

January 2019 Medical Policy Announcements

Posted: January 2019

New and revised policies: Effective April 2019 (for variable effective dates see table below)

Clarified policies: Posted January 2019 (for variable posted dates see table below)

Retired policies: Effective January 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.

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None

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Electrical Stimulation Devices for Psychiatric Disorders	157	New medical policy describing investigational indications.	April 1, 2019	Commercial	Psychiatry/ Behavioral Health

REVISED MEDICAL POLICIES					
Medical	Policy	Policy Change Summary	Effective	Products	Policy Type

Policy Title	Number		Date	Affected	
Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer	336	New investigational tests described.	April 1, 2019	Commercial Medicare	Urology
Closure Devices for Patent Foramen Ovale and Atrial Septal Defects	121	Prior authorization is required in the outpatient setting.	April 1, 2019	Commercial Medicare	Cardiology
Dopamine Transporter Single-Photon Emission Computed Tomography	918	New medically necessary indications described for clinically uncertain Parkinson disease and clinically uncertain dementia with Lewy bodies.	April 1, 2019	Commercial Medicare	Neurology
Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies	790	Policy revised to indicate coverage for pancreatic tumors and metastatic castration-resistant prostate cancer added under table 2a.	April 1, 2019	Commercial Medicare	Hematology Oncology
Intraoperative Neurophysiologic Monitoring: Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring	211	Local Coverage Determination (LCD): Intraoperative Neurophysiological Testing (L34623) added for Medicare Advantage. CPT code 95941 is not a covered service.	October 1, 2018	Medicare	Neurology

Genetic Testing: To access the current version of AIM guidelines, go to http://www.aimspecialtyhealth.com					
Genetic Testing for Single-Gene and Multifactorial Conditions	See AIM Specialty Health Guidelines	Criteria added for chromosomal microarray analysis (CMA) for known or suspected infantile or early-onset epileptic encephalopathy for which likely non-genetic causes have been excluded.	March 31, 2019	Commercial	Non-oncology
Genetic Testing for Hereditary Cancer Susceptibility	See AIM Specialty Health Guidelines	Criteria added for germline testing after a somatic mutation is identified. <ul style="list-style-type: none"> Criteria revised for CHEK2 and PALB2. NCCN category 2B criteria statements removed from general statements of medical necessity. 	March 31, 2019	Commercial	Oncology
Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis	See AIM Specialty Health Guidelines	Criteria clarified for the appropriate use of chromosomal microarray for stillbirth fetuses.	March 31, 2019	Commercial	Obstetrics Gynecology

Molecular Testing of Solid and Hematologic Tumors and Malignancies	See AIM Specialty Health Guidelines	NCCN category 2B criteria statements removed from general statements of medical necessity. Criteria added for ThyroSeq3.0	March 31, 2019	Commercial	Hematology Oncology
Genetic Testing for Whole Exome and Whole Genome Sequencing	See AIM Specialty Health Guidelines	Criteria added for whole exome sequencing for known or suspected infantile or early-onset epileptic encephalopathy for which likely non-genetic causes have been excluded.	March 31, 2019	Commercial	Oncology Obstetrics Gynecology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Laboratory Tests for Heart Transplant Rejection	530	Investigational policy statement clarified.	January 1, 2019	Commercial	Cardiology
Medical Technology Assessment Investigational (Non-Covered) Services List CPT code 53854	400	CPT code 53854 is covered for Medicare Advantage according to Local Coverage Determination: Water Vapor Thermal Therapy for LUTS/BPH (L37808). 53854 Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	January 1, 2019	Medicare	Urology
Medical Technology Assessment Investigational (Non-Covered) Services List CPT code 26040	400	Added coverage for CPT code 26040 fasciotomy, palmar (eg. Dupuytren's contracture); percutaneous.	January 1, 2019	Commercial Medicare	Rheumatology
Methadone Treatment Opioid Use Disorder	274	Updated Note to clarify that take-home doses are covered under provision of licensed op0][outpatient methadone clinic/program. Title changed.	January 1, 2019	Commercial	Psychiatry/ Behavioral Health
Outpatient Psychotherapy	423	Prior authorization information for Medicare HMO Blue and Medicare PPO Blue clarified. 1/1/2019	January 1, 2019	Medicare	Psychiatry/ Behavioral Health
Transgender Services	189	Implementation delayed from January 1, 2019 to February 1, 2019.	February 1, 2019	Commercial Medicare	Plastic Surgery

RETIRED MEDICAL POLICIES

Medical	Policy	Policy Change Summary	Effective	Products	Policy Type
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Policy Title	Number		Date	Affected	
NA	NA	NA	NA	NA	NA

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.***