Commercial PPO/HMO Medical Policy Updates

Customer Edition

June 30, 2023

Listed below are recent medical policy updates approved by the Joint Uniform Medical Policy Committee.

COVID-19 Updates

- Effective Jan. 26, 2023, procedure codes Q0220, Q0221, M0220 and M0221 (Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only) are no longer payable and will reject as not payable, provider liable. The policy decision was made to align with FDA to no longer allow for reimbursement of the listed procedure codes.

- Effective April 18, 2023, the below procedure codes are no longer payable and will reject as not payable, provider liable. The policy decision was made to align with the FDA to no longer allow for reimbursement for the monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines when billed by Michigan providers.
    - 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311

- The claims processing systems has been updated to allow reimbursement of the below listed COVID administration codes. These administration procedure codes will pay at 100%, retro-effective April 18, 2023. Effective May 12, 2023, the member cost share will apply unless the member is enrolled in a NHCR/PPACA compliant group health plan.
    - 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A

- Effective May 12, 2023, COVID support procedure codes 86328 and 86769 are no longer payable. These codes should reject as subscriber liable.
    - 86328 - Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
    - 86769 - Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

- COVID-19 procedure codes G2023, G2024, U0003, U0004 and U0005 are being deleted effective May 12, 2023.

- Effective May 12, 2023, cost share will apply for procedure codes related to COVID testing (0202U, 86413, 87428, 99000, 99001 and C9803). These codes will process according to member's benefit.

Medical Policy Updates

- **AQUABLATION (TRANSURETHRAL WATERJET ABLATION) OF THE PROSTATE**
  - Effective May 1, 2023, procedure code 0421T is changing from experimental to payable and C2596 from not a covered benefit to payable.

- **BMT - HEMATOPOIETIC CELL TRANSPLANTATION FOR ACUTE MYELOID LEUKEMIA AND BLASTIC PLASMACYTOID DENDRITIC CELL NEOPLASM (BPDCN)**
  - Updates made to the BMT- HCT for AML policy, to now include blastic plasmacytoid dendritic cell neoplasms, effective May 1, 2023

- **ECHOSCLEROTHERAPY FOR THE TREATMENT OF VARICOSE VEINS**
  - Effective May 1, 2023, echosclerotherapy on vein tributaries are now covered, using the following procedure codes: 36470, 36471 and 76942.

- **GENETIC TESTING - JAK2, MPL AND CALR TESTING FOR MYELOPROLIFERATIVE NEOPLASMS**
  - Inclusionary and exclusionary criteria have been updated, resulting in updated payable diagnoses for procedures 81450 and 81455. This change was effective March 1, 2023.

- **GENETIC TESTING FOR CYTOCHROME P450 POLYMORPHISMS**
  - The safety and effectiveness of CYP450 genotyping for the purpose of aiding in the choice of clopidogrel versus alternative antiplatelet agents or determining drug metabolizer status for patients with multiple sclerosis, Gaucher and Huntington's disease have been established. It may be considered a useful diagnostic option for patients who meet specific patient selection criteria. Effective May 1, 2023, procedure codes 81227 and 81418 were added as payable services.

- **GENETIC TESTING FOR RETT SYNDROME**
  - Effective July 1, 2023, criteria is expanded to allow a child (male or female) to be tested to confirm a diagnosis of Rett syndrome. In addition, code 81405 is added as established.

- **HEMGENIX**
  - Hemgenix (etranacogene dezaparvovec-drlb) is considered established when criteria are met. Hemgenix is an adeno-associated virus vector-based gene therapy indicated for the treatment of adults with Hemophilia B (congenital Factor IX deficiency) who:
    - Currently use Factor IX prophylaxis therapy, or
    - Have current or historical life-threatening hemorrhage, or
    - Have repeated, serious spontaneous bleeding episodes.

