November 2019 Medical Policy Announcements
Posted: November 2019
New and revised policies: Effective February 2020 (for variable effective dates see table below)
Clarified policies: Posted November 2019 (for variable posted dates see table below)
Retired policies: Effective November 2019

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.

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Elzonris™ (tagraxo-fusp-erzs) for Blastic Plasmacytoid Dendritic Cell Neoplasm	009	New medical policy describing medically necessary and investigational indications. Prior authorization is required for Commercial and Medicare.	November 1, 2019	Commercial Medicare	Hematology

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Microwave Tumor Ablation	912	Policy statements changed to medically necessary for lung and liver tumors; statements for other tumor types unchanged.	February 1, 2020	Commercial Medicare	Oncology

Advanced Imaging/Radiology and Sleep Disorder Management
Effective for dates of service on and after February 9, 2020, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. You may access and download a copy of the current guidelines here.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Abdomen and Pelvic Imaging	• 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) • Abdominal and/or pelvic pain ○ Combined pelvic pain with abdominal pain criteria in new "abdominal and/or pelvic pain" indication ○ Required ultrasound or colonoscopy for select adult patients based on clinical scenario ○ Ultrasound-first approach for pediatric abdominal and pelvic pain • Lower extremity edema ○ Added requirement to exclude DVT prior to abdominopelvic imaging • Splenic mass, benign, Splenic mass, indeterminate, Splenomegaly ○ Added new indications for diagnosis, management, and surveillance of splenic incidentalomas following the ACR White Paper (previously	February 9, 2020	Commercial Medicare	Gastro-enterology Urology

	reviewed against "tumor, not otherwise specified")
	• Pancreatic mass
	  ○ Separated criteria for solid and cystic pancreatic masses
	  ○ Defined follow up intervals for cystic pancreatic masses
	• Diffuse liver disease
	  ○ Added criteria for MR elastography
	• Inflammatory bowel disease
	  ○ Limited requirement for upper endoscopy to patients with relevant symptoms
	  ○ New requirement for fecal calprotectin or CRP to differentiate IBS from IBD
	• Enteritis or colitis, not otherwise specified
	  ○ Incorporated Intussusception (pediatric only), and Ischemic bowel
	• Prostate cancer
	  ○ Moved this indication to Oncologic Imaging Guideline			

Polysomnography and Home Sleep Testing	Established sleep disorder (OSA or other) – follow-up laboratory studies • Expanded contraindications including the addition of chronic narcotic use based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation.	February 9, 2020	Commercial Medicare	Pulmonology
Management of OSA using APAP and CPAP Devices	• Expanded treatment of mild OSA with APAP and CPAP to patients with any hypertension based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation • Expanded contraindications including the addition of chronic narcotic use based on The American Academy of Sleep Medicine Clinical Practice Guideline recommendation.	February 9, 2020	Commercial Medicare	Pulmonology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease	171	Policy statement on short-term IV antibiotic use (2-4 weeks) for the treatment of Lyme disease was edited for clarity. Policy statements unchanged.	October 22, 2019	Commercial Medicare	Neurology

		Policy clarified to indicate that prior authorization for IV therapy is not required.			
Medical Technology Assessment Noncovered Services, #400	400	The following CPT codes were removed: ▪ 61640 Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel ▪ 61641; each additional vessel in the same vascular territory (List separately in addition to code for primary procedure) ▪ 61642; each additional vessel in different vascular territory (list separately in addition to code for primary procedure) ▪ 74235 Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	November 1, 2019	Commercial Medicare	Neurology Neurosurgery Otolaryn-gology
Medical Technology Assessment Noncovered Services	400	The following CPT codes were removed: 0058U Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative 0059U Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	October 18, 2019	Commercial Medicare	Oncology
Reduction Mammaplasty for Breast-Related Symptoms	703	Policy clarified to indicate that repeat reduction mammaplasty is considered investigational.	November 1, 2019	Commercial	Plastic Surgery

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Autologous Hematopoietic Stem Cell Transplantation for Malignant Astrocytomas and Gliomas	159	Policy is retired.	November 1, 2019	Commercial Medicare	Oncology

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Medical Utilization Management (MED UM) and Pharmacy Prior Authorization Policy	033	Nivestym added to Med UM.	March 1, 2020
Repository Corticotropin Injection (H.P. Acthar Gel)	064	New pharmacy medical policy describing medically necessary and investigational indications. Repository Corticotropin (H.P. Acthar Gel) removed from policy #033 Medical Utilization Management (MED UM) and Pharmacy Prior Authorization Policy.	March 1, 2020

New 2019 Category III CPT Codes
All category III CPT Codes, including new 2019 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*.**