
Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders	524	Investigational indications clarified to indicate eosinophilic asthma.	February 1, 2019	Commercial Medicare	Pulmonology
Medical Technology Assessment Investigational (Non-Covered) Services List	400	DecisionDx Melanoma Test added.	February 1, 2019	Commercial Medicare	Oncology Dermatology
Phototherapy: PUVA, UV-B and Targeted Phototherapy	059	Targeted phototherapy for psoriasis policy #698 transferred to policy 059 Phototherapy: PUVA, UV-B and Targeted Phototherapy. No changes in coverage.	February 1, 2019	Commercial Medicare	Dermatology
Routine Foot Care and Debridement of Nails	385	Class B Findings clarified.	February 1, 2019	Commercial	Dermatology Podiatry

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Light Therapy for Psoriasis	698	Policy #698 retired. Coverage information transferred to	February 1, 2019	Commercial Medicare	Dermatology

		policy #059 Phototherapy: PUVA, UV-B and Targeted Phototherapy.			
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Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Benign Prostatic Hyperplasia - BPH	040	Criteria for tadalafil will be changing and require the use of a combo product which is aligned with guidelines.	May 1, 2019

JANUARY 2019

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Electrical Stimulation Devices for Psychiatric Disorders	157	New medical policy describing investigational indications.	April 1, 2019	Commercial	Psychiatry/ Behavioral Health

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer	336	New investigational tests described.	April 1, 2019	Commercial Medicare	Urology
Closure Devices for Patent Foramen Ovale and Atrial Septal Defects	121	Prior authorization is required in the outpatient setting.	April 1, 2019	Commercial Medicare	Cardiology
Dopamine Transporter Single-Photon Emission Computed Tomography	918	New medically necessary indications described for clinically uncertain Parkinson disease and clinically uncertain dementia with Lewy bodies.	April 1, 2019	Commercial Medicare	Neurology
Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies	790	Policy revised to indicate coverage for pancreatic tumors and metastatic castration-resistant prostate cancer added under table 2a.	April 1, 2019	Commercial Medicare	Hematology Oncology
Intraoperative Neurophysiologic Monitoring: Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring	211	Local Coverage Determination (LCD): Intraoperative Neurophysiological Testing (L34623) added for Medicare Advantage. CPT code 95941 is not a covered service.	October 1, 2018	Medicare	Neurology

Genetic Testing: To access the current version of AIM guidelines, go to http://www.aimspecialtyhealth.com					
Genetic Testing for Single-Gene and Multifactorial Conditions	See AIM Specialty Health Guidelines	Criteria added for chromosomal microarray analysis (CMA) for known or suspected infantile or early-onset epileptic encephalopathy for which likely non-genetic causes have been excluded.	March 31, 2019	Commercial	Non-oncology
Genetic Testing for Hereditary Cancer Susceptibility	See AIM Specialty Health Guidelines	Criteria added for germline testing after a somatic mutation is identified. <ul style="list-style-type: none"> Criteria revised for CHEK2 and PALB2. NCCN category 2B criteria statements removed from general statements of medical necessity. 	March 31, 2019	Commercial	Oncology
Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis	See AIM Specialty Health Guidelines	Criteria clarified for the appropriate use of chromosomal microarray for stillbirth fetuses.	March 31, 2019	Commercial	Obstetrics Gynecology
Molecular Testing of Solid and Hematologic Tumors and Malignancies	See AIM Specialty Health Guidelines	NCCN category 2B criteria statements removed from general statements of medical necessity. Criteria added for ThyroSeq3.0	March 31, 2019	Commercial	Hematology Oncology
Genetic Testing for Whole Exome and Whole Genome Sequencing	See AIM Specialty Health Guidelines	Criteria added for whole exome sequencing for known or suspected infantile or early-onset epileptic encephalopathy for which likely non-genetic causes have been excluded.	March 31, 2019	Commercial	Oncology Obstetrics Gynecology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Laboratory Tests for Heart Transplant Rejection	530	Investigational policy statement clarified.	January 1, 2019	Commercial	Cardiology
Medical Technology Assessment Investigational (Non-Covered) Services List	400	CPT code 53854 is covered for Medicare Advantage according to Local Coverage Determination: Water Vapor Thermal Therapy for LUTS/BPH (L37808).	January 1, 2019	Medicare	Urology

CPT code 53854		53854 Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy			
Medical Technology Assessment Investigational (Non-Covered) Services List CPT code 26040	400	Added coverage for CPT code 26040 fasciotomy, palmar (eg. Dupuytren's contracture); percutaneous.	January 1, 2019	Commercial Medicare	Rheumatology
Methadone Treatment Opioid Use Disorder	274	Updated Note to clarify that take-home doses are covered under provision of licensed outpatient methadone clinic/program. Title changed.	January 1, 2019	Commercial	Psychiatry/ Behavioral Health
Transgender Services	189	Implementation delayed from January 1, 2019 to February 1, 2019.	February 1, 2019	Commercial Medicare	Plastic Surgery
Outpatient Psychotherapy	423	Prior authorization information for Medicare HMO Blue and Medicare PPO Blue clarified. 1/1/2019	January 1, 2019	Medicare	Psychiatry

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
NA	NA	NA	NA	NA	NA

DECEMBER 2018

NEW MEDICAL POLICIES

New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	186	New medical policy describing investigational indications.	March 1, 2019	Commercial Medicare	Otolaryngology

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	048	Policy statement updated to include hyperthermic intraperitoneal chemotherapy for the treatment of newly diagnosed stage III ovarian cancer. Policy title changed.	March 1, 2019	Commercial Medicare	Oncology
Laboratory Tests for Heart and Kidney Transplant Rejection	530	New investigational indications described. Title expanded to include kidney transplant	March 1, 2019	Commercial	Cardiology Urology

		rejection.			
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High Technology Radiology					
Oncologic Imaging	960	Reformatted, redesigned and reorganized to a condition-based structure. Policy statements and covered indications unchanged. Click here to see AIM Clinical Appropriateness Guidelines for Radiology.	March 1, 2019	Commercial	Oncology Hematology
Non-oncologic Imaging of the Abdomen and Pelvis	961	Reformatted, redesigned and reorganized to a condition-based structure. Policy statements and covered indications unchanged. Click here to see AIM Clinical Appropriateness Guidelines for Radiology.	March 1, 2019	Commercial	Gastro- enterology Urology Obstetrics
Non-oncologic Imaging of the Brain	962	Reformatted, redesigned and reorganized to a condition-based structure. Policy statements and covered indications unchanged. Click here to see AIM Clinical Appropriateness Guidelines for Radiology.	March 1, 2019	Commercial	Neurology Otolaryngology
Non-oncologic Imaging of the Chest	963	Reformatted, redesigned and reorganized to a condition-based structure. Policy statements and covered indications unchanged. Click here to see AIM Clinical Appropriateness Guidelines for Radiology.	March 1, 2019	Commercial	Cardiology Pulmonology
Non-oncologic Imaging of the Extremities	964	Reformatted, redesigned and reorganized to a condition-based structure. Policy statements and covered indications unchanged. Click here to see AIM Clinical Appropriateness Guidelines for Radiology.	March 1, 2019	Commercial	Orthopedics

