

December 2020 Medical Policy Announcements

Posted: December 2020

New and revised policies: Effective March 2021 (for variable effective dates see table below)

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

Retired policies: Effective December 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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None

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NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Adoptive Immunotherapy	455	All adoptive immunotherapy techniques intended to enhance autoimmune effects are considered investigational for the indications included, but not limited to, in this policy.	December 1, 2020	Commercial Medicare	Hematology Oncology
Chimeric Antigen Receptor Therapy for Hematologic Malignancies	066	New medically necessary indications described for Brexucabtagene autoleucl for adult patients with relapsed/refractory mantle cell lymphoma.	December 1, 2020	Commercial Medicare	Hematology
CAR T-Cell Therapy Services for Mantle Cell Lymphoma (Brexucabtagene Autoleucl) Prior Authorization Request Form	940	New CAR T-Cell Therapy Services for Mantle Cell Lymphoma (Brexucabtagene Autoleucl) Prior Authorization Request Form	December 1, 2020	Commercial Medicare	Hematology
Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Mental Health Conditions	087	New medically necessary statements described. Title changed.	April 1, 2021	Commercial Medicare	Psychiatry

Advanced Imaging/Radiology

Effective for dates of service on and after March 14, 2021, the following updates 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
Imaging of the Chest	<p>Signs and Symptoms Hoarseness, dysphonia, or vocal cord weakness</p> <ul style="list-style-type: none"> ▪ Require laryngoscopy for the initial evaluation of all patients with primary voice complaint ▪ Align adults and pediatrics 	March 14, 2021	Commercial Medicare	Radiology Cardiology Pulmonology
Imaging of the Head and Neck	<p>Infectious and Inflammatory Conditions Sinusitis/rhinosinusitis</p> <ul style="list-style-type: none"> ▪ Add more flexibility for the method of conservative treatment in chronic sinusitis ▪ Require a repeat attempt at conservative management prior to repeat imaging for patients with prior sinus CT <p>Nasal Indications Anosmia</p>	March 14, 2021	Commercial Medicare	Radiology Multispecialty

	<ul style="list-style-type: none"> ▪ Added language to clarify intent that this indication is meant to be for anosmia with concern for central etiology <p>Temporomandibular Joint Pathology Temporomandibular joint dysfunction</p> <ul style="list-style-type: none"> ▪ Removed requirement for radiographs/ultrasound for clarity – that requirement was waived for patients with mechanical symptoms, but mechanical symptoms are a prerequisite for advanced imaging <p>Miscellaneous Conditions Cerebrospinal fluid (CSF) leak of the skull base</p> <ul style="list-style-type: none"> ▪ Added scenario for management of known leak with change in clinical condition <p>Signs and Symptoms Dizziness or vertigo</p> <ul style="list-style-type: none"> ▪ Clarified “signs or symptoms” of central vertigo <p>Hearing loss</p> <ul style="list-style-type: none"> ▪ Added CT temporal bone for evaluation of sensorineural hearing loss (SNHL) in any pediatric patients or in adults for whom MRI is nondiagnostic or unable to be performed ▪ Higher allowed threshold for consecutive frequencies to establish SNHL ▪ Removed CT brain as an alternative to evaluating hearing loss based on ACR guidance (CT brain usually not appropriate) <p>Hoarseness, dysphonia, and vocal cord weakness/paralysis - ADULT</p> <ul style="list-style-type: none"> ▪ Require laryngoscopy for the initial evaluation of all patients with primary voice complaint ▪ Align adults and pediatrics <p>Tinnitus</p> <ul style="list-style-type: none"> ▪ Added content to head and neck document since CT temporal bone is approvable in some scenarios ▪ Removed “abrupt or sudden onset” as an independent criterion for imaging as the remaining two bullet points should cover the appropriate scenarios 			
Imaging of the Brain	<p>Congenital and Developmental Conditions Ataxia, congenital or hereditary</p> <ul style="list-style-type: none"> ▪ Combine with congenital cerebral anomalies to create one section <p>Tumor or Neoplasm Acoustic neuroma (Adult only)</p>	March 14, 2021	Commercial Medicare	Radiology Neurology Neurosurgery

