March 2019 Medical Policy Announcements
Posted: March 2019

New and revised policies: Effective June 2019 (for variable effective dates see table below)
Clarified policies: Posted March 2019 (for variable posted dates see table below)
Retired policies: Effective March 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.

Table of Contents
NEW MEDICAL POLICIES:
Hydrogel Spacer use During Radiotherapy for Prostate Cancer

Table of Contents
NEW AIM HIGH TECHNOLOGY RADIOLOGY GUIDELINES – Effective May 18, 2019
AXUMIN (fluciclovine F-18) for Recurrent Prostate Cancer
11C-Choline PET-CT for Recurrent Prostate Cancer
68Ga-Dotatate (Netspot) for Neuroendocrine Tumors (NETs)

Table of Contents
REVISED MEDICAL POLICIES:
Hematopoietic Cell Transplantation for Acute Myeloid Leukemia
Hematopoietic Cell Transplantation for Autoimmune Diseases
Intraoperative Neurophysiologic Monitoring: Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy
Treatment of Varicose Veins/Venous Insufficiency

Table of Contents
CLARIFICATIONS TO MEDICAL POLICIES:
AIM Genetic Testing Management Program CPT and HCPCS Codes
Assisted Reproductive Services
Bone Mineral Density Studies
Computer-Aided Evaluation as an Adjunct to Magnetic Resonance Imaging of the Breast
Gender Affirming Services (Transgender Services)
Surgical Services for Lymphedema

Table of Contents
RETIRED MEDICAL POLICIES:
Laboratory Testing for HIV Tropism
Tilt Table Test

Table of Contents
REVISED PHARMACY MEDICAL POLICIES
Compounded Medications
Erythropoietin, Recombinant Human
Medical Utilization Management (MED UM) and Pharmacy Prior Authorization Policy
Oncology Drugs
Topical Testosterone
High-Technology Radiology

Effective March 1, 2019, we will be retiring our high-technology radiology medical policies (click here to see REVISED retired list) and replacing them with the following medical policies that have been reformatted, redesigned and reorganized to a condition-based structure. The restructured documents do not have any coverage changes.

- Oncologic Imaging, #960
- Non-oncologic Imaging of the Abdomen and Pelvis, #961
- Non-oncologic Imaging of the Brain, #962
- Non-oncologic Imaging of the Chest, #963
- Non-oncologic Imaging of the Extremities, #964
- Non-oncologic Imaging of the Head and Neck, #965
- Non-oncologic Imaging of the Spine, #966
- Non-oncologic Vascular Imaging, #967

The following High Technology Radiology medical policies were not restructured. These medical policies are not being retired.

- Nuclear Cardiology Infarct Imaging, #834
- Nuclear Cardiology Myocardial Perfusion Imaging, #836
- Nuclear Cardiology: Cardiac Blood Pool Imaging Blood Pool Imaging includes MUGA (Multi-Gated Acquisition) & First Pass Radionuclide Ventriculography, #830
- Positron Emission Tomography (PET) Myocardial Imaging, #837
- Magnetic Resonance Imaging (MRI) Cardiac, #835
- Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification, #832
- Computed Tomographic Angiography Coronary arteries (CCTA), #831
- Computed Tomography (CT) Cardiac (Structure), #833

### NEW MEDICAL POLICIES

<table>
<thead>
<tr>
<th>New Medical Policy Title</th>
<th>Policy Number</th>
<th>Policy Summary</th>
<th>Effective Date</th>
<th>Products Affected</th>
<th>Policy Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrogel Spacer use During Radiotherapy for Prostate Cancer</td>
<td>743</td>
<td>New medical policy describing ongoing investigational indications for Commercial members.</td>
<td>June 1, 2019</td>
<td>Commercial</td>
<td>Urology</td>
</tr>
</tbody>
</table>

### NEW AIM HIGH TECHNOLOGY RADIOLOGY GUIDELINES:

To access the current version of AIM guidelines, go to [http://www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com)