Non-oncologic Imaging: Imaging of the Head and Neck	965	Reformatted, redesigned and reorganized to a condition-based structure. Policy statements and covered indications unchanged. Click here to see AIM Clinical Appropriateness Guidelines for Radiology.	March 1, 2019	Commercial	Neurology Otolaryngology
Non-oncologic Imaging of the Spine	966	Reformatted, redesigned and reorganized to a condition-based structure. Policy statements and covered indications unchanged. Click here to see AIM Clinical Appropriateness Guidelines for Radiology.	March 1, 2019	Commercial	Neurology
Non-oncologic Vascular Imaging	967	Reformatted, redesigned and reorganized to a condition-based structure. Policy statements and covered indications unchanged. Click here to see AIM Clinical Appropriateness Guidelines for Radiology.	March 1, 2019	Commercial	Neurology Otolaryngology Cardiology Pulmonology Gastro- enterology Orthopedics Urology Obstetrics Gynecology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Assisted Reproductive Services	086	Prior authorization requirement for intrauterine insemination removed. Laboratory requirement prior to IVF clarified.	December 1, 2018	Commercial Medicare	Obstetrics Gynecology
Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies	790	Policy clarified to indicate coverage for pediatric tumors under table 2a and pediatric hematologic malignancies under table 2b.	December 1, 2018	Commercial Medicare	Hematology Oncology
Hip Resurfacing	046	Summary clarified to include "partial hip resurfacing device." Description and references updated. Policy	December 1, 2018	Commercial Medicare	Orthopedics

		statements unchanged.			
Medical Technology Assessment Non-covered List	400	ClonoSEQ® Minimal Residual Disease Test added to non-covered list.	December 1, 2018	Commercial Medicare	Hematology
Psychological and Neuropsychological Testing	151	New medical policy describing ongoing medically necessary indications. Information transferred from medical policy #363 Psychological Testing and medical policy #039 Neuropsychological Testing.	January 1, 2019	Commercial Medicare	Behavioral Health
Transgender Services	189	Implementation delayed from December 1, 2018 to January 1, 2019.	January 1, 2019	Commercial Medicare	Plastic Surgery

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Neuropsychological Testing	039	Policy #039 to be retired. Ongoing medically necessary indications transferred to medical policy #151 Psychological and Neuropsychological Testing.	January 1, 2019	Commercial	Behavioral Health
Psychological Testing	363	Policy #363 to be retired. Ongoing medically necessary indications transferred to medical policy #151 Psychological and Neuropsychological Testing.	January 1, 2019	Commercial Medicare	Behavioral Health
Serum Biomarker Tests for Multiple Sclerosis	676	Policy retired.	December 1, 2018	Commercial Medicare	Neurology

NOVEMBER 2018

NEW MEDICAL POLICIES

New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	NA	NA	NA	NA	NA

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Dynamic Spinal Visualization and	195	New investigational indications described. Vertebral Motion	February 1, 2019	Commercial Medicare	Neurology Neurosurgery

Vertebral Motion Analysis		Analysis added to title.			
Magnetic Resonance–Guided Focused Ultrasound	243	Implementation delayed from December 1, 2018 to February 2019.	February 1, 2019	Commercial	Neurology
Medical Technology Assessment Investigational (Non-Covered) Services List - CPT code 55874	400	CPT code 55874 is covered for Medicare Advantage according to Local Coverage Determination (LCD): Prostate Rectal Spacers (L37485). 55874 Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	October 15, 2018	Medicare	Urology
Radiofrequency Ablation of Peripheral Nerves to Treat Pain	794	New investigational indications described: <ul style="list-style-type: none"> • cryoneurolysis for knee osteoarthritis or total knee arthroplasty • Radiofrequency ablation for occipital neuralgia and cervicogenic headache. Title changed.	February 1, 2019	Commercial Medicare	Neurology
Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	130	Policy statements on adenotonsillectomy in children with obstructive sleep apnea and hypertrophic tonsils revised.	February 1, 2019	Commercial Medicare	Pulmonology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Computer-Aided Evaluation as an Adjunct to Magnetic Resonance Imaging of the Breast	578	Description, summary and references updated. Policy statement unchanged.	November 1, 2018	Commercial	Obstetrics Gynecology
Diaphragmatic/ Phrenic Nerve Stimulation and Diaphragm Pacing Systems	593	Investigational policy statements clarified.	November 1, 2018	Commercial	Neurology Neurosurgery
Human Leukocyte Antigen (HLA)	567	This medical policy will not be retired on January 1, 2019 as	November 1, 2018	Commercial Medicare	Gastro- enterology

Testing for Celiac Disease		part of the AIM Genetic Testing Management Program.			
Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	471	Description, summary and references updated. No changes to policy statements.	November 1, 2018	Commercial	Urology
Islet Transplantation	324	Description, summary and references updated. Policy statement unchanged.	November 1, 2018	Commercial	Endocrinology
ST2 Assay for Chronic Heart Failure	723	This medical policy will not be retired on January 1, 2019 as part of the AIM Genetic Testing Management Program.	November 1, 2018	Commercial	Cardiology
Temporomandibular Joint Disorder	035	Summary section clarified. Policy statements unchanged.	November 1, 2018	Commercial Medicare	Otolaryngology
Transcatheter Mitral Valve Repair	692	Summary and references updated. Policy statements unchanged.	November 1, 2018	Commercial	Cardiology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Acute and Maintenance Tocolysis	518	Policy retired. This is a covered service.	November 1, 2018	Commercial Medicare	Obstetrics Gynecology
Endometrial Ablation	331	Policy retired. This is a covered service.	November 1, 2018	Commercial Medicare	Obstetrics Gynecology
Cardiokymography	049	Policy retired. This is a covered service.	November 1, 2018	Commercial Medicare	Obstetrics Gynecology
Phototherapy Light for the Treatment of Seasonal Affective (SAD) and Other Depressive Disorders	037	Policy retired. This is a covered service.	November 1, 2018	Commercial Medicare	Psychiatry
Synthetic Cartilage Implants for Joint Pain	012	Policy retired. This is a covered service.	November 1, 2018	Commercial Medicare	Orthopedics
Urinary Tumor Markers for Bladder Cancer	502	Policy retired. This is a covered service.	November 1, 2018	Commercial Medicare	Urology Oncology