	<ul style="list-style-type: none"> ▪ More frequent imaging for a watch and wait or incomplete resection ▪ New indication for NF 2 ▪ More frequent imaging when MRI shows findings suspicious for recurrence ▪ Single post-operative MRI following gross total resection ▪ Include pediatrics with known acoustics (rare but NF 2) <p>Pituitary adenoma</p> <ul style="list-style-type: none"> ▪ Added clarifying definitions for management and surveillance for operational clarity <p>Tumor – not otherwise specified</p> <ul style="list-style-type: none"> ▪ Clarification for benign intracranial cysts ▪ Repurpose for surveillance imaging of low-grade neoplasms ▪ Remove for clinically suspected – see more specific clinical indication <p>Seizure disorder - ADULT</p> <ul style="list-style-type: none"> ▪ Limit imaging for the management of established generalized epilepsy ▪ Combine indications for seizure disorder and seizure refractory into one guideline ▪ Require optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy <p>Signs and Symptoms</p> <p>Dizziness or vertigo</p> <ul style="list-style-type: none"> ▪ Clarify “signs or symptoms” of central vertigo <p>Headache</p> <ul style="list-style-type: none"> ▪ Remove response to treatment as a primary headache red flag based on lack of evidence and guidelines to support it ▪ Include pregnancy as a red flag risk factor <p>Hearing loss</p> <ul style="list-style-type: none"> ▪ Added CT temporal bone for evaluation of sensorineural hearing loss in any pediatric patients or in adults for whom MRI is nondiagnostic or unable to be performed ▪ Higher allowed threshold for consecutive frequencies to establish SNHL ▪ Remove CT brain as an alternative to evaluating hearing loss based on ACR guidance (CT brain usually not appropriate) <p>Mental status change and encephalopathy</p> <ul style="list-style-type: none"> ▪ Added requirement for initial clinical and lab evaluation to assess for a more specific cause <p>Tinnitus</p> <ul style="list-style-type: none"> ▪ Remove sudden onset symmetric tinnitus as an indication for advanced imaging 			
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<p>Oncologic Imaging</p>	<p>General Information/Overview Scope <ul style="list-style-type: none"> ▪ Wording updates and clarification Definitions <ul style="list-style-type: none"> ▪ Distinguish categories ▪ Clarify application of management to oncologic imaging ▪ Clarify the definition of surveillance to further distinguish from management Appropriate use category <ul style="list-style-type: none"> ▪ Moved definition of documented malignancy from the scope section ▪ Removed definition of as clinically indicated – no operational difference. Language to be updated throughout the Oncologic Imaging document ▪ Inclusion of definitions and scenarios applicable to oncologic imaging. Added language regarding cannot be performed or is nondiagnostic. Language to be updated throughout the Oncologic Imaging document ▪ Standardize definition of clinical suspicion and symptom direct staging Cancer Screening Colorectal cancer screening <ul style="list-style-type: none"> ▪ Align with NCCN for screening (definition of average risk) ▪ Additional scenario per NCCN for diagnostic CT colonography Pancreatic cancer screening <ul style="list-style-type: none"> ▪ Screening criteria added, based on the NCCN and the International Cancer of the Pancreas Screening (CAPS) Consortium Anal Cancer MRI pelvis <ul style="list-style-type: none"> ▪ NCCN alignment: Pelvic CT or MRI FDG-PET/CT <ul style="list-style-type: none"> ▪ Current expansive criteria covered by more expansive criteria below ▪ NCCN alignment “re-evaluate using imaging studies per initial workup” Bladder, Renal Pelvis, and Ureter Cancer Bladder, Renal Pelvis, and Ureter Cancers: Invasive FDG-PET/CT <ul style="list-style-type: none"> ▪ No evidence for clear superiority of PET over standard imaging, NCCN 2B for PET/CT ▪ Current objective signs or symptoms criteria redundant with above criteria Brain and Spinal Cord Cancers FDG-PET/CT brain <ul style="list-style-type: none"> ▪ No current NCCN diagnostic recommendations for this modality </p>	<p>March 14, 2021</p>	<p>Commercial Medicare</p>	<p>Radiology Oncology Hematology</p>