- **KEYTRUDA**
  - Blue Cross has approved payment for the off-label use of Keytruda (pembrolizumab) to treat malignant neoplasm of the retroperitoneum. Diagnosis codes C480 and C488 are now payable in addition to the existing payable diagnosis codes.
    - C480 – Malignant neoplasm of retroperitoneum
    - C488 – Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum

- **LIPEDEMA-SURGICAL TREATMENTS**
  - Procedure code 15877 (Suction assisted lipectomy; trunk) added to covered lipedema surgical procedures effective March 1, 2023.

- **MAGNETIC RESONANCE ANGIOGRAPHY AND MAGNETIC RESONANCE VENOGRAPHY**
  - Procedure code 73225 is changing from experimental to payable, effective March 1, 2023. The safety and effectiveness of magnetic resonance angiography (MRA) and magnetic resonance venography (MRV) specified conditions of the head, chest, abdomen, pelvis, spinal canal, upper/lower extremities, and allergy have been established. They may be considered useful diagnostic options in patients with documented allergy to iodinated contrast material and in patients who have accelerating hypertension and/or accelerating renal insufficiency.

- **POSITRON EMISSION TOMOGRAPHY (PET) FOR ONCOLOGIC CONDITIONS**
  - The safety and effectiveness of PET scanning for selected oncologic applications have been established. It is a useful diagnostic option for individuals meeting patient selection criteria. Inclusionary criteria for the following conditions have been updated, effective March 1, 2023.
    - Anal cancer
    - Bladder cancer
    - Bone cancer/sarcoma
    - Brain cancer
    - Colorectal cancer
    - Head and neck cancer
    - Penile cancer
    - Soft tissue sarcoma
    - Testicular cancer
    - Vaginal/vulvar cancers

- **RELIZORB**
  - Procedure code B4105 changed from experimental to payable, effective March 1, 2023. The safety and efficacy of Food and Drug Administration approved digestive enzyme cartridges (e.g. Relizorb™) have been established. They may be considered a useful therapeutic option for patients who meet specific selection criteria.

New JUMP policies established July 1, 2023

- **DIAGNOSIS OF OBSTRUCTIVE SLEEP APNEA**
- **MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA**
- **SPEECH AND LANGUAGE PATHOLOGY/SWALLOWING REHABILITATION**
- **TREATMENT OF VARICOSE VEINS/VENOUS INSUFFICIENCY**

Additional JUMP updates

- In compliance with the Autism Mandate, Medical Affairs has approved the removal of the visit limits for procedure code 92526 (oral function therapy) and has increased the frequency limit to 4 per calendar year for procedure code 92523 (evaluation of speech sound production) when billed with one of the autism diagnoses codes below:
    - F840 Autistic Disorder
    - F845 Asperger's Syndrome
    - F848 Other Pervasive Developmental Disorders
    - F849 Pervasive Developmental Disorder, Unspecified

- Effective Dec. 30, 2022, the Health Resources and Services Administration accepted an update to the Women's Preventive Services Guidelines for purposes of the preventive services mandate, requiring the recommended services to be provided without cost-sharing when provided in-network.
    - The Women's Preventive Service Initiative (WPSI) recommends screening for type 2 diabetes in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes.
    - Blue Cross Blue Shield of Michigan's benefit policy is expanded to allow the procedure codes to be payable twice per benefit plan year without cost share when billed with an identified diagnosis code for NHCR compliant groups.

- Effective Jan. 1, 2023, breast milk storage bags are payable, as a part of women's health preventive benefits. Procedure code K1005 will be payable without cost share for those groups that are National Health Care Reform (NHCR) compliant. This service has been added as part of the women's preventive services payable benefits under the Affordable Care Act (ACA). Breast storage bags should be reported with a quantity. Blue Cross will reimburse 3 per day (90 every 25 days) without cost share for those groups that are NHCR compliant. Quantities billed in excess of 3 per day will be paid according to group benefits.
    - K1005 – Disposable collection and storage bag for breast milk, any size, any type, each

- Effective July 1, 2023, procedure codes 0403T and 0488T will be payable to MD/DO – All Specialties. This change applies to all groups and will expand access to critical diabetes prevention services to all members. This improved access will increase both member and provider satisfaction and retention.
    - 0403T – Preventive behavior changes, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day
    - 0488T - Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days

Additional 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)

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.