OCTOBER 2018

NEW MEDICAL POLICIES

New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	NA	NA	NA	NA	NA

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Bioengineered Skin and Soft Tissue Substitutes	663	Policy statements on breast reconstructive surgery following cancer treatment using allogeneic acellular dermal matrix products revised.	October 1, 2018	Commercial Medicare	Dermatology Plastic Surgery
Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer	336	<p>Ongoing investigational indications described.</p> <p>For coverage information on the following tests, see medical policy #954, AIM Genetic Testing Management Program and medical policy #957, AIM Genetic Testing Management Program CPT and HCPCS Codes:</p> <ul style="list-style-type: none"> • Genetic Testing (using PCR) for TMPRSS Fusion Genes in Prostate Cancer • Genetic Testing for Mitochondrial DNA Mutation Testing (eg, Prostate Core Mitomics Test™) • Candidate Gene Panels • Gene Hypermethylation Testing (eg, ConfirmMDx®). 	January 1, 2019	Commercial	Urology Oncology
Medical Technology Assessment Non-Covered Services	400	<p>CPT codes 20696 and 20697 were removed. These codes are covered.</p> <p>Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer- assisted adjustment (eg, spatial frame)</p>	September 21, 2018	Commercial Medicare	Orthopedics
Prostatic Urethral Lift	744	The first policy statement revised to indicate that the eligible patient should either be unable to tolerate/failed medical management or not a surgical candidate for TURP.	January 1, 2019	Commercial Medicare	Urology

Hematopoietic Cell Transplantation					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	190	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Allogeneic Hematopoietic Cell transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	155	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Autologous Hematopoietic Stem Cell Transplantation for Malignant Astrocytomas and Gliomas	159	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	076	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Autoimmune Diseases	192	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma	074	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	212	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for CNS Embryonal Tumors and Ependymoma	205	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	204	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology

Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	191	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas	143	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Plasma Cell Dyscracias, Including Multiple Myeloma and POEMS Syndrome	075	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Primary Amyloidosis	181	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation for Solid Tumors of Childhood	208	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Cell Transplantation in the Treatment of Germ-Cell Tumors	247	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma	207	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology
Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia	322	Outpatient prior authorization will be required for all Commercial products including Medicare Advantage.	January 1, 2019	Commercial Medicare	Hematology Oncology

Genetic Testing					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Genetic Testing Management Program	954	<p><u>For Commercial Products</u></p> <p>Prior authorization program for genetic testing and molecular diagnostics will be implemented.</p> <p>Prior authorization for commercial HMO/POS and PPO plans will be required.</p>	January 1, 2019	Commercial	Oncology Cardiology Obstetrics

		<p>Prior authorization will not be required for genetic testing associated with organ transplantation.</p> <p>For medical necessity criteria, see AIM Clinical Appropriateness Guidelines.</p> <p>Click here for additional information about the Genetic Testing Program</p> <p><u>For Medicare Advantage Products</u></p> <p>Prior authorization through AIM Specialty Health is not required for Medicare Advantage products.</p> <p>For specific genetic testing guidelines, see the appropriate National Coverage Determination (NCD) or Local Coverage Determination (LCD) through the CMS website.</p>			
Genetic Testing Management Program CPT and HCPCS Codes	957	<p><u>For Commercial Products</u></p> <p>In-scope CPT and HCPCS codes under the AIM Genetic Testing Management Program for Commercial products described.</p> <p>For medical necessity criteria, see AIM Clinical Appropriateness Guidelines.</p> <p>Click here for additional information about the Genetic Testing Program.</p> <p><u>For Medicare Advantage Products</u></p> <p>Prior authorization through AIM Specialty Health is not required for Medicare Advantage products.</p> <p>For specific genetic testing guidelines, see the appropriate National Coverage Determination (NCD) or Local Coverage Determination (LCD) through the CMS website.</p>	January 1, 2019	Commercial	Oncology Cardiology Obstetrics

Genetic Testing: To access the current version of AIM guidelines, go to http://www.aimspecialtyhealth.com					
Genetic Testing for Heredity Cancer Susceptibility	See AIM Specialty Health Guidelines	Criteria added to allow germline testing (BRCA 1/2, ATM and PALB2) of prostate cancer when an individual has localized stage III, regional or metastatic disease.	January 1, 2019	Commercial Medicare	Oncology
Genetic Testing for Pharmacogenetic and Thrombophilia	See AIM Specialty Health Guidelines	F2/F5 criteria expanded to allow additional management changes for unprovoked VTE and estrogen changes with significant family history.	January 1, 2019	Commercial Medicare	Non-oncology
Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis	See AIM Specialty Health Guidelines	Criteria deleted requiring 10 week gestational age limit and vanishing twin exclusion for non-invasive prenatal testing (NIPT). Criteria expanded for carrier screening to include additional rare genetic variants for conditions common in other ethnicities.	January 1, 2019	Commercial Medicare	Obstetrics Gynecology
Genetic Testing for Single-Gene and Multifactorial Conditions	See AIM Specialty Health Guidelines	Criteria deleted requiring evaluation by a board certified medical geneticist, genetic counselor or other specialist with specific expertise in the condition/genes associated with multi-gene panels.	January 1, 2019	Commercial Medicare	Non-oncology
Molecular Testing of Solid and Hematologic Tumors and Malignancies	See AIM Specialty Health Guidelines	Criteria expanded to include genetic testing for uveal melanoma when an individual meets NCCN guidelines. Exclusion criteria added for prostate cancer screening. Criteria revised for Mammaprint.	January 1, 2019	Commercial Medicare	Hematology

High Technology Radiology					
Computed Tomographic Angiography Coronary arteries (CCTA)	831	Medically necessary indications revised.	January 28, 2019	Commercial	Cardiology
Magnetic Resonance Imaging (MRI) Cardiac	835	Medically necessary indications revised.	January 28, 2019	Commercial	Cardiology

Nuclear Cardiology Myocardial Perfusion Imaging	836	Medically necessary indications revised.	January 28, 2019	Commercial	Cardiology
Positron Emission Tomography (PET) Myocardial Imaging	837	Medically necessary indications revised.	January 28, 2019	Commercial	Cardiology

Sleep Management					
Management of Obstructive Sleep Apnea - OSA using Auto-Titrating Positive Airway Pressure - APAP and Continuous Positive Airway Pressure - CPAP Devices	526	HCPCS code A7047 (oral interface used with respiratory suction pump) removed. The ApniCure Winx device as a treatment for obstructive sleep apnea is no longer available for purchase/use.	January 28, 2019	Commercial	Pulmonology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia	612	Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000) added.	September 1, 2018	Medicare	Hematology
Gene Therapy for Inherited Retinal Dystrophy	911	Policy criteria clarified. Gene Therapy for Inherited Retinal Dystrophy Prior authorization request form, #926 clarified.	September 13, 2018	Commercial Medicare	Ophthalmology
Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes	226	Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000) added.	September 1, 2018	Medicare	Gastroenterology
Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines	096	Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000) added.	September 1, 2018	Medicare	Gastroenterology
Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Diseases	702	Clinical criteria in Table 1 for synovitis clarified under the description section. Summary and references updated.	October 1, 2018	Commercial Medicare	Neurology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
NA	NA	NA	NA	NA	NA

List of Retired BCBSMA Genetic Testing Medical Policies:

The following BCBSMA Genetic Testing Medical Policies will be retired effective January 1, 2019.