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	<p>Breast Cancer MRI breast</p> <ul style="list-style-type: none"> ▪ Separate screening and surveillance scenarios ▪ Limit surveillance to women with breast conserving therapy – 2B NCCN recommendation with additional AIM evidence review <p>FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Standardize wording ▪ Removed redundant scenario ▪ Addition to align with existing allowance based on operational feedback <p>Cervical Cancer FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Stage IB1 and higher per NCCN 2A ▪ PET listed as an alternative to conventional imaging per NCCN ▪ Allow PET/CT for suspected recurrence NCCN 2A <p>Colorectal Cancer CT Chest</p> <ul style="list-style-type: none"> ▪ CT Chest, Abdomen and Pelvis: Alignment with NCCN parameters (category 2A); previous scenarios reflective of higher stage disease. Frequency parameter per NCCN source document ▪ Align with NCCN 2A ▪ CT Chest for suspected cancer is permissive change <p>CT abdomen and pelvis</p> <ul style="list-style-type: none"> ▪ Align with NCCN 2A <p>MRI pelvis</p> <ul style="list-style-type: none"> ▪ Align with NCCN 2A ▪ Inclusion of new scenario in alignment with NCCN (category 2A) <p>FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Specified standard imaging in alignment w/ NCCN. Nondiagnostic wording update under Appropriate use definition. Otherwise no content change. <p>Esophageal and Gastroesophageal Junction Cancers CT pelvis</p> <ul style="list-style-type: none"> ▪ Align with NCCN 2A diagnostic testing strategy recommendation <p>FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Align with NCCN 2A diagnostic testing strategy recommendation <p>Gastric Cancer FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Align with NCCN 2A diagnostic testing strategy recommendation 			
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	<p>Testicular Cancer Nonseminoma FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ NCCN: PET/CT not addressed for subtype ▪ Malignant GCT of ovary to be reviewed under Ovarian Cancer guideline <p>Hepatobiliary Cancer MRI abdomen with or without MRCP</p> <ul style="list-style-type: none"> ▪ NCCN: CT/MRI <p>FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Addition to include similar but separate pathology <p>Kidney Cancer/Renal Cell Carcinoma MRI abdomen</p> <ul style="list-style-type: none"> ▪ NCCN alignment: CT or MRI (category 2A) for initial workup and follow-up scenarios <p>MRI brain</p> <ul style="list-style-type: none"> ▪ Align with NCCN 2A <p>Lung Cancer – Non-Small Cell MRI chest</p> <ul style="list-style-type: none"> ▪ Management for superior sulcus tumors post-treatment with MRI not addressed by NCCN (CT is recommended, category 2A). <p>FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Align with NCCN 2A recommendation and Fleischner society. ▪ Content overlap with Pulmonary Nodule guideline (Chest imaging); size parameter is more permissive (PET evaluation of masses > 3 cm to optimize sampling) ▪ Align with NCCN 2A recommendation <p>Lymphoma – Hodgkin FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Clarification for post-treatment parameter ▪ NCCN 2A for post treatment follow up <p>Lymphoma – Non-Hodgkin and Leukemia Acute Leukemia</p> <ul style="list-style-type: none"> ▪ New indication based on NCCN 2A <p>Melanoma FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ “Melanoma” to include cutaneous and mucosal subtypes ▪ Stage III equivalence (NCCN: PET not addressed) <p>Multiple Myeloma CT chest, CT abdomen and pelvis</p> <ul style="list-style-type: none"> ▪ Note: Surveillance scenario not applicable to myeloma given disease not 			
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	<p>cured/resolved. Post-treatment evaluation of residual disease should be reviewed under Management</p> <p>MRI skeletal MRI (bone marrow blood supply)</p> <ul style="list-style-type: none"> ▪ Removed MRI skeletal (out of scope for AIM review) ▪ Inclusion for initial staging and management scenarios <p>FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ NCCN: Whole body CT or FDG PET/CT recommended for initial work-up of suspected myeloma/smoldering myeloma/solitary plasmacytoma (category 2A) ▪ NCCN: Advanced Imaging for post-primary treatment (whole body MRI without contrast, low-dose CT scan, FDG PET/CT) <p>Neuroendocrine Tumors</p> <p>Well-differentiated neuroendocrine tumor</p> <ul style="list-style-type: none"> ▪ MRI abdomen and MRI pelvis: Align with NCCN (CT or MRI) <p>Ovarian Cancer All Variants</p> <p>CT chest, CT abdomen and pelvis, MRI abdomen and pelvis</p> <ul style="list-style-type: none"> ▪ All ovarian cancer subtypes to be reviewed under same heading. Includes epithelial, endometrioid, malignant germ cell tumors, serous and mucinous carcinoma subtypes ▪ Alignment with NCCN for surveillance (category 2A) <p>Prostate Cancer</p> <p>CT chest, CT abdomen and/or pelvis</p> <ul style="list-style-type: none"> ▪ Align with NCCN <p>MRI abdomen</p> <ul