<table>
<thead>
<tr>
<th>Medical Policy Title</th>
<th>Policy Number</th>
<th>Policy Change Summary</th>
<th>Effective Date</th>
<th>Products Affected</th>
<th>Policy Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AXUMIN (fluciclovine F-18) for Recurrent Prostate Cancer</td>
<td>See AIM Specialty Health Guidelines</td>
<td>New AIM guidelines describing medically necessary indications.</td>
<td>May 18, 2019</td>
<td>Commercial Medicare</td>
<td>Oncology</td>
</tr>
<tr>
<td>11C-Choline PET-CT for Recurrent Prostate Cancer</td>
<td>See AIM Specialty Health Guidelines</td>
<td>New AIM guidelines describing medically necessary indications.</td>
<td>May 18, 2019</td>
<td>Commercial Medicare</td>
<td>Oncology</td>
</tr>
<tr>
<td>68Ga-Dotatate (Netspot) for Neuroendocrine Tumors (NETs)</td>
<td>See AIM Specialty Health Guidelines</td>
<td>New AIM guidelines describing medically necessary indications.</td>
<td>May 18, 2019</td>
<td>Commercial Medicare</td>
<td>Oncology</td>
</tr>
<tr>
<td>Medical Policy Title</td>
<td>Policy Number</td>
<td>Policy Change Summary</td>
<td>Effective Date</td>
<td>Products Affected</td>
<td>Policy Type</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Hematopoietic Cell Transplantation for Acute Myeloid Leukemia</td>
<td>150</td>
<td>Policy statement regarding medical necessity for auto-HCT changed to clarify that it applies to patients that are not candidates for allo-HCT. Investigational statements added for patients not meeting MN criteria.</td>
<td>June 1, 2019</td>
<td>Commercial Medicare</td>
<td>Hematology</td>
</tr>
<tr>
<td>Hematopoietic Cell Transplantation for Autoimmune Diseases</td>
<td>192</td>
<td>New medically necessary indications described. Policy statement for systemic sclerosis was changed from “investigational” to “medically necessary.”</td>
<td>June 1, 2019</td>
<td>Commercial Medicare</td>
<td>Hematology Oncology</td>
</tr>
<tr>
<td>Intraoperative Neurophysiologic Monitoring: Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring</td>
<td>211</td>
<td>Prior authorization is required for HMO and PPO.</td>
<td>June 1, 2019</td>
<td>Commercial Medicare</td>
<td>Neurology Neurosurgery</td>
</tr>
<tr>
<td>Stereotactic Radiosurgery and Stereotactic Body Radiotherapy</td>
<td>277</td>
<td>New medically necessary indications described. Additional indications for SRS and SBRT added to the first 2 medically necessary policy statements, and revisions made to the investigational statements.</td>
<td>June 1, 2019</td>
<td>Commercial</td>
<td>Oncology</td>
</tr>
<tr>
<td>Treatment of Varicose Veins/Venous Insufficiency</td>
<td>238</td>
<td>Prior authorization is required.</td>
<td>June 1, 2019</td>
<td>Commercial</td>
<td>Plastic Surgery</td>
</tr>
</tbody>
</table>

| 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           | HCPCS codes G0452; G9840 and G9841 removed. G0452 Molecular pathology procedure; physician interpretation and report G9840 RAS (KRAS and NRAS) gene mutation testing                                      | March 1, 2019  | Commercial Medicare | Genetic Testing |
| Assisted Reproductive Services | 086 | Sterilization reversal section clarified to indicate that infertility treatment needed as a result of prior voluntary sterilization or unsuccessful sterilization reversal procedure is not covered. | March 1, 2019 | Commercial Medicare | Obstetrics Gynecology |
| Bone Mineral Density Studies | 450 | Investigational statement clarified. | March 1, 2019 | Commercial | Endocrinology |
| Gender Affirming Services (Transgender Services) | 189 | Surgical revisions section clarified. | March 1, 2019 | Commercial Medicare | Plastic Surgery |
| Surgical Services for Lymphedema | 037 | New policy. Policy title clarified from Surgical Treatments for Breast Cancer-Related Lymphedema to Surgical Services for Lymphedema. | May 1, 2019 | Commercial Medicare | Oncology |

### RETIRED MEDICAL POLICIES

<table>
<thead>
<tr>
<th>Medical Policy Title</th>
<th>Policy Number</th>
<th>Policy Change Summary</th>
<th>Effective Date</th>
<th>Products Affected</th>
<th>Policy Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Testing for HIV Tropism</td>
<td>008</td>
<td>Policy retired. This is a covered service.</td>
<td>March 1, 2019</td>
<td>Commercial Medicare</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>Tilt Table Test</td>
<td>359</td>
<td>Policy retired. This is a covered service.</td>
<td>March 1, 2019</td>
<td>Commercial Medicare</td>
<td>Neurology Cardiology</td>
</tr>
</tbody>
</table>

