



MEDICAL POLICY ANNOUNCEMENTS

Posted October 2023

This document announces new medical policy changes that take effect January 1, 2024. Changes affect these specialties:

- [Behavioral Health](#)
- [Gastroenterology](#)
- [Hematology Oncology; Genetic Testing](#)
- [Multispecialty](#)
- [Obstetrics Gynecology](#)
- [Orthopedics; Neurology](#)
- [Pharmacy](#)

Note that revised, clarified, or retired policies may have separate effective dates. See details in the table below.

BEHAVIORAL HEALTH

Neuro-psychological and Psychological Testing	151	Neuropsychological testing criteria transferred from InterQual and clarifications made to policy statements. Intent of policy statements unchanged. Policy references updated.	January 1, 2024	Commercial	No action required. <u>Current System Edits:</u> No <u>Future System Edits:</u> No
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GASTROENTEROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Policy clarified. Home Breath Test Kits edited to include SIBO (small intestinal bacterial overgrowth) breath test. This is still not a covered service.	September 13, 2023	Commercial Medicare	No action required.

HEMATOLOGY ONCOLOGY; GENETIC TESTING

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
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Medical Technology Assessment Investigational (Non-Covered) Services List	400	<p>Policy clarified. NavDx DNA Blood Test for detection of HPV-driven cancer removed.</p> <p>Prior authorization is required through Carelon.</p> <p>0356U Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence.</p>	September 13, 2023	Commercial Medicare	No action required.
Omidubicel as Adjunct Treatment for Hematologic Malignancies	028	<p>New medical policy describing investigational indications.</p> <p>Omidubicel is considered investigational in individuals with hematologic malignancies planning myeloablative allogenic umbilical cord transplantation.</p>	January 2024	Commercial Medicare	No action required. This service is not covered.

OBSTETRICS GYNECOLOGY

Assisted Reproductive Services	086	<p>Clarifications made to Intrauterine insemination, IVF evaluation requirements and cryopreservation after IVF cycle sections.</p>	October 1, 2023	Commercial	No action required. <u>Current System Edits:</u> No <u>Future System Edits:</u> No
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MULTISPECIALTY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Outpatient Prior Authorization	072	<p>Policy clarified/reminder. Prior authorization</p>	September 2023	Commercial	Refer to our Authorization Manager page for

Code List for Commercial Plans		requests for services listed in MP 072 are to be submitted using Authorization Manager . Authorization Manager helps streamline the prior authorization request process.			tips, guides, and video demonstrations. <u>Current System Edits:</u> No <u>Future System Edits:</u> No
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Policy clarified. Nidra Device using TOMAC (tonic motor activation therapy) for restless leg syndrome added.	October 1, 2023	Commercial Medicare	No action required.

ORTHOPEDICS NEUROLOGY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Orthopedic Applications of Stem Cell Therapy (Including Allograft and Bone Substitute Products Used with Autologous Bone Marrow)	254	Policy clarified. Table 1. Demineralized Bone Matrix Products Cleared by FDA added. Policy statements unchanged.	September 6, 2023	Commercial Medicare	No action required. This is still not a covered service. <u>Current System Edits:</u> No <u>Future System Edits:</u> No
Bone Morphogenetic Protein	097	Policy clarified. Regulatory Status section added. Table 1 clarified. Policy statements unchanged.	9/6/2023	Commercial Medicare	PA is still required. <u>Current System Edits:</u> No <u>Future System Edits:</u> No
Percutaneous and Subcutaneous Tibial Nerve Stimulation	583	Policy revised. Investigational policy statement added for subcutaneous tibial nerve stimulation delivered by an implantable peripheral neurostimulator system for all indications, including individuals with non-neurogenic urinary dysfunction	January 1, 2024	Commercial	No action required. <u>Current System Edits:</u> N/A. No code for the eCoin system <u>Future System Edits:</u> N/A

		including overactive bladder. Title updated.			
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PHARMACY

POLICY TITLE	POLICY NO.	POLICY CHANGE SUMMARY	EFFECTIVE DATE	PRODUCTS AFFECTED	PROVIDER ACTIONS REQUIRED
Multiple Sclerosis, Prior Auth and Step Policy	839	<p>Policy revised. Prior authorization will be required for new prescriptions of Kesimpta.</p> <p>The following medications will no longer require step therapy but will require prior authorization to be covered. This applies to new prescriptions for these medications: Avonex, Betaseron, Extavia, Plegridy, Rebif.</p>	January 1, 2024	Commercial	<p>PA is still required.</p> <p><u>Current System Edits: N/A</u> <u>Future System Edits: N/A</u></p>
Entyvio (Vedolizumab) Policy	162	<p>Policy revised. Dosing and frequency of use will be required as part of prior authorization for Entyvio in order to be covered under the medical benefit.</p>	January 1, 2024	Commercial	<p>PA is still required.</p> <p><u>Current System Edits: N/A</u> <u>Future System Edits: N/A</u></p>
Nononcologic Uses of Rituximab	123	<p>Policy revised. Dosing and frequency of use will be required as part of prior authorization for the following medications in order for them to be covered under the medical benefit: Riabni, Rituxan, Ruxience, Truxima.</p>	January 1, 2024	Commercial	<p>PA is still required.</p> <p><u>Current System Edits: N/A</u> <u>Future System Edits: N/A</u></p>
Soliris, Ultomiris, Myasthenia Gravis, and Neuromyelitis Optica Policy	093	<p>Policy revised. Dosing and frequency of use will be required as part of prior authorization for Soliris in order to be covered under the medical benefit.</p>	January 1, 2024	Commercial	<p>PA is still required.</p> <p><u>Current System Edits: N/A</u> <u>Future System Edits: N/A</u></p>
Vascular Endothelial	092	<p>Policy revised. This policy will be updated to</p>	January 1, 2024	Commercial	<p>PA is still required.</p>

