

July 2018 Medical Policy Announcements

Posted: July 2018

New and revised policies: Effective October 2018 (for variable effective dates see table below)

Clarified policies: Posted July 2018 (for variable posted dates see table below)

Retired policies: Effective July 2018

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
Gene Expression Profiling for Cutaneous Melanoma	056	New medical policy describing investigational indications.	October 1, 2018	Commercial Medicare	Oncology Dermatology

REVISED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	347	Investigational indications revised to describe the use of mobile apps.	October 1, 2018	Commercial	Cardiology
Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	101	New investigational indications described.	October 1, 2018	Commercial Medicare	Cardiology
Closure Devices for Patent Foramen Ovale and Atrial Septal Defects	121	New medically necessary indications described.	October 1, 2018	Commercial Medicare	Cardiology
Endovascular Stent Grafts for Disorders of the Thoracic Aorta	233	Policy criteria clarified. New investigational indications described.	October 1, 2018	Commercial Medicare	Cardiology
Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease	920	New medically necessary indications described. Title changed. Policy statements transferred from policy 635, Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease/Transoral Incisionless Fundoplication (TIF)	October 1, 2018	Commercial	Gastro- enterology
Transcatheter Pulmonary Valve Implantation	403	Policy criteria revised.	October 1, 2018	Commercial Medicare	Cardiology Pulmonology
Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease/Transoral Incisionless Fundoplication (TIF)	635	Policy statements transferred to policy 920, Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease.	October 1, 2018	Commercial	Gastro- enterology

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early Stage Breast Cancer	326	Policy criteria clarified to state: tumors less than 5 cm in diameter.	June 14, 2018	Commercial Medicare	Oncology
Analysis of MGMT Promoter Methylation in Malignant Gliomas	587	First policy statement clarified, statements otherwise unchanged.	July 1, 2018	Commercial	Oncology
Aqueous Shunts and Stents for Glaucoma	223	Policy statements clarified, 2 separate policy statements, one for ab externo devices and one for ab interno devices.	July 1, 2018	Commercial	Ophthalmology
Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	287	Policy statement clarified.	July 1, 2018	Commercial	Cardiology
Chelation Therapy	122	Policy criteria clarified.	June 1, 2018 2018	Commercial Medicare	Neurology Rheumatology Cardiology Endocrinology
Genetic Testing for Lactase Insufficiency	565	Policy statement clarified.	July 1, 2018	Commercial	Gastroenterology
Genetic Testing for Rett Syndrome	803	Investigational policy statement clarified.	July 1, 2018	Commercial	Neurology Pediatrics
Implantable Miniature Telescope (IMT)	464	Policy criteria clarified.	July 1, 2018	Commercial	Ophthalmology
Lipid Apheresis	465	Investigational policy statement on high density lipoprotein apheresis was clarified.	July 1, 2018	Commercial Medicare	Cardiology
Outpatient Pulmonary Rehabilitation	136	National Coverage Determination (NCD) for Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (20.35) clarified for	June 26, 2018	Medicare	Cardiology Pulmonary Rehabilitation

		Medicare Advantage members.			
Patient-Specific Instrumentation (eg, Cutting Guides) for Joint Arthroplasty	706	Title changed to Patient-Specific Instrumentation (eg, Cutting Guides) for Joint Arthroplasty.	July 1, 2018	Commercial Medicare	Orthopedics
Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	334	PLAATO device removed from the investigational policy statement; device is no longer commercially available.	July 1, 2018	Commercial	Neurology Cardiology
Positron Emission Tomography, Other PET Applications, Including Oncologic Tumor Imaging	229	Policy clarified to add a note that this policy is only for PET using 2-(fluorine-18) fluoro-2-deoxy-d-glucose (FDG), performed on a dedicated PET or integrated (hybrid) PET/CT scanner.	June 21, 2018	Commercial	Oncology
Transcatheter Mitral Valve Repair	692	Policy clarified. "Cleared" changed to "approved" in the medically necessary policy statement.	July 1, 2018	Commercial	Cardiology

RETIRED MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Cervicography	630	Policy retired.	July 1, 2018	Commercial Medicare	Obstetrics Gynecology
Serum Holotranscobalamin	561	Policy retired.	July 1, 2018	Commercial Medicare	Neurology

High-Technology Radiology Medical Policies

Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification (832)
 Computed Tomographic Angiography Coronary arteries (CCTA) (831)
 Computed Tomography (CT) Abdomen & Pelvis Combination (750)
 Computed Tomography (CT) Abdomen (749)
 Computed Tomography (CT) Cardiac (Structure) (833)
 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) Abdomen and Pelvis Combination (761)

CT Angiography (CTA) Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-Off (762)
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 CT Angiography (CTA) and MR Angiography (MRA) Lower Extremity (764)
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 CT Angiography (CTA) Chest (Non-Coronary) (767)
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 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) Cardiac (835)
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 Magnetic Resonance Imaging (MRI) Lumbar Spine (778)
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 Nuclear Cardiology: Cardiac Blood Pool Imaging Blood Pool Imaging includes MUGA (Multi-Gated Acquisition) & First Pass Radionuclide Ventriculography (830)
 Positron Emission Tomography (PET) Brain Imaging (903)
 Positron Emission Tomography (PET) Myocardial Imaging (837)
 Positron Emission Tomography, Other PET Applications, Including Oncologic Tumor Imaging (229)

New 2018 Category III CPT Codes

All category III CPT Codes, including new 2018 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.***