### REVISED PHARMACY MEDICAL POLICIES

<table>
<thead>
<tr>
<th>Medical Policy Title</th>
<th>Policy Number</th>
<th>Policy Change Summary</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compounded Medications</td>
<td>579</td>
<td>Criteria will be clarified.</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>Erythropoietin, Recombinant Human</td>
<td>262</td>
<td>We will make criteria changes to Procrit and Epogen.</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>Medical Utilization Management (MED UM)</td>
<td>033</td>
<td>The following medications will have new Prior Authorization requirements and be added to the Med UM program: Berinert,</td>
<td>July 1, 2019</td>
</tr>
</tbody>
</table>
& Pharmacy Prior Authorization Policy

Cinqair, Fasenra, Firazyr, Haegarda, Kalbitor, Neulasta, Neupogen, Nucala, and Ruconest.

Oncology Drugs

409

The following medications will have new Prior Authorization requirements: Iressa, Gilotrif, Tarceva, & Tagrisso.

July 1, 2019

Topical Testosterone

345

AndroGel and Axiron will move to Step 2 of the policy.

July 1, 2019

Revised List: Retired High-Technology Radiology Medical Policies

Computed Tomography (CT) Abdomen & Pelvis Combination, #750
Computed Tomography (CT) Abdomen, #749
Computed Tomography (CT) Cervical Spine, #751
Computed Tomography (CT) Chest, #752
Computed Tomography (CT) CT Colonography (Virtual Colonoscopy), #179
Computed Tomography (CT) Head, #753
Computed Tomography (CT) Lower Extremity, #754
Computed Tomography (CT) Lumbar Spine, #755
Computed Tomography (CT) Neck for Soft Tissue Evaluation, #756
Computed Tomography (CT) Orbit, Sella Trucica, Posterior Fossa, Temporal Bone, Including Mastoids, #757
Computed Tomography (CT) Paranasal Sinus & Maxillofacial Area, #758
Computed Tomography (CT) Pelvis, #791
Computed Tomography (CT) Thoracic Spine, #759
Computed Tomography (CT) Upper Extremity, #760

CT Angiography (CTA) Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-Off (762)
CT Angiography (CTA) and MR Angiography (MRA) Abdomen (763)
CT Angiography (CTA) and MR Angiography (MRA) Lower Extremity (764)
CT Angiography (CTA) and MR Angiography (MRA) Pelvis (765)
CT Angiography (CTA) and MR Angiography (MRA) Upper Extremity (766)
CT Angiography (CTA) Chest (Non-Coronary) (767)
CT/MR Angiography (CTA/MRA) Head: Cerebrovascular (768)
CT/MR Angiography (CTA/MRA) Neck (769)

Fetal MRI (770)

Functional Magnetic Resonance Imaging (fMRI) (771)

Magnetic Resonance Imaging (MRI) Abdomen / Magnetic Resonance Cholangiopancreatography (MRCP) Abdomen (773)
Magnetic Resonance Imaging (MRI) Bone Marrow Blood Supply (798)
Magnetic Resonance Imaging (MRI) Breast Also referred to as MRI Mammography (MRM) (774)
Magnetic Resonance Imaging (MRI) Cervical Spine (775)
Magnetic Resonance Imaging (MRI) Chest (776)
Magnetic Resonance Imaging (MRI) Head/Brain (777)
Magnetic Resonance Imaging (MRI) Lower Extremity (Joint and Non-Joint) (779)
Magnetic Resonance Imaging (MRI) Lumbar Spine (778)
Magnetic Resonance Imaging (MRI) Orbit, Face & Neck (Soft Tissues) (780)
Magnetic Resonance Imaging (MRI) Pelvis (781)
Magnetic Resonance Imaging (MRI) Temporomandibular Joint (TMJ) (782)
Magnetic Resonance Imaging (MRI) Thoracic Spine (783)
Magnetic Resonance Imaging (MRI) Upper Extremity (Any Joint) (784)
Magnetic Resonance Imaging (MRI) Upper Extremity (Non-Joint) (785)
Magnetic Resonance Spectroscopy (MRS) (488)
MR Angiography (MRA) Chest (786)
MR Angiography (MRA) Spinal Canal (789)

Positron Emission Tomography (PET) Brain Imaging (903)
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.