Note: These policies will no longer be available on the BCBSMA website as of this date. For medically necessary indications, see the [AIM Clinical Appropriateness Guidelines for non-oncologic and oncologic conditions](#).

Medical Policy Title	Policy Number
Cardiology	
Gene Expression Testing in the Evaluation of Patients with Stable Ischemic Heart Disease	349
Genetic Testing for Congenital Long QT Syndrome	082
Genetic Testing for Dilated Cardiomyopathy	601
Genetic Testing for Marfan Syndrome, Thoracic Aortic Aneurysms and Dissections, and Related Disorders	729
Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy	909
Genotyping for 9p21 Genetic Polymorphisms to Predict Cardiovascular Disease Risk	340
ST2 Assay for Chronic Heart Failure	723
General Genetics	
DNA-Based Testing for Adolescent Idiopathic Scoliosis	545
General Approach to Evaluating the Utility of Genetic Panels	734
General Approach to Genetic Testing	735
Genetic Testing for Alpha Thalassemia	520
Genetic Testing for Alpha-1 Antitrypsin Deficiency	906
Genetic Testing for CHARGE Syndrome	540
Genetic Testing for Facioscapulohumeral Muscular Dystrophy	535
Genetic Testing for Familial Alzheimer's Disease	580
Genetic Testing for Helicobacter Pylori Treatment	288
Genetic Testing for Hereditary Hemochromatosis	908
Genetic Testing for Hereditary Pancreatitis	516
Genetic Testing for Heterozygous Familial Hypercholesterolemia	796
Genetic Testing for Inherited Thrombophilia	802
Genetic Testing for Lactase Insufficiency	565
Genetic Testing for Macular Degeneration	665
Genetic Testing for Muscular Dystrophies	828
Genetic Testing of CADASIL Syndrome	357
Human Leukocyte Antigen (HLA) Testing for Celiac Disease	567
Miscellaneous Genetic and Molecular Diagnostic Tests	712
Whole Exome Sequencing	457
Hereditary Cancer	
Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	574
Genetic Testing for Cutaneous Malignant Melanoma	300
Genetic Testing for Fanconi Anemia	714
Genetic Testing for Hereditary Breast and Ovarian Cancer	245
Genetic Testing for Inherited Susceptibility to Colon Cancer, Including Microsatellite Instability Testing	226
Genetic Testing for Li-Fraumeni Syndrome	684
Genetic Testing for PTEN Hamartoma Tumor Syndrome	615
Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer	252
Musculoskeletal	
Genetic Testing for Limb-Girdle Muscular Dystrophies	738
Genetic Testing for Mitochondrial Disorders	685
Neurology/Psychiatry	
Genetic Testing for Developmental Delay/Intellectual Disability, Autism Spectrum Disorder and	228

Congenital Anomalies	
Genetic Testing for Epilepsy	668
Genetic Testing for FMR1 mutations (including Fragile X Syndrome)	907
Genetic Testing for Mental Health Conditions	669
Genetic Testing for Neurofibromatosis	793
Genetic Testing for Nonsyndromic Hearing Loss	452
Genetic Testing for Rett Syndrome	803
Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies	569
Oncology	
Analysis of MGMT Promoter Methylation in Malignant Gliomas	587
Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	055
BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia	612
BRAF Gene Mutation Testing To Select Melanoma Patients for BRAF Inhibitor Targeted Therapy	398
Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)	797
Detection of Circulating Tumor Cells in the Management of Patients with Cancer	265
Gene Expression Based Assays for Cancers of Unknown Primary	614
Gene Expression Profiling for Cutaneous Melanoma	056
Gene Expression Profiling for Uveal Melanoma	683
Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer: TMPRSS Fusion Genes in Prostate Cancer (using PCR); Mitochondrial DNA Mutation Testing (eg, Prostate Core Mitomics Test™); Candidate Gene Panels; Gene Hypermethylation Testing (eg, ConfirmMDx®)	333
Genetic Testing for CHEK2 Mutations for Breast Cancer	741
Genetic Testing for FLT3 and NPM1 Mutations in Acute Myeloid Leukemia	693
Genetic Testing for Germline Mutations of the RET Proto-Oncogene in Medullary Carcinoma of the Thyroid	564
KIT (c-KIT) Mutation Analysis	829
KRAS and BRAF Mutation Analysis in Metastatic Colorectal Cancer	104
Microarray-based Gene Expression Analysis for Prostate Cancer Management	670
Microarray-Based Gene Expression Profile Testing for Multiple Myeloma Risk Stratification	477
Moderate Penetrance Variants Associated With Breast Cancer in Individuals at High Breast Cancer Risk	722
Molecular Analysis for Targeted Therapy of Non-Small-Cell Lung Cancer	563
Molecular Markers in Fine Needle Aspirates of the Thyroid	913
Molecular Testing for the Management of Pancreatic Cysts or Barrett Esophagus	566
Multigene Expression Assay for Predicting Recurrence in Colon Cancer	239
Non-BRCA Breast Cancer Risk Assessment - e.g., OncoVue	188
Proteogenomic Testing for Patients with Cancer (GPS Cancer Test)	838
Tyrosine Kinase Mutations in Myeloproliferative Neoplasms	079
Pharmacogenetics	
Cytochrome p450 Genotyping	256
Genetic Testing for Lipoprotein(a) Variant(s) as a Decision Aid for Aspirin Treatment	339
Genetic Testing for Statin-Induced Myopathy	575
Genetic Testing for Tamoxifen Treatment	067
Genetic Testing for Warfarin Dose	214
KIF6 Genotyping for Predicting Cardiovascular Risk and or Effectiveness of Statin Therapy	129
Laboratory and Genetic for Use of 5-Fluorouracil in Patients with Cancer	318
Pharmacogenetic Testing for Pain Management	724
Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines	096
Reproductive	
Carrier Screening for Genetic Diseases	666
Chromosomal Microarray Testing for the Evaluation of Pregnancy Loss	686
Invasive Prenatal (Fetal) Diagnostic Testing	708
Noninvasive Fetal RHD Genotyping Using Cell-Free Fetal DNA	667
Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions Using Cell-Free Fetal	628

SEPTEMBER 2018

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Therapeutic Radiopharmaceuticals in Oncology	028	<p>New medical policy describing medically necessary and investigational indications.</p> <p>See Therapeutic Radiopharmaceuticals in Oncology for the Treatment of Gastroenteropancreatic, Bronchopulmonary, and Thymus Neuroendocrine Tumors (Lutetium 177 dotatate) Prior Authorization Request Form, #958.</p> <p>See Therapeutic Radiopharmaceuticals in Oncology for the Treatment of Unresectable, Locally Advanced or Metastatic Pheochromocytoma or Paraganglioma (Iobenguane I-131) Prior Authorization Request Form, #959.</p>	December 1, 2018	Commercial Medicare	Hematology Oncology

