

April 2020 Medical Policy Announcements

Posted: April 2020

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

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

Retired policies: Effective April 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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Bone marrow harvesting codes were removed from the following medical policies: The harvesting codes do not require outpatient prior authorization.

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None

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REVISED PHARMACY MEDICAL POLICIES:

None

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
None	N/A	N/A	N/A	N/A	N/A

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Treatment-Resistant Depression	087	Policy implementation date changed from May 1, 2020 to April 1, 2020.	April 1, 2020	Commercial Medicare	Psychiatry
Intravenous Anesthetics for the Treatment of Chronic Pain	291	Investigational statement on Inhaled (Spravato, Ketanest), oral, or intravenous ketamine for the treatment of major depressive disorder (MDD), including treatment resistant depression (TRD) removed. Spravato and Intravenous Ketamine for Treatment Resistant Depression are considered covered services when criteria are met. Title changed. See medical policy #087.	April 1, 2020	Commercial Medicare	Psychiatry
Outpatient Prior Authorization Code List	072	The following bone marrow harvesting codes were removed which means prior authorization is no longer required for: 38205; 38206; 38230; 38232; S2140. The following codes were added and will require prior authorization: G2082, G2083, J2001. Policy #087 Esketamine Nasal Spray (Spravato™) and Intravenous	April 1, 2020	Commercial Medicare	Hematology Psychiatry

		Ketamine for Treatment-Resistant Depression.			
Plastic Surgery Removal of Excess Skin	068	Medically necessary statement on removal of excess skin clarified to include functional impairment, such as significant difficulty with activities of daily living.	March 11, 2020	Commercial Medicare	Plastic Surgery
Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	130	Local Coverage Determination (LCD): Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387) added.	April 1, 2020	Medicare	Pulmonology Oto-laryngology
Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias					
Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	190	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Allogeneic Hematopoietic Cell transplantation for Myelodysplastic Syndromes and myeloproliferative Neoplasms	155	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	076	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Acute Myeloid Leukemia	150	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Autoimmune Diseases	192	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	212	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for CNS	205	Bone marrow harvesting codes were removed; outpatient prior authorization	April 1, 2020	Commercial Medicare	Hematology

Embryonal Tumors and Ependymoma		is not required on harvesting codes.			
Hematopoietic Cell Transplantation for Hodgkin Lymphoma	207	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas	143	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Plasma Cell Dyscracias, Including Multiple Myeloma and POEMS Syndrome	075	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Primary Amyloidosis	181	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Solid Tumors of Childhood	208	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	247	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Stem Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma	074	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia	322	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Placental or Umbilical Cord Blood as a Source of Stem Cells	285	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology

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RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Anti-CCP Testing for Rheumatoid Arthritis	142	Policy is retired.	April 1, 2020	Commercial Medicare	Rheumatology

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.***