



Commercial PPO/HMO Medical Policy Updates

Customer Edition

March 31, 2023

The following medical policy updates were approved by the Joint Uniform Medical Policy Committee effective January 1, 2023:

- AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA**

 - The safety and effectiveness of the insertion of U.S. Food and Drug Administration (FDA) approved aqueous shunts and stents have been established. They are useful therapeutic options for reducing intraocular pressure in individuals with glaucoma in whom medical therapy has failed to adequately control intraocular pressure. Inclusionary and exclusionary criteria updates made regarding aqueous shunts and stents for glaucoma.

- BMT - HEMATOPOIETIC CELL TRANSPLANTATION FOR PLASMA CELL DYSCRASIAS, INCLUDING MULTIPLE MYELOMA AND POEMS SYNDROME**

 - The safety and efficacy of specified bone marrow/hematopoietic cell transplants for plasma cell dyscrasias, including multiple myeloma and POEMS syndrome, have been established. They may be considered useful therapeutic options for patients meeting patient selection criteria. Inclusionary criteria have been updated.

- CONTRACEPTION AND VOLUNTARY STERILIZATION**

 - Inclusionary language modification made regarding voluntary sterilization to include the following:
 - FDA-approved contraceptive drugs or devices, prescribed by a qualified health care provider
 - Vasectomy performed in the office setting
 - Sterilization procedures in individuals with a uterus

- DURABLE MEDICAL EQUIPMENT**

 - Providers are allowed to prescribe durable medical equipment, prosthetics, orthotics and medical supply (DMEPOS) items during a telehealth visit. DMEPOS items that are prescribed during a telehealth visit are no longer excluded. All DMEPOS items must meet criteria.

- **ENDOTHELIAL KERATOPLASTY**

- Endothelial keratoplasty for the treatment of endothelial dysfunction is established. It may be considered a useful treatment option for selected indications. The femtosecond laser, and femtosecond and excimer laser for use in endothelial disease of the cornea is experimental/investigational. Further studies are needed to evaluate the clinical utility and long-term health implications of this technology.

- **GENETIC TESTING - BCR-ABL1 TESTING IN CHRONIC MYELOGENOUS LEUKEMIA AND ACUTE LYMPHOBLASTIC LEUKEMIA**

- Updates were made to the medical policy statement and inclusionary guidelines for the Genetic Testing – BCR_ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia. The safety and effectiveness of genetic testing for BCR/ABL1 in individuals undergoing evaluation for or diagnosed with chronic myelogenous leukemia (CML) or acute lymphoblastic leukemia (ALL) have been established. It may be considered a useful tool when indicated.

- **GENETIC TESTING - NGS OF MULTIPLE GENES (PANEL) FOR MALIGNANT CONDITIONS**

- Next-generation sequence (genetic) testing of certain, clinically-useful genes, through a multiple-gene panel, may be considered established for metastatic or advanced (inoperable, locally advanced, or locally recurrent) solid cancers or hematolymphoid cancers for diagnostic and prognostic purposes, and in guiding the selection of appropriate therapeutic options, when criteria are met. Inclusionary and exclusionary criteria have been updated. Procedure code 0172U was changed to a payable service to reflect policy updates. Procedure codes 0037U, 81210, and 81479 were added as established procedures.

- **GENDER AFFIRMING SERVICES**

- Additional procedure codes and established codes are payable with specified diagnoses, including:
 - Male to female breast augmentation (mammoplasty) is now covered.
 - Certain facial feminization and masculinization surgeries are now covered.
 - Hormone therapy is now available to members under the age of 18, as long as medical criteria is met.

- **REMOTE THERAPEUTIC MONITORING (RTM)**

- The use of Remote Therapeutic Monitoring (RTM) in the medical management of an individual's respiratory or musculoskeletal treatment plan is considered established when criteria are met.

- **SMALL BOWEL/LIVER AND MULTIVISCERAL TRANSPLANT**

- A modified multivisceral transplantation is covered for members meeting criteria.

- **SOMATIC BIOMARKER TESTING (INCLUDING LIQUID BIOPSY) FOR TARGETED TREATMENT AND IMMUNOTHERAPY IN METASTATIC COLORECTAL CANCER**
 - Somatic Biomarkers Testing for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer KRAS NRAS BRAF MMR MSI, HER2, and TMB (procedure code 0037U) were changed from experimental to payable.
 - **TEMPOROMANDIBULAR JOINT DISORDER**
 - Certain tests, non-surgical and surgical procedures are considered safe and effective for the diagnosis and therapeutic treatment of temporomandibular joint disorders. They may be considered useful therapeutic options when indicated. Inclusionary and exclusionary guidelines for the Temporomandibular Joint Disorder policy were updated.
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The following medical policy updates were approved by the Joint Uniform Medical Policy Committee effective March 1, 2023:

- **GERMLINE GENETIC TESTING FOR BRCA1, BRCA2, AND PALB2 FOR HEREDITARY BREAST/OVARIAN CANCER SYNDROME AND OTHER HIGH-RISK CANCERS**
 - Updates on the medical policy statement and guidelines for the Germline Genetic Testing for BRCA1, BRCA2, and PALB2 for Hereditary Breast Ovarian Cancer Syndrome and Other High-Risk Cancers. The safety and effectiveness of simultaneous testing for inherited BRCA1, BRCA2, and PALB2 variants have been established. It may be considered a useful diagnostic option when indicated for individuals at high-risk of breast and/or ovarian cancer.
- **INFERTILITY DIAGNOSIS**
 - Updates made to Infertility Diagnosis policy inclusions and exclusions.

More detailed information regarding each of the above-mentioned medical policy updates can be found by reviewing the full medical policy. All current BCBSM/BCN medical policies are accessible via our **Medical Policy Router Search**: [Medical Policy and Pre-Cert/Pre-Auth Router \(bcbsm.com\)](https://bcbsm.com)

Questions? Reach out to your Blue Cross sales representative or general agent.

Please note that required updates to the claims processing system may not be completed until after the effective date of the Medical Policy change. In addition, please note that the updates included within this document are specific to *Medical* Policy changes and do not include changes made to Pharmacy policies.