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)	797	Local Coverage Determination (LCD): MoIDX: Guardant360® Plasma-Based Comprehensive Genomic Profiling in Non-Small Cell Lung Cancer (NSCLC) (L37699) added.	August 27, 2018	Medicare	Oncology
Magnetic Resonance Imaging–Guided Focused Ultrasound	243	New medically necessary statement added for MRgFUS ablation for the treatment of medicine-refractory essential tremors.	December 1, 2018	Commercial	Oncology Neurology
Plastic Surgery: Abdominoplasty	068	Abdominoplasty is considered cosmetic and not medically necessary.	December 1, 2018	Commercial	Plastic Surgery
Transgender Services	189	Medically necessary criteria revised for surgical revisions. New investigational indications	December 1, 2018	Commercial Medicare	Plastic Surgery/ General

		described. New references added.		.	Surgery
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CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Corneal Collagen Cross-linking	905	Medically necessary statement clarified.	August 27, 2018	Commercial	Ophthalmology
Diaphragmatic/ Phrenic Nerve Stimulation and Diaphragm Pacing Systems	593	National Coverage Determination (NCD) for Phrenic Nerve Stimulator (160.19) added.	September 1, 2018	Medicare	Neurology Neurosurgery Pulmonology
Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies	790	Local Coverage Determination (LCD): Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases (L37606) added.	August 1, 2018	Medicare	Hematology
Genotype-Guided Tamoxifen Treatment	067	Policy title changed to "Genotype-Guided Tamoxifen Treatment." Policy statement otherwise unchanged.	September 1, 2018	Commercial	Oncology
Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas	143	Massachusetts State Mandate, General Laws Part I Title XXII Chapter 175 Section 110L: Clinical Trials; Definitions; Coverage deleted. For information regarding clinical trials, see subscriber certificate.	August 10, 2018	Commercial Medicare	Hematology
Insulin Delivery Devices	332	Medically necessary statements regarding Massachusetts State Mandate, General Laws Part I Title XXII Chapter 175 Section 47N: Items medically necessary for Diagnosis and Treatment of Diabetes clarified.	August 10, 2018	Commercial	Endocrinology
Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease	171	Medically necessary statements under Roman numeral V. State Mandate Chapter 183 of the Acts of 2016, An Act Relative to Long-Term Antibiotic Therapy for the Treatment of Lyme Disease clarified.	August 8, 2018	Commercial Medicare	Neurology
InVitro Chemoresistance	253	CorrectChemo assay removed from the second policy	September 1, 2018	Commercial Medicare	Oncology

and Chemosensitivity Assays		statement; intent of statements unchanged.			
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Policy updated to remove Neuromyelitis Optica IgG. For coverage information, see pharmacy medical policy #310 Intravenous Immunoglobulin.	September 1, 2018	Commercial Medicare	Neurology Ophthalmology
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Policy updated to include WheatZoomer test.	September 1, 2018	Commercial Medicare	Gastro- enterology
Miscellaneous Genetic and Molecular Diagnostic Tests	712	DecisionDx Melanoma was removed from this policy and a new policy on genetic testing for melanoma was created. See medical policy #683 Gene Expression Profiling for Uveal Melanoma. Other policy statements are unchanged.	September 1, 2018	Commercial Medicare	Oncology Ophthalmology
Nuclear Cardiology Myocardial Perfusion Imaging	836	Table 1: Pre-Test Probability of Coronary Artery Disease by Age, Gender and Symptoms, clarified.	August 15, 2018	Commercial	Cardiology
Plastic Surgery: HIV-associated Lipodystrophy	068	Medically necessary statements regarding State Mandate Chapter 233 of the Acts of 2016, "An Act Relative to HIV Associated Lipodystrophy Syndrome Treatment clarified.	August 10, 2018	Commercial	Plastic Surgery
Proteomic Testing for Targeted Therapy in Non-Small-Cell Lung Cancer	709	Description, summary and references updated. Policy statement unchanged.	September 1, 2018	Commercial	Oncology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Catheter Ablation for Cardiac Arrhythmias	123	Policy retired.	September 1, 2018	Commercial Medicare	Cardiology
Computerized 2-lead Resting Electrocardiogram Analysis for the Diagnosis of	312	Policy retired.	September 1, 2018	Commercial	Cardiology

Coronary Artery Disease					
Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma	146	Policy retired.	September 1, 2018	Commercial Medicare	Hematology Oncology
Electrocardiographic Body Surface Mapping	289	Policy retired.	September 1, 2018	Commercial Medicare	Cardiology

REVISED PHARMACY MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective date		
Growth Hormone and Insulin-like Growth Factor	257	Policy updated to align with the Blue Cross Blue Shield Association National policy.	January 1, 2019		
Intravenous Immunoglobulin - Neuromyelitis Optica IgG	310	Policy updated to include Neuromyelitis Optica IgG as a covered indication.	September 1, 2018		
Intravenous Immunoglobulin	310	Policy updated to align with the Blue Cross Blue Shield Association National policy.	January 1, 2019		
Oncology Drugs	409	Policy updated to require Prior Authorization for Tagrisso.	January 1, 2019		

AUGUST 2018

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Adoptive Immunotherapy including CAR T-Cell Therapy	455	Tisagenlecleucel added to the second medically necessary policy statement with modified criteria. See CAR T-Cell Therapy Services for the Treatment of Diffuse Large B-cell Lymphoma (axicabtagene cilleucel or tisagenlecleucel) Prior Authorization Request Form #924.	August 1, 2018	Commercial Medicare	Hematology
BRAF Gene Variant Testing to Select	398	New medically necessary and investigational indications	November 1, 2018	Commercial	Oncology

Melanoma or Glioma Patients for Targeted Therapy		described. Policy title changed.			
Cytochrome P450 Genotype-Guided Treatment Strategy	256	Four criteria removed from the third investigational statement; the intent of statements otherwise unchanged. Policy title changed. Information on pharmacologic treatments used to treat mental health disorders were removed from this policy and added to policy #669 Genetic Testing for Diagnosis and Management of Mental Health Conditions.	November 1, 2018	Commercial	Cardiology Pulmonology
Genetic Testing for Diagnosis and Management of Mental Health Conditions	669	Policy statements revised to specify drugs used to treat mental health conditions. Policy title changed.	November 1, 2018	Commercial	Behavioral Health
Genotype-Guided Warfarin Dosing	214	Investigational policy statement expanded to include genotyping for CYP4F2. Policy title changed to reflect focus on genotype-guided dosing as an intervention.	November 1, 2018	Commercial	Hematology Cardiology Orthopedics
Molecular Markers in Fine Needle Aspirates of the Thyroid	913	Policy statements revised to add investigational statement for TERT single-gene testing and use of RosettaGX Reveal.	November 1, 2018	Commercial	Oncology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Multibiomarker Disease Activity Blood Test for Rheumatoid Arthritis	677	Policy title changed. Background, summary and references updated.	August 1, 2018	Commercial	Rheumatology
Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	120	Policy statement clarified. Background, summary and references updated.	August 1, 2018	Commercial	Pulmonology
Proteogenomic Testing for Patients with Cancer	838	Policy title changed. Background, summary and references updated.	August 1, 2018	Commercial Medicare	Oncology

