June 2019 Medical Policy Announcements

New and revised policies:  Effective September 2019 (for variable effective dates see table below)
Clarified policies:  Posted June 2019 (for variable posted dates see table below)
Retired policies:  Effective June 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:
Oncologic Imaging PET Radiotracers:  8F-Fluciclovine (Axumin®) PET-CT; 68Ga-Dotatate (Netspot®) PET-CT; 11C-Choline PET-CT

A note regarding AIM High Technology Radiology and Sleep Management Medical Policies
Effective September 1, 2019, we will be retiring the policies below. For medically necessary indications, please see AIM Clinical Appropriateness Guidelines on their website. We have included links that will bring you directly to the specific guideline. The prior authorization process has not changed. Please follow the same previous prior authorization process as this is not changing.

HIGH TECHNOLOGY RADIOLOGY:  ONCOLOGIC AND NON-ONCOLOGIC IMAGING
The following high technology radiology oncologic imaging and non-oncologic imaging medical policies will be retired effective September 1, 2019. For coverage information, see AIM Specialty Health Guidelines for Radiology:

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

These new high technology radiology oncologic and non-oncologic imaging related policies will be posted on our website effective September 1, 2019:

- AIM High Technology Radiology Management Program, #968
- AIM High Technology Radiology Management Program CPT and HCPCS Codes, #900.
  (Note: Policy #900 is in effect as of March 1, 2019 and it is available on our website.)

Oncologic Imaging Positron Emission Tomography Radiotracers

<table>
<thead>
<tr>
<th>Radiotracer</th>
<th>Policy #</th>
<th>Effective Date</th>
<th>Medical Necessity Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>18F-Fluciclovine (Axumin®) PET-CT</td>
<td>#025</td>
<td>This policy will be retired effective July 13, 2019.</td>
<td>For medical necessity guidelines, see Oncologic Imaging PET Radiotracers, #959. Effective July 13, 2019.</td>
</tr>
<tr>
<td>68Ga-Dotatate (Netspot®) PET-CT</td>
<td>No policy</td>
<td>For medical necessity guidelines, see Oncologic Imaging PET Radiotracers, #959. Effective July 13, 2019.</td>
<td></td>
</tr>
</tbody>
</table>
**HIGH TECHNOLOGY RADIOLOGY: CARDIOLOGY/CARDIAC IMAGING**

The following high technology radiology cardiology medical policies will be retired effective September 1, 2019. For coverage information, see AIM Specialty Health Guidelines for Cardiology:

- Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification, #832
- Computed Tomography (CT) Cardiac (Structure), #833
- Coronary CT Angiography (CCTA) and CT Derived Fractional Flow Reserve (FFR-CT), #831
- Magnetic Resonance Imaging (MRI) Cardiac, #835
- Nuclear Cardiology Infarct Imaging, #834
- Nuclear Cardiology Myocardial Perfusion Imaging, #836
- Positron Emission Tomography (PET) Myocardial Imaging, #837
- Nuclear Cardiology Cardiac Blood Pool Imaging, #830

These new high technology radiology cardiology related policies will be posted on our website effective September 1, 2019:
- AIM High Technology Radiology Cardiology Management Program, #972
- AIM High Technology Radiology Cardiology Management Program CPT, HCPCS and Diagnoses Codes, #971.

**SLEEP MANAGEMENT**

The following sleep management medical policies will be retired effective September 1, 2019. For coverage information, see AIM Specialty Health Sleep Disorder Management Diagnostic & Treatment Guidelines:

- Bi-Level Positive Airway Pressure (BPAP) Devices, #527
- Management of Obstructive Sleep Apnea (OSA) using Auto-Titrating Positive Airway Pressure (APAP) and Continuous Positive Airway Pressure (CPAP) Devices, #526
- Management of Obstructive Sleep Apnea (OSA) using Oral Appliances, #529
- Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT), #534
- Polysomnography and Home Sleep Testing, #525

These new sleep management related policies will be posted on our website effective September 1, 2019:
- AIM Sleep Management Program, #969
- AIM Sleep Management Program CPT, HCPCS and Diagnoses Codes, #970.

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**REVISED MEDICAL POLICIES:**
- Spinal Cord and Dorsal Root Ganglion Stimulation

**Genetic Testing – Effective September 8, 2019**
- Genetic Testing for Single-Gene and Multifactorial Conditions
- Genetic Testing for Hereditary Cancer Susceptibility
- Molecular Testing of Solid and Hematologic Tumors and Malignancies
- Genetic Testing for Pharmacogenetic and Thrombophilia

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**CLARIFICATIONS TO MEDICAL POLICIES:**
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- T-Wave Alternans
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REVISED PHARMACY MEDICAL POLICIES:
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Bisphosphonate, Oral
Diabetes Step Therapy
Follitropin Step Therapy
Ophthalmic Prostaglandins
Overactive Bladder Medications
Phosphodiesterase Type-5 Inhibitors for Pulmonary Arterial Hypertension
Topical Testosterone

