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

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<th>New Medical Policy Title</th>
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<th>Products Affected</th>
<th>Policy Type</th>
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<tbody>
<tr>
<td>NA</td>
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### REVISED MEDICAL POLICIES

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<thead>
<tr>
<th>Medical Policy Title</th>
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<tr>
<td>Medical Policy Title</td>
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<tr>
<td>Bioengineered Skin and Soft Tissue Substitutes</td>
<td>663</td>
<td>Acellular dermal matrix products used in breast reconstruction clarified; investigational list updated with new products and name changes; wound dressing products removed from list.</td>
<td>December 1, 2016</td>
<td>Commercial</td>
<td>Dermatology</td>
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<tr>
<td>Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds</td>
<td>175</td>
<td>New investigational indications described.</td>
<td>December 1, 2016</td>
<td>Commercial Medicare</td>
<td>Oncology Urology</td>
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<td>Cochlear Implant</td>
<td>478</td>
<td>Policy statement changed to indicate that cochlear implantation with a hybrid cochlear implant/hearing aid system is considered medically necessary for patients meeting criteria.</td>
<td>December 1, 2016</td>
<td>Commercial</td>
<td>Otolaryngology</td>
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<tr>
<td>Implantable Bone-Conduction and Bone-Anchored Hearing Aids</td>
<td>479</td>
<td>Policy statements updated to remove statement for partially implantable devices.</td>
<td>December 1, 2016</td>
<td>Commercial Medicare</td>
<td>Otolaryngology</td>
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**CLARIFICATIONS TO MEDICAL POLICIES**

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<tr>
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<tr>
<td>Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair</td>
<td>740</td>
<td>Policy statement on blepharoplasty clarified.</td>
<td>August 19, 2016</td>
<td>Commercial</td>
<td>Plastic Surgery</td>
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<td>Charged-Particle (Proton or Helium Ion) Radiotherapy</td>
<td>437</td>
<td>Updated to include Local Coverage Determination (LCD): Proton Beam Therapy (L35075). Effective 8/22/2016.</td>
<td>August 22, 2016</td>
<td>Medicare</td>
<td>Hematology Oncology</td>
</tr>
<tr>
<td>Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions</td>
<td>437</td>
<td>Title updated to indicate “for Neoplastic Conditions.”</td>
<td>September 1, 2016</td>
<td>Commercial</td>
<td>Hematology Oncology</td>
</tr>
<tr>
<td>Functional Magnetic Resonance Imaging (fMRI) Brain</td>
<td>771</td>
<td>Policy clarified to include pediatric indications.</td>
<td>September 1, 2016</td>
<td>Commercial Medicare</td>
<td>Neurology Neurosurgery</td>
</tr>
<tr>
<td>Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management</td>
<td>670</td>
<td>Corrections made to study description in and Section Summary of Prolaris section.</td>
<td>September 1, 2016</td>
<td>Commercial</td>
<td>Urology Oncology</td>
</tr>
<tr>
<td>Medical Technology Assessment Non-covered List: Axumin™</td>
<td>400</td>
<td>Axumin™ (Fluciclovine F 18) radioactive diagnostic agent for PET Imaging of Recurrent</td>
<td>August 8, 2016</td>
<td>Commercial Medicare</td>
<td>Urology Oncology</td>
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</tbody>
</table>
Radioactive Diagnostic Agent
Prostate Cancer added to non-covered list.

MR Angiography (MRA) Spinal Canal
Policy clarified to include pediatric indications.
September 1, 2016
Commercial Medicare Neurology Neurosurgery

PathFinderTG® Molecular Testing
Tests not commercially available PathFinderTG® Glioma) removed from policy. References added.
September 1, 2016
Commercial Medicare Hematology Oncology

Patient-Controlled End of Range Motion Stretching Devices
Policy title changed to “Patient-Controlled End Range of Motion Stretching Devices.”
September 1, 2016
Commercial Medicare Orthopedic Rehabilitation Medicine

Percutaneous Vertebroplasty and Sacroplasty
“Spinal lesions” in 3rd policy statement changed to “sacral lesions” to clarify the intent.
September 1, 2016
Commercial Medicare Orthopedic Neurology Neurosurgery

Reconstructive Breast Surgery/Management of Breast Implants
Breast Reconstruction after Mastectomy policy statements transferred from retired policy 459, Prophylactic Mastectomy and Breast Reconstruction after Mastectomy.
September 1, 2016
Commercial Medicare Oncology Obstetrics Gynecology Plastic Surgery

Saturation Biopsy for Diagnosis, Staging, and Management of Prostate Cancer
Policy title changed to Saturation Biopsy for Diagnosis, Staging, and Management of Prostate Cancer.
September 1, 2016
Commercial Medicare Urology Oncology

Transcatheter Pulmonary Valve Implantation
FDA approval information updated.
September 1, 2016
Commercial Medicare Pulmonology

Serial Endpoint Testing for the Diagnosis and Treatment of Allergic Disorders
Policy retired. This service is covered.
September 1, 2016
Commercial Medicare Allergy Immunology

Prophylactic Mastectomy and Breast Reconstruction after Mastectomy
Policy retired. This service is covered.
Breast Reconstruction after Mastectomy policy statements transferred to medical policy 428, Reconstructive Breast Surgery/Management of Breast Implants.
September 1, 2016
Commercial Medicare Oncology Obstetrics Gynecology Plastic Surgery

New 2016 Category III CPT Codes
All category III CPT codes, including new 2016 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.*