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RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Mechanical Embolectomy for Treatment of Acute Stroke	184	Policy retired. Policy statements incorporated into medical policy #323 Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms).	August 1, 2018	Commercial Medicare	Neurosurgery
Paternal or Fetal Immunotherapy	387	Policy retired.	August 1, 2018	Commercial Medicare	Obstetrics Gynecology
Percutaneous Transluminal Angioplasty	077	Policy retired.	August 1, 2018	Commercial Medicare	Cardiology

JULY 2018

NEW MEDICAL POLICIES

New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
AXUMIN® (fluciclovine F 18) for Recurrent Prostate Cancer	025	New medical policy describing medically necessary and investigational indications.	July 1, 2018	Commercial Medicare	Oncology Urology
Gene Expression Profiling for Cutaneous Melanoma	056	New medical policy describing investigational indications.	October 1, 2018	Commercial Medicare	Oncology Dermatology

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	347	Investigational indications revised to describe the use of mobile apps.	October 1, 2018	Commercial	Cardiology
Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	101	New investigational indications described.	October 1, 2018	Commercial Medicare	Cardiology
Closure Devices for Patent Foramen Ovale and Atrial	121	New medically necessary indications described.	October 1, 2018	Commercial Medicare	Cardiology

Septal Defects					
Endovascular Stent Grafts for Disorders of the Thoracic Aorta	233	Policy criteria clarified. New investigational indications described.	October 1, 2018	Commercial Medicare	Cardiology
Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease	920	New medically necessary indications described. Title changed. Policy statements transferred from policy 635, Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease/Transoral incisionless fundoplication (TIF)	October 1, 2018	Commercial	Gastro- enterology
Transcatheter Pulmonary Valve Implantation	403	Policy criteria revised.	October 1, 2018	Commercial Medicare	Cardiology Pulmonology
Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease/Transoral incisionless fundoplication (TIF)	635	Policy statements transferred to policy 920, Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease.	October 1, 2018	Commercial	Gastro- enterology

High-Technology Radiology Medical Policies

Radiology policies are being reviewed. Medically necessary guidelines will be revised. Effective October 29, 2018.

Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification (832)
 Computed Tomographic Angiography Coronary arteries (CCTA) (831)
 Computed Tomography (CT) Abdomen & Pelvis Combination (750)
 Computed Tomography (CT) Abdomen (749)
 Computed Tomography (CT) Cardiac (Structure) (833)
 Computed Tomography (CT) Cervical Spine (751)
 Computed Tomography (CT) Chest (752)
 Computed Tomography (CT) CT Colonography (Virtual Colonoscopy) (179)
 Computed Tomography (CT) Head (753)
 Computed Tomography (CT) Lower Extremity (754)
 Computed Tomography (CT) Lumbar Spine (755)
 Computed Tomography (CT) Neck for Soft Tissue Evaluation (756)
 Computed Tomography (CT) Orbit, Sella Trucica, Posterior Fossa, Temporal Bone, Including Mastoids (757)
 Computed Tomography (CT) Paranasal Sinus & Maxillofacial Area (758)
 Computed Tomography (CT) Pelvis (791)
 Computed Tomography (CT) Thoracic Spine (759)
 Computed Tomography (CT) Upper Extremity (760)
 CT Angiography (CTA) Abdomen and Pelvis Combination (761)
 CT Angiography (CTA) Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-Off (762)
 CT Angiography (CTA) and MR Angiography (MRA) Abdomen (763)
 CT Angiography (CTA) and MR Angiography (MRA) Lower Extremity (764)
 CT Angiography (CTA) and MR Angiography (MRA) Pelvis (765)
 CT Angiography (CTA) and MR Angiography (MRA) Upper Extremity (766)

CT Angiography (CTA) Chest (Non-Coronary) (767)
 CT/MR Angiography (CTA/MRA) Head: Cerebrovascular (768)
 CT/MR Angiography (CTA/MRA) Neck (769)
 Fetal MRI (770)
 Functional Magnetic Resonance Imaging (fMRI) (771)
 Magnetic Resonance Imaging (MRI) Abdomen / Magnetic Resonance Cholangiopancreatography (MRCP) Abdomen (773)
 Magnetic Resonance Imaging (MRI) Bone Marrow Blood Supply (798)
 Magnetic Resonance Imaging (MRI) Breast Also referred to as MRI Mammography (MRM) (774)
 Magnetic Resonance Imaging (MRI) Cardiac (835)
 Magnetic Resonance Imaging (MRI) Cervical Spine (775)
 Magnetic Resonance Imaging (MRI) Chest (776)
 Magnetic Resonance Imaging (MRI) Head/Brain (777)
 Magnetic Resonance Imaging (MRI) Lower Extremity (Joint and Non-Joint) (779)
 Magnetic Resonance Imaging (MRI) Lumbar Spine (778)
 Magnetic Resonance Imaging (MRI) Orbit, Face & Neck (Soft Tissues) (780)
 Magnetic Resonance Imaging (MRI) Pelvis (781)
 Magnetic Resonance Imaging (MRI) Temporomandibular Joint (TMJ) (782)
 Magnetic Resonance Imaging (MRI) Thoracic Spine (783)
 Magnetic Resonance Imaging (MRI) Upper Extremity (Any Joint) (784)
 Magnetic Resonance Imaging (MRI) Upper Extremity (Non-Joint) (785)
 Magnetic Resonance Spectroscopy (MRS) (488)
 MR Angiography (MRA) Chest (786)
 MR Angiography (MRA) Spinal Canal (789)
 Nuclear Cardiology Infarct Imaging (834)
 Nuclear Cardiology Myocardial Perfusion Imaging (836)
 Nuclear Cardiology: Cardiac Blood Pool Imaging Blood Pool Imaging includes MUGA (Multi-Gated Acquisition) & First Pass Radionuclide Ventriculography (830)
 Positron Emission Tomography (PET) Brain Imaging (903)
 Positron Emission Tomography (PET) Myocardial Imaging (837)
 Positron Emission Tomography, Other PET Applications, Including Oncologic Tumor Imaging (229)

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early Stage Breast Cancer	326	Policy criteria clarified to state: tumors less than 5 cm in diameter.	June 14, 2018	Commercial Medicare	Oncology
Analysis of MGMT Promoter Methylation in Malignant Gliomas	587	First policy statement clarified, statements otherwise unchanged.	July 1, 2018	Commercial	Oncology
Aqueous Shunts and Stents for Glaucoma	223	Policy statements clarified, 2 separate policy statements, one for ab externo devices and one for ab interno devices.	July 1, 2018	Commercial	Ophthalmology
Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the	287	Policy statement clarified.	July 1, 2018	Commercial	Cardiology

