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

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
Hematopoietic Cell Transplantation for Hodgkin Lymphoma	207	Policy updated with clinical input. Policy statement on tandem autologous transplant in patients with Hodgkin lymphoma changed from medically necessary to investigational.	November 1, 2020	Commercial	Oncology Hematology
Manipulation under Anesthesia	483	New medically necessary indications added for treatment of Adhesive capsulitis of the shoulder and	November 1, 2020	Commercial Medicare	Orthopedics Rehabilitation

		treatment of stiffness after total knee arthroplasty.			

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems	107	Policy statements on artificial pancreas clarified to lower age cutoff to 6 years.	August 1, 2020	Commercial	Endocrinology Pediatrics
Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	283	Local Coverage Determination (LCD): MolDX: Biomarkers in Cardiovascular Risk Assessment (L36523)	June 25, 2020	Medicare	Cardiology
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders	297	Local Coverage Determination (LCD): Transcranial Magnetic Stimulation (L33398)	August 1, 2020	Medicare	Psychiatry

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Opioid Medication Management	102	Policy criteria will be revised.	November 1, 2020
Sexual Dysfunction Diagnosis and Therapy	078	Policy revised to indicate that up to 6 units per 30 days is allowed for generic drug sildenafil. Brand name Viagra remains 4 units per 30 days.	October 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*.