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>Oncologic Imaging PET Radiotracers:</td>
<td>959</td>
<td>New medical policy describing medically necessary indications.</td>
<td>July 13, 2019</td>
<td>Commercial Medicare</td>
<td>Oncology</td>
</tr>
<tr>
<td>• 8F-Fluciclovine (Axumin®) PET-CT</td>
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<tr>
<td>• 68Ga-Dotatate (Netspot®) PET-CT</td>
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<tr>
<td>• 11C-Choline PET-CT</td>
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REVISED 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>Spinal Cord and Dorsal Root Ganglion Stimulation</td>
<td>472</td>
<td>New medically necessary indications described. Dorsal root ganglion neurostimulation is medically necessary for the treatment of severe and chronic pain of the trunk or limbs.</td>
<td>September 1, 2019</td>
<td>Commercial</td>
<td>Neurology</td>
</tr>
</tbody>
</table>

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
No criteria changes. The single gene and multigene criteria were reformatted and combined into one section entitled, Genetic Testing for Germline Conditions.
September 8, 2019
Commercial
Non-oncology

Genetic Testing for Hereditary Cancer Susceptibility
See AIM Specialty Health Guidelines
No criteria changes. Text for prostate germline testing was revised for clarification.
September 8, 2019
Commercial
Oncology

Molecular Testing of Solid and Hematologic Tumors and Malignancies
See AIM Specialty
Scope revised to include the need for potential additional adjudication
September 8, 2019
Commercial
Hematology Oncology
**Genetic Testing for Pharmacogenetic and Thrombophilia**  
See AIM Specialty Health Guidelines  
Coverage criteria expanded to allow pharmacogenetic testing when identification of the genetic variant is required or recommended prior to initiating therapy with a target drug as noted by the FDA-approved prescribing label.

**CLARIFICATIONS TO MEDICAL POLICIES**

<table>
<thead>
<tr>
<th>Medical Policy</th>
<th>Policy Number</th>
<th>Policy Change Summary</th>
<th>Posted Date</th>
<th>Products Affected</th>
<th>Policy Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Reproductive Services</td>
<td>086</td>
<td>Policy clarified to remove Walgreens Fertility Pharmacy as designated retail specialty pharmacy network.</td>
<td>May 3, 2019</td>
<td>Commercial Medicare Obstetrics Gynecology</td>
<td></td>
</tr>
<tr>
<td>Medical Technology Assessment Investigational (Non-Covered) Services List</td>
<td>400</td>
<td>Placenta encapsulation i.e. placenta pills or placenta capsules added.</td>
<td>May 10, 2019</td>
<td>Commercial Medicare Obstetrics</td>
<td></td>
</tr>
</tbody>
</table>
| Preimplantation Genetic Testing | 088 | Terminology clarified:  
- Preimplantation genetic screening (PGS) changed to preimplantation genetic testing for aneuploidies (PGT-A)  
- Preimplantation genetic diagnosis (PGD) changed to preimplantation genetic testing | June 1, 2019 | Commercial Medicare Obstetrics |
testing for monogenic/single gene diseases (PGT-M).

### 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>Donor Lymphocyte Infusion for Malignancies Treated with an Allogeneic Hematopoietic Stem-Cell Transplant</td>
<td>338</td>
<td>Policy retired. This is a covered service.</td>
<td>June 1, 2019</td>
<td>Commercial Medicare</td>
<td>Hematology</td>
</tr>
<tr>
<td>T-Wave Alternans</td>
<td>539</td>
<td>Policy retired. This is a covered service.</td>
<td>June 1, 2019</td>
<td>Commercial Medicare</td>
<td>Cardiology</td>
</tr>
</tbody>
</table>

### Revised Pharmacy Medical Policies

<table>
<thead>
<tr>
<th>Pharmacy Medical Policy Title</th>
<th>Policy Number</th>
<th>Policy Change Summary</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign Prostatic Hyperplasia</td>
<td>040</td>
<td>Policy criteria revised.</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>Bisphosphonate, Oral</td>
<td>058</td>
<td>Policy criteria revised.</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>Diabetes Step Therapy</td>
<td>041</td>
<td>Policy criteria revised.</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>Follitropin Step Therapy</td>
<td>014</td>
<td>Policy criteria revised.</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>Ophthalmic Prostaglandins</td>
<td>346</td>
<td>Policy criteria revised.</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>Overactive Bladder Medications</td>
<td>170</td>
<td>Policy criteria revised.</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>Phosphodiesterase Type-5 Inhibitors for Pulmonary Arterial Hypertension</td>
<td>036</td>
<td>Policy criteria revised.</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>Topical Testosterone</td>
<td>345</td>
<td>Policy criteria revised.</td>
<td>September 1, 2019</td>
</tr>
</tbody>
</table>

**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](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.