Outpatient Setting					
Chelation Therapy	122	Policy criteria clarified.	June 1, 2018 2018	Commercial Medicare	Neurology Rheumatology Cardiology Endocrinology
Genetic Testing for Lactase Insufficiency	565	Policy statement clarified.	July 1, 2018	Commercial	Gastroenterology
Genetic Testing for Rett Syndrome	803	Investigational policy statement clarified.	July 1, 2018	Commercial	Neurology Pediatrics
Implantable Miniature Telescope (IMT)	464	Policy criteria clarified.	July 1, 2018	Commercial	Ophthalmology
Lipid Apheresis	465	Investigational policy statement on high density lipoprotein apheresis was clarified.	July 1, 2018	Commercial Medicare	Cardiology
Outpatient Pulmonary Rehabilitation	136	National Coverage Determination (NCD) for Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (20.35) clarified for Medicare Advantage members.	June 26, 2018	Medicare	Cardiology Pulmonary Rehabilitation
Patient-Specific Instrumentation (eg, Cutting Guides) for Joint Arthroplasty	706	Title changed to Patient-Specific Instrumentation (eg, Cutting Guides) for Joint Arthroplasty.	July 1, 2018	Commercial Medicare	Orthopedics
Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	334	PLAATO device removed from the investigational policy statement; device is no longer commercially available.	July 1, 2018	Commercial	Neurology Cardiology
Positron Emission Tomography, Other PET Applications, Including Oncologic Tumor Imaging	229	Policy clarified to add a note that this policy is only for PET using 2-(fluorine-18) fluoro-2-deoxy-d-glucose (FDG), performed on a dedicated PET or integrated (hybrid) PET/CT scanner.	June 21, 2018	Commercial	Oncology
Transcatheter Mitral Valve Repair	692	Policy clarified. "Cleared" changed to "approved" in the medically necessary policy statement.	July 1, 2018	Commercial	Cardiology

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Cervicography	630	Policy retired.	July 1, 2018	Commercial Medicare	Obstetrics Gynecology
Serum Holotranscobalamin	561	Policy retired.	July 1, 2018	Commercial Medicare	Neurology

JUNE 2018

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	NA	NA	NA	NA	NA

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	111	Policy revised to add “or particulated” to the investigational policy statements on minced cartilage.	September 1, 2018	Commercial Medicare	Orthopedics
Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)	323	Policy criteria revised to reflect extension of the time window for mechanical thrombectomy up to 24 hours after symptom onset for select patients.	September 1, 2018	Commercial	Neurology Neurosurgery
Percutaneous Tibial Nerve Stimulation	583	New medically necessary indications described.	September 1, 2018	Commercial	Urology
Transcatheter Aortic Valve Implantation for Aortic Stenosis	392	Policy statements revised to add patients at intermediate surgical risk to first medically necessary statement.	September 1, 2018	Commercial	Cardiology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Adoptive Immunotherapy including CAR T-Cell Therapy	455	Policy statement clarified, changing “2 or 3” to “3”, to read: “Patient has active central nervous system 3 acute lymphoblastic leukemia.	June 1, 2018	Commercial Medicare	Hematology
Genetic Testing for Alzheimer Disease	580	Policy clarified to add early-onset to the second policy statement; statements otherwise unchanged.	June 1, 2018	Commercial	Neurology

Genetic Testing for Hereditary Hearing Loss	452	First policy statement clarified to add suspected; statements otherwise unchanged.	June 1, 2018	Commercial Medicare	Oto-laryngology
Interventions for Progressive Scoliosis	550	Policy section clarified; statements otherwise unchanged.	June 1, 2018	Commercial Medicare	Neurology Orthopedics
Meniscal Allografts and Other Meniscal Implants	110	Policy clarified, polyurethane removed from the policy; statements otherwise unchanged.	June 1, 2018	Commercial	Orthopedics
Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty, and Mechanical Vertebral Augmentation	485	Policy statements clarified; intent of statements unchanged.	June 1, 2018	Commercial	Neurology Neurosurgery Orthopedics
Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy	716	Policy clarified, partial epilepsy changed to focal epilepsy throughout text and title to be consistent with current terminology.	June 1, 2018	Commercial Medicare	Neurology
Sacral Nerve Neuromodulation/ Stimulation	153	Policy clarified, minor editorial changes to the Policy section; statements unchanged.	June 1, 2018	Commercial Medicare	Urology
Spinal Cord and Dorsal Root Ganglion Stimulation	472	Policy clarified to include Burst neurostimulation as an alternate programming of a standard SCS device.	June 1, 2018	Commercial	Neurology
Treatment of Hyperhidrosis	406	Policy section reformatted; statements otherwise unchanged.	June 1, 2018	Commercial Medicare	Dermatology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Acoustic Cardiography	537	Policy retired.	June 1, 2018	Commercial Medicare	Cardiology
Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy	301	Policy retired.	June 1, 2018	Commercial Medicare	Ophthalmology

MAY 2018

NEW MEDICAL POLICIES

New Medical	Policy	Policy Summary	Effective Date	Products	Policy Type
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Policy Title	Number			Affected	
None	NA	NA	NA	NA	NA

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Artificial Intervertebral Disc: Cervical Spine	585	Outpatient prior authorization is required.	August 1, 2018	Commercial Medicare	Neurology Neurosurgery
Cardiac Rehabilitation in the Outpatient Setting	916	Policy criteria revised.	August 1, 2018	Commercial	Cardiology Rehabilitation
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Axumin™ (Fluciclovine F 18) radioactive diagnostic agent for prostate cancer will be covered. HCPCS A9588: Fluciclovine f-18, diagnostic, 1 millicurie See new medical policy #025 describing medically necessary and investigational indications.	July 1, 2018	Commercial Medicare	Oncology Urology
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	227	New investigational indications described.	August 1, 2018	Commercial Medicare	Orthopedics Rehabilitation
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders	297	Policy revised to align with BCBSA National medical policy. Intent of policy statements unchanged. Prior authorization information clarified. Title changed.	August 1, 2018	Commercial	Behavioral Health

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Artificial Pancreas Device Systems	720	Policy criteria clarified to restore to the original version.	April 24, 2018	Commercial Medicare	Endo- crinology
Assisted Reproductive Services (Infertility Services)	086	Prior authorization information clarified.	April 16, 2018	Commercial Medicare	Obstetrics Gynecology
Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty	219	Policy criteria clarified.	May 1, 2018	Commercial	Cardiology Neurology
Continuous Passive	407	Policy note clarified.	May 1, 2018	Commercial	Orthopedics

Motion in the Home Setting					Rehabilitation
Outpatient Psychotherapy	423	Notification requirements clarified.	May 1, 2018	Commercial	Behavioral Health
Outpatient Pulmonary Rehabilitation	136	Policy statements reordered to align with the summary. Policy statements unchanged.	May 1, 2018	Commercial Medicare	Pulmonology Rehabilitation
Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	541	Policy statement, background and summary clarified.	May 1, 2018	Commercial Medicare	Orthopedics Rehabilitation

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Thorascopic Laser Ablation of Emphysematous Pulmonary Bullae	275	Policy retired.	May 1, 2018	Commercial Medicare	Pulmonology
Tumor-Treatment Fields Therapy for Glioblastoma	514	Policy retired. This is a covered service.	May 1, 2018	Commercial Medicare	Oncology

