

March 2020 Medical Policy Announcements

Posted: March 2020

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

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

Retired policies: Effective March 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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NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Trigger Point and Tender Point Injections	604	<ul style="list-style-type: none">New medical policy describing medically necessary and investigational indications.	June 1, 2020	Commercial Medicare	Orthopedics Rehabilitation Rheumatology

		<ul style="list-style-type: none"> ▪ No more than 4 injections should be given in a 12-month period. 			
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REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Allogeneic Hematopoietic Cell transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	155	Policy statement for Reduced-intensity conditioning allo-HCT changed to specify it as a risk-adapted strategy for patients at high-risk of MAC intolerance, which is meant to encompass both older age and medical co-occurring conditions.	June 1, 2020	Commercial	Hematology
Benign Skin Lesions	707	Diagnoses list added. New diagnoses-to-CPT codes edit implemented. Policy criteria unchanged.	June 1, 2020	Commercial	Dermatology
Bone Mineral Density Studies	450	Policy statements revised to add specific information on risk factors and to indicate that more frequent monitoring (1-2 years in asymptomatic individuals and 1-3 years to monitor treatment) may be medically necessary depending on risk factors. The last investigational statement was separated into two statements for clarity.	June 1, 2020	Commercial	Endocrinology
Bone Turnover Markers for the Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover	549	New investigational indications described.	June 1, 2020	Commercial	Endocrinology
Identification of Microorganisms Using Nucleic Acid Probes	555	New medically necessary and investigational indications described. Nucleic acid testing without quantification of viral load) is medically necessary for: <ul style="list-style-type: none"> ▪ Chlamydia pneumoniae ▪ Bordetella Pertussis ▪ Mumps ▪ Rubeola (measles) 	March 11, 2020	Commercial Medicare	Multispecialty

		<ul style="list-style-type: none"> ▪ Influenza virus ▪ Zika virus. <p>Nucleic acid testing respiratory virus panel (without quantification of viral load) is considered medically necessary.</p> <p>Nucleic acid testing panel is investigational for:</p> <ul style="list-style-type: none"> ▪ Central nervous system pathogen panel ▪ Gastrointestinal pathogen panel. <p>Nucleic acid testing using direct or amplified probe technique is investigational for:</p> <ul style="list-style-type: none"> ▪ Gardernella vaginalis. 			
Transcatheter Aortic Valve Implantation for Aortic Stenosis	392	Medically necessary policy statement related to patients with native valve aortic stenosis changed to add an exclusion for patients with unicuspid or bicuspid aortic valve and to add an inclusion for patients at low risk for open surgery.	June 1, 2020	Commercial	Cardiology

Advanced Imaging/Radiology

Effective for dates of service on and after March 12, 2020, the following update will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines [here](#). For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Chest Imaging	<p>Infectious and Inflammatory Conditions New indication added:</p> <ul style="list-style-type: none"> ▪ Person under investigation* for Coronavirus Disease 2019 (COVID-19) pneumonia when reverse transcription polymerase chain reaction (RT-PCR) is negative or cannot be performed <p>* As defined by the Centers for Disease Control (CDC)</p>	March 12, 2020	Commercial Medicare	Pulmonology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Assisted Reproductive Services	086	<p>Evaluation and donor requirements clarified:</p> <ul style="list-style-type: none"> ▪ To include 3D ultrasound, and hysterosalpingo 	March 1, 2020	Commercial Medicare	Obstetrics Gynecology

		contrast sonography (HyCoSy). <ul style="list-style-type: none"> ▪ Non-smoking members with an initial negative cotinine level test, are not required to have repeat or ongoing cotinine tests. ▪ Frozen embryo transfer for reciprocal IVF is covered if the recipient meets criteria for donor egg/embryo. 			
Reduction Mammoplasty for Breast-Related Symptoms	703	Investigational statements on repeat reduction mammoplasty clarified.	January 30, 2020	Commercial	Plastic Surgery
Sensory Integration Therapy and Auditory Integration Therapy	659	Local Coverage Determination (LCD): Outpatient Physical and Occupational Therapy Services (L33631) and Local Coverage Determination (LCD): Speech-Language Pathology (L33580) for Medicare Advantage were added.	January 1, 2020	Medicare	Rehabilitation Medicine

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

New Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Medical to Pharmacy Transition Program	071	Implement a policy which describes and includes the current Medical to Pharmacy Transition program.	March 1, 2020
Migraine Step Therapy	012	New step therapy policy describing medically necessary indications.	July 1, 2020
Soliris and ULTOMIRIS Utilization Management	093	New medical policy describing medically necessary indications. Prior authorization is required.	July 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.***