Growth Factor (VEGF) Inhibitors Step Therapy – Medical Benefit		<p>remove Alymsys, MVASI, Vegzelma and Zirabev.</p> <p>This policy is changing to a prior authorization policy and all Step 2 and Step 3 medications under this policy will transition from a step therapy to a prior authorization requirement. Prior authorization will be required for new prescription for any medication under this policy.</p>			<p><u>Current System Edits:</u> N/A</p> <p><u>Future System Edits:</u> N/A</p>
Injectable Specialty Medication Coverage	071	<p>Policy revised. This policy will be updated to include Simponi Aria and Stelara.</p>	January 1, 2024	Commercial	<p>PA is still required.</p> <p><u>Current System Edits:</u> N/A</p> <p><u>Future System Edits:</u> N/A</p>
Bisphosphonates, Oral	058	<p>This policy will be retired on January 1, 2024.</p>	January 1, 2024	Commercial	No action required.
Medication Utilization Management (MED UM) & Pharmacy Prior Authorization	033	<p>Policy revised. This medical policy will be updated to include Briumvi and Ocrevus. Prior authorization will be required for new and existing prescriptions to be covered under the medical or pharmacy benefit.</p> <p>Tysabri currently requires prior authorization under the medical benefit and will require prior authorization under the pharmacy benefit, effective January 1, 2024.</p> <p>Dosing and frequency of use will be required as part of prior authorization for the</p>	January 1, 2024	Commercial	<p>PA is still required.</p> <p><u>Current System Edits:</u> N/A</p> <p><u>Future System Edits:</u> N/A</p>

		following medications in order for them to be covered under the medical benefit: Prolia, Tepezza, Xgeva.			
Injectable Asthma Medications	017	Policy revised. Dosing and frequency of use will be required as part of prior authorization for Xolair in order to be covered under the medical benefit.	January 1, 2024	Commercial	PA is still required. <u>Current System Edits:</u> N/A <u>Future System Edits:</u> N/A
Immune Modulating Drugs Policy	004	Policy revised. This policy will be updated to reflect the removal of medical benefit coverage for Simponi Aria and Stelara mentioned above. Dosing and frequency of use will be required as part of prior authorization for the following medications: Actemra (non-preferred), Avsola (preferred), Orencia (non-preferred), Inflectra (preferred), Infliximab (non-preferred), Remicade (non-preferred), Renflexis (non-preferred). These medications are covered under the pharmacy benefit, and the medical benefit for providers that signed the medical benefit amendment to buy and bill.	January 1, 2024	Commercial	PA is still required. <u>Current System Edits:</u> N/A <u>Future System Edits:</u> N/A
Quality Care Cancer Program (Medical Oncology)	099	Policy revised. Riabni will move from preferred to non-preferred and Truxima will move from non-preferred to preferred for new prescriptions. Prior authorization through Carelon Medical Benefit Management, as part of the Quality Care	January 1, 2024	Commercial Medicare	PA is still required. <u>Current System Edits:</u> N/A <u>Future System Edits:</u> N/A

		Cancer Program, will continue to be required.			
Supportive Care Treatments for Patients with Cancer	105	Policy revised. Fulphila will move from preferred to non-preferred for new prescriptions.	January 1, 2024	Commercial Medicare	PA is still required. <u>Current System Edits:</u> N/A <u>Future System Edits:</u> N/A
Medicare Advantage Part B Step Therapy	020	Policy revised. <ul style="list-style-type: none"> ▪ Vabysmo and Susvimo will be added to Step 2 medication. ▪ Treprostinil will be added to Step 1 medication and Remodulin will be added to Step 2 medication. ▪ Truxima will be added to Step 1 medication and Riabni will be added to Step 2 medication. ▪ Infliximab will be added to Step 2 medication. ▪ Prior authorization will be required for members new to therapy; existing users within the past 365 days will be grandfathered. 	January 1, 2024	Medicare	Providers will be required to use a Step 1 medication prior to use of a Step 2 medication. <u>Current System Edits:</u> N/A <u>Future System Edits:</u> N/A

New 2023 Category III CPT Codes

All category III CPT Codes, including new 2023 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.org/medical-policies/>

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.**

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.

Definitions

Medically Necessary: Procedure, services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Edits: Blue Cross Blue Shield of Massachusetts uses edits to enforce medical policies. These system edits use CPT/HCPCS and ICD-10 diagnosis codes to ensure claims are processing according to the medical policy.

Post Payment Review: After a claim has been paid, Blue Cross Blue Shield of Massachusetts will review the paid claim and determine if the claim has been paid appropriately.

Prior Authorization: Certain inpatient and outpatient services are reviewed to determine if they are medically necessary and appropriate for the member. If the determination is made that the services are medically necessary, an approval—or authorization—is sent in writing to the member, primary care provider (PCP), the treating physician, and the facility, if applicable, to let them know that the services have been approved.

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