REVISED PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective date
Growth Hormone and Insulin-like Growth Factor	257	Diagnoses codes added.	August 1, 2018
Interferons Alpha and Gamma	052	Diagnoses codes added.	August 1, 2018
Oncology Drugs	409	Tagrisso™ will be added to the policy, prior authorization will be required.	January 1, 2019

APRIL 2018

NEW MEDICAL POLICIES

New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Balloon Dilation of the Eustachian Tube	018	New medical policy describing investigational indications.	July 1, 2018	Commercial Medicare	ENT/Otolaryngology

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
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Amniotic Membrane and Amniotic Fluid	643	New investigational indications described.	July 1, 2018	Commercial Medicare	Dermatology
Anesthetics for the Treatment of Chronic Pain and Depression	291	New investigational indications described.	July 1, 2018	Commercial Medicare	Behavioral Health
Bioengineered Skin and Soft Tissue Substitutes	663	New medically necessary indications/products described: DermACELL, FlexHD Pliable and Integra Flowable Wound Matrix. New investigational indications/products described: Biobrane/Biobrane-L, Helicoll, Keramatrix, Kerecis and TransCyte.	July 1, 2018	Commercial Medicare	Dermatology
Magnetic Resonance–Guided Focused Ultrasound	243	Local Coverage Determination (LCD): Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor (L37421) added. Coverage added for Medicare Advantage.	April 1, 2018	Medicare	Neurology
Surgical and Non-surgical Treatment of Gynecomastia	661	New investigational indications described.	July 1, 2018	Commercial	Plastic Surgery
Treatment of Tinnitus	267	New medically necessary and investigational indications described.	July 1, 2018	Commercial Medicare	ENT/Otolaryngology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Adoptive Immunotherapy including CAR T-Cell Therapy	455	HCPCS code Q2041 for Yescarta (axicabtagene ciltecel) clarified.	April 1, 2018	Commercial Medicare	Hematology
Epidural Steroid Injections for Neck and Back Pain	690	Policy title clarified.	March 8, 2018	Commercial Medicare	Neurology Orthopedics
Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies	790	Diagnostic Exchange (DEX) registration requirement removed.	March 21, 2018	Commercial Medicare	Oncology
Hematopoietic Cell	247	Policy statement on tandem	April 1, 2018	Commercial	Oncology

Transplantation in the Treatment of Germ Cell Tumors		autologous HCT or transplant with sequential high-dose chemotherapy clarified.		Medicare	Hematology
Hip Resurfacing	046	Policy statements, background and summary clarified.	March 16, 2018	Commercial Medicare	Orthopedics
Non-Invasive Vascular Studies - Duplex Scans	691	Medically necessary policy statements on extracranial arterial and transcranial Doppler removed; these services are covered.	April 1, 2018	Commercial Medicare	Neurology Neurosurgery
Preauthorization Request Form for Yescarta (axicabtagene cilleucel) Therapy, Policy #455 Adoptive Immunotherapy including CAR T-Cell Therapy	924	HCPCS code Q2041 for Yescarta (axicabtagene cilleucel) clarified.	April 1, 2018	Commercial Medicare	Hematology
Temporomandibular Joint Disorder	035	Dysfunction changed to "Disorder" in the policy statement and title. Policy statements otherwise unchanged.	April 1, 2018	Commercial Medicare	Orthopedics Rehabilitation

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Home Prothrombin Time Monitoring	429	Policy retired. This is a covered service.	April 1, 2018	Commercial Medicare	Hematology Cardiology Pulmonology

MARCH 2018

NEW MEDICAL POLICIES

New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
NA	NA	NA	NA	NA	NA

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Diagnosis and Treatment of Sacroiliac Joint Pain	320	New medically necessary indications described.	June 1, 2018	Commercial	Orthopedics Rehabilitation
Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	204	Policy statement revised to add "advanced stage" associated with epithelial ovarian cancer.	June 1, 2018	Commercial Medicare	Oncology

Molecular Markers in Fine Needle Aspirates of the Thyroid	913	New medically necessary indications described.	June 1, 2018	Commercial	Otolaryngology Oncology
Orthotics for Progressive Scoliosis	550	Investigational policy statement on vertebral body stapling and vertebral body tethering removed; title changed.	June 1, 2018	Commercial Medicare	Neurology Neurosurgery
Prostatic Urethral Lift	744	New medically necessary indications described.	June 1, 2018	Commercial	Urology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Drug Testing in Pain Management and Substance Use Disorder Treatment	674	The term "abuse" replaced with "substance use" to align text with title change.	March 1, 2018	Commercial	Behavioral Health
Genetic Testing for FLT3, NPM1, and CEBPA Variants in Cytogenetically Normal Acute Myeloid Leukemia	693	Title changed to "Genetic Testing for FLT3, NPM1, and CEBPA Variants in Cytogenetically Normal Acute Myeloid Leukemia."	March 1, 2018	Commercial	Hematology
Genetic Testing for FMR1 Variants (Including Fragile X Syndrome)	907	Policy criteria clarified and reformatted.	March 1, 2018	Commercial	Pediatrics

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
NA	NA	NA	NA	NA	NA

REVISED PHARMACY MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
B-type Natriuretic peptide	031	Diagnoses codes added.	July 1, 2018
Interleukin-2 (IL-2)	103	Diagnoses codes added.	July 1, 2018
RSV Immuno-prophylaxis	422	Diagnoses codes added.	July 1, 2018
Special foods	304	Diagnoses codes added.	July 1, 2018

FEBRUARY 2018

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Gene Therapy for Inherited Retinal Dystrophy	911	New policy describing new medically necessary indications. <u>Prior authorization</u> Required for Commercial HMO/POS and PPO/Indemnity and for Medicare HMO Blue and PPO Blue	February 1, 2018	Commercial Medicare	Ophthalmology
Synthetic Cartilage Implants for Joint Pain	012	New medical policy describing investigational indications.	May 1, 2018	Commercial Medicare	Orthopedics

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	107	New medically necessary indications on long-term CGM described.	April 1, 2018	Commercial	Endocrinology
Identification of Microorganisms Using Nucleic Acid Probes	555	Investigational statement added for central nervous system pathogen panel.	May 1, 2018	Commercial	Infectious Disease
Medical Technology Assessment Investigational (Non-Covered) Services List	400	CPT code 76377 added to non-covered list. 76377: 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation)	May 1, 2018	Commercial	Radiology
Multimarker Serum Testing Related to Ovarian Cancer	249	Policy statement revised to add the Overa test.	May 1, 2018	Commercial	Oncology Obstetrics Gynecology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Adoptive Immunotherapy including CAR T-Cell Therapy	455	Policy criteria clarified.	February 1, 2018	Commercial Medicare	Hematology
Drug Testing in Pain Management and	674	Title changed to "Drug Testing in Pain Management and	February 1, 2018	Commercial	Behavioral Health

Substance Use Disorder Treatment		Substance Use Disorder Treatment.” Policy statements unchanged.			
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