

May 2020 Medical Policy Announcements

Posted: May 2020

New and revised policies: Effective August 2020 (for variable effective dates see table below)

Clarified policies: Posted May 2020 (for variable posted dates see table below)

Retired policies: Effective May 2020

To make it easier for providers to find the new policies and revisions, the Medical Policy Administration department is posting the following searchable lists of new, revised, clarified and retired policies.

The following tables of contents are organized by policy type and alphabetically by policy title. The entries in each table are also color coded to help identify new, revised, clarified and retired policies. Clicking on a title in any of the tables of contents will take you to a summary of the new or revised policy.

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.

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None

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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
Drug Testing in Pain Management and Substance Use Disorder Treatment	674	New guidelines added requiring more specific clinical documentation and additional measurement tools.	August 1, 2020	Commercial Medicare	Multispecialty Behavioral Health
Intravitreal and Punctum Corticosteroid Implants	272	Added new policy statements for all 3 new indications: <ul style="list-style-type: none"> ▪ Medically necessary for Dextenza for individuals with ocular inflammation and pain following ophthalmic surgery. ▪ Investigational for Yutiq for treatment of chronic noninfectious posterior uveitis affecting the posterior segment of the eye ▪ Investigational for prophylactic Ozurdex for individuals with noninfectious intermediate uveitis or posterior uveitis and cataract undergoing cataract surgery. Policy title changed.	August 1, 2020	Commercial Medicare	Ophthalmology
Myocardial Strain Imaging	112	Investigational policy statement added to address cardiotoxicity.	August 1, 2020	Commercial	Cardiology
Retinal Telescreening for Diabetic Retinopathy	065	Investigational statement added on automated image analysis.	August 1, 2020	Commercial	Ophthalmology

Advanced Imaging/Radiology

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines [here](#). For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type

Chest Imaging	<p>Tumor or Neoplasm</p> <ul style="list-style-type: none"> ▪ Allowed follow up of nodules less than 6 mm in size seen on incomplete thoracic CT, in alignment with follow up recommendations for nodules of the same size seen on complete thoracic CT ▪ Added new criteria for which follow up is indicated for mediastinal and hilar lymphadenopathy ▪ Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry <p>Parenchymal Lung Disease – not otherwise specified</p> <ul style="list-style-type: none"> ▪ Removed as it is covered elsewhere in the document (parenchymal disease in Occupational lung diseases and pleural disease in Other thoracic mass lesions) <p>Interstitial lung disease (ILD), non-occupational including idiopathic pulmonary fibrosis (IPF)</p> <ul style="list-style-type: none"> ▪ Defined criteria warranting advanced imaging for both diagnosis and management <p>Occupational lung disease (Adult only)</p> <ul style="list-style-type: none"> ▪ Moved parenchymal component of asbestosis into this indication ▪ Added Berylliosis <p>Chest Wall and Diaphragmatic Conditions</p> <ul style="list-style-type: none"> ▪ Removed screening indication for implant rupture due to lack of evidence indicating that outcomes are improved ▪ Limited evaluation of clinically suspected rupture to patients with silicone implants <p>Code Changes: None</p>	August 16, 2020	Commercial Medicare	Cardiology Pulmonology
Oncologic Imaging	<p>MRI breast</p> <ul style="list-style-type: none"> ▪ New indication for BIA-ALCL ▪ New indication for pathologic nipple discharge ▪ Further define the population of patients most likely to benefit from preoperative MRI <p>Breast cancer screening</p> <ul style="list-style-type: none"> ▪ Added new high-risk genetic mutations appropriate for annual breast MRI screening 	August 16, 2020	Commercial Medicare	Oncology

	Lung cancer screening <ul style="list-style-type: none"> Added asbestos-related lung disease as a risk factor Code Changes: None			
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Sleep Disorder Management

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Sleep Disorder Management Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines [here](#). For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Bi-Level Positive Airway Pressure Devices	Change in BPAP FiO2 from 45 to 52 mmHg based on strong evidence and aligns with Medicare requirements for use of BPAP. Code Changes: None	August 16, 2020	Commercial Medicare	Pulmonology
Multiple Sleep Latency Testing and/or Maintenance of Wakefulness Testing	Style change for clarity Code Changes: None	August 16, 2020	Commercial Medicare	Pulmonology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Assisted Reproductive Services	086	Donor sperm, cryopreservation of sperm or testicular tissue and evaluation requirements clarified: <ul style="list-style-type: none"> Added note in donor sperm section clarifying that not all fees associated with donor sperm are covered Added the word “covered” to cryopreservation of sperm or testicular tissue section Clarified that Estradiol levels must be equal to or less than 100 in evaluation requirements for IVF procedure. 	May 1, 2020	Commercial Medicare	Obstetrics and Gynecology Fertility /Transgender Services
Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems	107	Clarified prior authorization information regarding continuation use for CGM devices. Removed best practices statement. Short term and long term CGM criteria combined.	May 1, 2020	Commercial	Endocrinology

Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Treatment Resistant Depression	087	Policy clarified to state that Esketamine nasal spray or Intravenous ketamine must be administered in a provider's office or hospital setting. Formatting and bulletting restructured. HCPCS code J2001 removed. This code is not specific to Ketamine.	May 1, 2020	Commercial Medicare	Psychiatry Behavioral Health
Outpatient Prior Authorization Code List	072	HCPCS code J2001 was removed from policy #087 Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Treatment Resistant Depression. J2001 is not specific to Ketamine. This code does not require prior authorization.	May 1, 2020	Commercial Medicare	Psychiatry Multispecialty
Preimplantation Genetic Testing	088	Added overview of covered services section to policy. Policy statements unchanged.	May 1, 2020	Commercial Medicare	Obstetrics and Gynecology
Prior Authorization Request Form for Esketamine Nasal Spray and Intravenous Ketamine for Treatment Resistant Depression	094	HCPCS code J2001 removed from MP 087 Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Treatment Resistant Depression. J2001 is not specific to Ketamine. Initial requests for initial therapy are authorized for up to 28 days. Reauthorization requests for continued therapy are authorized for up to 1 year.	May 1, 2020	Commercial Medicare	Psychiatry Behavioral Health

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Transtympanic Micropressure Applications as a Treatment of Meniere Disease	508	Medical policy #508 retired. HCPCS code E2120 is not covered; code added to medical policy #400 Medical Technology Assessment Investigational (Non-Covered) Services List. E2120 Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	May 1, 2020	Commercial Medicare	Otolaryngology

Revised Pharmacy Policy Title	Policy Number	Policy Change Summary	Effective Date
Antisense Oligonucleotide Medications	027	Medically necessary criteria on Exondys-51 revised to be in line with Vyondys-53 criteria.	September 1, 2020
Medicare Advantage Part B Step Therapy	020	The following drugs were added: Beovu, Mvasi, Triluron, Ziextenzo.	September 1, 2020

New 2020 Category III CPT Codes

All category III CPT Codes, including new 2020 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.com/common/en_US/medical_policies/medcat.htm 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.***