

February 2019 Medical Policy Announcements

Posted: February 2019

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

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

Retired policies: Effective February 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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NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Surgical Treatments for Breast Cancer-Related Lymphedema	037	New medical policy describing medically necessary and investigational indications.	May 1, 2019	Commercial Medicare	Oncology

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type

Aqueous Shunts and Stents for Glaucoma	223	New medically necessary indications described. The use of FDA-approved stent in a stand-alone procedure to reduce IOP pressure is medically necessary. Policy edited to clarify the differences between ab externo shunts and ab interno stents.	May 1, 2019	Commercial	Ophthalmology
Assisted Reproductive Services – Demonstration of Infertility section	086	Premature ovarian insufficiency removed under Demonstration of Infertility section.	May 1, 2019	Commercial Medicare	Obstetrics Gynecology
Fecal Calprotectin Testing	329	New medically necessary indications described. Fecal calprotectin testing is medically necessary when the differential diagnosis is inflammatory bowel disease or irritable bowel syndrome for whom endoscopy with biopsy is being considered.	May 1, 2019	Commercial Medicare	Gastro-enterology
Plastic Surgery Pectus Excavatum/Pectus Carinatum	068	Age criteria to correct pectus excavatum and pectus carinatum removed.	May 1, 2019	Commercial	Plastic Surgery Pulmonology
Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	130	New medically necessary indications described. Hypoglossal nerve stimulation is medically necessary under specified conditions.	May 1, 2019	Commercial Medicare	Pulmonology Otolaryngology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Assisted Reproductive Services Infertility Services - Donor Egg/Donor Embryo section	086	Donor Egg/Embryo section clarified.	February 1, 2019		Obstetrics Gynecology
Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders	524	Investigational indications clarified to indicate eosinophilic asthma.	February 1, 2019	Commercial Medicare	Pulmonology

Medical Technology Assessment Investigational (Non-Covered) Services List	400	DecisionDx Melanoma Test added.	February 1, 2019	Commercial Medicare	Oncology Dermatology
Phototherapy: PUVA, UV-B and Targeted Phototherapy	059	Targeted phototherapy for psoriasis policy #698 transferred to policy 059 Phototherapy: PUVA, UV-B and Targeted Phototherapy. No changes in coverage.	February 1, 2019	Commercial Medicare	Dermatology
Routine Foot Care and Debridement of Nails	385	Class B Findings clarified.	February 1, 2019	Commercial	Dermatology Podiatry

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Light Therapy for Psoriasis	698	Policy #698 retired. Coverage information transferred to policy #059 Phototherapy: PUVA, UV-B and Targeted Phototherapy.	February 1, 2019	Commercial Medicare	Dermatology

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Benign Prostatic Hyperplasia - BPH	040	Criteria for tadalafil will be changing and require the use of a combo product which is aligned with guidelines.	May 1, 2019

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.***