

July 2020 Medical Policy Announcements

Posted: July 2020

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

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

Retired policies: Effective July 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
Carotid Stent Placement	219	New medically necessary indications described for TCAR when all the policy criteria for Extracranial	October 1, 2020	Commercial	Cardiology

		Carotid Stent Placement are met. Title changed.			
Implantable Cardioverter Defibrillator	070	New medically necessary indications described for patients with cardiac sarcoid with conditions.	October 1, 2020	Commercial	Cardiology
Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids	244	New medically necessary indications described for laparoscopic radiofrequency ablation of uterine fibroids based on expert opinion.	October 1, 2020	Commercial Medicare	Obstetrics Gynecology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
AIM Genetic Testing Management Program CPT and HCPCS Codes	957	The following codes were added: 0172U, 0173U, 0175U, 0177U, 0179U.	July 1, 2020	Commercial	Genetic Testing
Biofeedback for Miscellaneous Indications	187	Not medically necessary statement on individual psychophysiological therapy with biofeedback training transferred from medical policy 423, Outpatient Psychotherapy.	July 1, 2020	Commercial	Multispecialty
Corneal Collagen Cross-linking	905	Medically necessary statement clarified.	July 1, 2020	Commercial	Ophthalmology
Focal Treatments for Prostate Cancer	733	Local Coverage Determination (LCD): Salvage High-intensity Focused Ultrasound (HIFU) Treatment in Prostate Cancer (PCa) (L38262) added.	April 1, 2020	Medicare	Oncology Urology
Outpatient Psychotherapy	423	Policy statement on biofeedback training transferred to policy 187, Biofeedback for Miscellaneous Indications.	July 1, 2020	Commercial	Psychiatry
Outpatient Prior Authorization Code List	072	J3399: Prior authorization is required effective 7.1.2020.	July 1, 2020	Commercial Medicare	Multispecialty

New Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Nononcologic Uses of Rituximab	123	New medical policy describing medically necessary indications.	November 1, 2020
Vascular Endothelial Growth Factor (VEGF) Inhibitors Step Therapy	092	New medical policy describing medically necessary indications; biosimilar drugs will be step 1 therapy, other originators will be step 2 therapy.	November 1, 2020

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Retail Pharmacy Prior Authorization Policy	049	Prior authorization is required for Targretin Gel.	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.***