style="list-style-type: none"> ▪ No evidence of MR Abdomen superiority over CT <p>MRI pelvis (also known as multiparametric MRI)</p> <ul style="list-style-type: none"> ▪ NCCN 2A Allow for mpMRI in patient with suspected prostate cancer ▪ NCCN 2A Allows for mpMRI to determine eligibility for active surveillance ▪ Change in care continuum designation from Diagnosis to management Restaging as a conventional imaging alternative <p>18F Fluciclovine PET/CT or 11C Choline PET/CT</p> <ul style="list-style-type: none"> ▪ Define timeframe for conventional imaging and require it for all patients per recent clinical trials ▪ Limit requirement for multiparametric MRI to PSA < 1 ▪ Allow Axumin for PSA > 1 based on evidence for reasonable detection rate 			
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	<p>and management impact in new clinical trials</p> <ul style="list-style-type: none"> ▪ Clarify salvage therapy with curative intent ▪ Limit PET/CT performed within 3 month per exclusion criteria of recent clinical trials <p>Sarcoma of Bone and Soft Tissue Bone Sarcoma FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ NCCN: PET for initial treatment of Ewing sarcoma and osteosarcoma (2A); definitive therapy parameter per Onc discussion ▪ Lesion size not specified by NCCN <p>Soft Tissue Sarcoma of the extremity, superficial trunk, head, and neck FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Lesion size not specified by NCCN <p>Soft Tissue Sarcoma: retroperitoneal/intraabdominal/gastrointestinal stromal tumors</p> <ul style="list-style-type: none"> ▪ NCCN: CT or MRI for retroperitoneal/abdominopelvic sarcoma, desmoid tumor <p>Soft Tissue Sarcoma: retroperitoneal/intraabdominal/gastrointestinal stromal tumors</p> <ul style="list-style-type: none"> ▪ Lesion size not specified by NCCN <p>Thyroid Cancer FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Removal of negative antibody parameter (not specified per NCCN) <p>Uterine Cancer CT chest, CT abdomen and pelvis</p> <ul style="list-style-type: none"> ▪ CT Chest, Abdomen and Pelvis: Added for alignment with NCCN (2A) <p>Suspected or Known Metastases, not otherwise specified MRI abdomen</p> <ul style="list-style-type: none"> ▪ Additional coverage for MRI Abdomen in evaluation of hepatic metastatic disease (MRI optimal study) <p>MRI bone or spine</p> <ul style="list-style-type: none"> ▪ Separate out axial from appendicular indications <p>MRI appendicular skeleton (pelvis, lower or upper extremity)</p> <ul style="list-style-type: none"> ▪ New criteria for appendicular skeleton <p>FDG-PET/CT</p> <ul style="list-style-type: none"> ▪ Most indications covered by tumor type indications 			
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Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Benign Skin Lesions	707	New diagnoses-to-CPT codes edit implementation cancelled. Policy criteria unchanged.	December 1, 2020	Commercial	Dermatology
Laboratory Tests Post Transplant and for Heart Failure	530	Content from policy #723 ST2 Assay for Chronic Heart Failure and Heart Transplant Rejection was merged into this policy. Title changed to Laboratory Tests Post Transplant and for Heart Failure.	December 1, 2020	Commercial	Cardiology
Outpatient Prior Authorization Code List	072	HCPCS code G0277 added. Prior authorization is required for Commercial Managed Care (HMO and POS). G0277 Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval	November 1, 2020	Commercial	Multi-specialty Pulmonology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Magnetoencephalography /Magnetic Source Imaging	137	Policy is retired.	December 1, 2020	Commercial Medicare	Neurology Neurosurgery
Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer	639	Policy is retired. HCPCS code A9507 added to MP 400 Medical Technology Assessment Noncovered Services A9507 Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries	December 1, 2020	Commercial Medicare	Oncology
ST2 Assay for Chronic Heart Failure and Heart Transplant Rejection	723	Policy is retired. Investigational statements merged into policy #530 Laboratory Tests Post Transplant and for Heart Failure.	December 1, 2020	Commercial Medicare	Cardiology

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
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Spinal Muscular Atrophy (SMA) Medications	044	Policy criteria revised; updated to align with Association policy.	April 1, 2021
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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: [Medical Policy | Blue Cross Blue Shield of Massachusetts](#) 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.***