

February 2020 Medical Policy Announcements

Posted: February 2020

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

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

Retired policies: Effective February 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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NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Treatment-Resistant Depression	087	New medical policy describing medically necessary and investigational indications.	May 1, 2020	Commercial Medicare	Psychiatry
Radiofrequency Coblation Tenotomy for Musculoskeletal Conditions	080	New medical policy describing investigational indications.	May 1, 2020	Commercial Medicare	Orthopedics
Scenesse for Treatment of Erythropoietic Protoporphyrin (EPP)	077	New medical policy describing investigational indications.	May 1, 2020	Commercial Medicare	Dermatology

Zolgensma (onasemnogene abeparvovec-xioi) for Spinal Muscular Atrophy	008	New medical policy describing medically necessary and investigational indications.	February 1, 2020	Commercial Medicare	Neurology Pediatrics
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REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Balloon Dilatation of the Eustachian Tube	018	New medically necessary and investigational indications described.	May 1, 2020	Commercial	Otolaryngology
Dermatologic Applications of Photodynamic Therapy	463	New medically necessary statement for nonhyperkeratotic actinic keratoses of the upper extremities added.	May 1, 2020	Commercial Medicare	Dermatology
Gender Affirming Services (Transgender Services)	189	New policy statement indicating coverage for twelve electrolysis/laser hair removal treatments added.	May 1, 2020	Commercial Medicare	Plastic Surgery Dermatology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Medical Technology Assessment Noncovered Services List	400	Renuva Allograft Adipose Matrix added to the narrative section.	February 1, 2020	Commercial Medicare	Plastic Surgery Dermatology
Medical Technology Assessment Noncovered Services List	400	ClonoSEQ Minimal Residual Disease Test removed.	January 14, 2020	Commercial	Oncology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Magnetic Resonance Imaging Targeted Biopsy of the Prostate	747	Policy is retired.	February 1, 2020	Commercial Medicare	Urology

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.***