Billing chart: Blue Cross highlights medical, benefit policy changes

You'll find the latest information about procedure codes and Blue Cross Blue Shield of Michigan billing guidelines in the following chart.

This billing chart is organized numerically by procedure code. Newly approved procedures will appear under the *New Payable Procedures* heading. Procedures for which we have changed a billing guideline or added a new payable group will appear under *Updates to Payable Procedures*. Procedures for which we are clarifying our guidelines will appear under *Policy Clarifications*. New procedures that are not covered will appear under *Experimental Procedures.*

We'll publish information about new Blue Cross groups or changes to group benefits under the *Group Benefit Changes* heading.
For more detailed descriptions of Blue Cross' policies for these procedures, check under the *Commercial Policy* tab in Benefit Explainer on Availity®. To access this online information:

1. Log in to **availity.com**.**
2. Click on *Payer Spaces* on the Availity menu bar.
3. Click on the BCBSM and BCN logo.
4. Click on *Benefit Explainer* on the *Applications* tab.
5. Click on the C*ommercial Policy* tab.
6. Click on *Topic*.
7. Under *Topic Criteria*, click on the circle for *Unique Identifier* and click the drop-down arrow next to *Choose Identifier Type*, then click on *HCPCS Code.*
8. Enter the procedure code.
9. Click on *Finish*.
10. Click on *Search*.

**Blue Cross Blue Shield of Michigan doesn't own or control this website.

Code*	**BCBSM changes to:** **Basic benefit and medical policy, group variations, payment policy, guidelines**
UPDATES TO PAYABLE PROCEDURES	
J9177	**Basic benefit and medical policy** **Padcev® (enfortumab vedotin-ejfv)** Effective Dec. 15, 2023, the following usage statement has been removed from the metastatic urothelial cancer indication for Padcev (enfortumab vedotin-ejfv): Adult patients who aren't eligible for cisplatin-containing chemotherapy.
POLICY CLARIFICATIONS	
0089U **Experimental** **81479,** 81529, 81599,** 84999,** 0314U** ****Unlisted codes**	**Basic benefit and medical policy** **Gene expression profiling for cutaneous melanoma** The safety and effectiveness of pigmented lesion assay for the diagnosis of cutaneous melanoma have been established. It may be considered a useful diagnostic option when indicated. Gene expression profile, or GEP, tests that provide a numeric score to assess the likelihood of melanoma are

	experimental. The technology hasn't been demonstrated to improve net health outcomes. GEP tests that classify lesions as having low risk or high risk for metastasis or for locoregional recurrence are experimental. The technology hasn't been demonstrated to improve net health outcomes. The inclusionary criteria have been updated, effective July 1, 2024. **Inclusionary and exclusionary guidelines** **Inclusions:** The use of DermTech pigmented lesion assay, or PLA, is considered established when ordered by a dermatologist to help inform a biopsy decision when **all** the following conditions are met: • When the lesion size is 5 to 19 mm • When the lesion meets one or more asymmetry, border, color, diameter, evolving, or ABCDE, criteria or the individual has pigmented skin making the dermatologist's visual inspection using the ABCDE checklist less reliable • When the skin is intact (i.e., non-ulcerated or non-bleeding lesions) • When the lesion is free of psoriasis, eczema and other similar skin conditions • When the lesion does **not** contain scar and one of the following: o Is on fragile skin (i.e., dorsum of the hand). o Is in a location where scarring should be minimized (i.e., on the face) o Isn't conducive for biopsy (back of the ear, i.e., pinna) • When the lesion has **not** been previously biopsied • When the PLA test was **not** used for the same lesion before • When the lesion is **not** already clinically diagnosed as benign or melanoma • When the lesion is **not** located on the palms of hands, soles of feet, nails, mucous membranes or hair-covered areas that can't be trimmed • When the ordering dermatologist has a plan at the time of ordering the test to continue to monitor the skin lesion for changes if the test is negative • Only one test may be used per patient per clinical encounter, in most cases. In roughly 10% of patients, a second test may be indicated for the same clinical encounter. For rare cases

	where more than two tests are indicated in a single clinical encounter, an appeal with supporting documentation may be submitted for additional tests. **Exclusions:** • PLA testing when the above criteria aren't met • MyPath Melanoma testing • DecisionDx-Melanoma testing • All other gene expression profile testing for cutaneous melanoma
0740T, 0741T	**Basic benefit and medical policy** **Frequency limits established** The following frequency limits have been established, effective Jan. 1, 2023: • 0740T — Once per calendar year • 0741T — Once every 30 days
20985, 0054T,** 0055T,** 61783** ****Not separately reimbursable**	**Basic benefit and medical policy** **Computer-assisted musculoskeletal procedure** The computer-assisted musculoskeletal procedure policy has been updated to change procedure codes *20985, *0054T and *0055T from experimental to not separately reimbursable, effective March 1, 2024. Computer-assisted musculoskeletal surgical navigation for use in orthopedic indications (spinal, cranial and other musculoskeletal procedures) may be considered established for U.S Food and Drug Administration-approved systems in accordance with their respective FDA-approved indications. The navigation is considered part of the primary procedure and is not separately reimbursed.
21120, 21121, 21122, 21123, 21141, 21193, 21196, 21198, 21199, 21685, 42140, 42145, 42975, 64582, 64583, 64584 **Experimental** **41512, 41530, 42299, **S2080** ****Unlisted code**	**Basic benefit and medical policy** **Surgical treatment for obstructive sleep apnea and snoring** Certain surgical procedures have been established as safe and effective for the treatment of clinically significant obstructive sleep apnea, or OSA, when conservative therapies or continuous positive airway pressure, known as CPAP, have failed. The procedure selected should be based on the patient's anatomy and the OSA etiology. Adenotonsillectomy in pediatric patients with OSA and hypertrophic tonsils is established when criteria are met. Hypoglossal nerve stimulation, using an FDA-approved

	device, is considered established when criteria are met. The use of the drug-induced sleep endoscopy, or DISE, procedure is considered established to evaluate the appropriateness of FDA-approved hypoglossal nerve stimulation when all of the criteria for hypoglossal nerve stimulation are met. Other surgical procedures for the treatment of clinically significant OSA when conservative therapies or CPAP have failed are considered experimental to treat OSA. The medical policy statement and inclusionary criteria have been updated, effective July 1, 2024. **Inclusionary and exclusionary guidelines** **Inclusions:** • Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty, uvulopalatal flap, expansion sphincter pharyngoplasty, lateral pharyngoplasty, palatal advancement pharyngoplasty, relocation pharyngoplasty) for the treatment of clinically significant** OSA syndrome in adult patients who haven't responded to or don't tolerate CPAP or failed an adequate trial of an oral appliance • Hyoid suspension, surgical modification of the tongue or maxillofacial surgery, including mandibular-maxillary advancement, or MMA, in adult patients with clinically significant** OSA and objective documentation of hypopharyngeal obstruction who haven't responded to or don't tolerate CPAP or failed an adequate trial of an oral appliance • Adenotonsillectomy in pediatric patients with OSA and hypertrophic tonsils and one of the following: o AHI or RDI of at least five per hour o AHI or RDI of at least 1.5 per hour in a patient with excessive daytime sleepiness, behavioral problems or hyperactivity **Clinically significant OSA is defined as patients who have one of the following: • AHI or RDI of 15 or more events per hour • AHI or RDI of at least five events per hour with one or more signs or symptoms associated with OSA (e.g., excessive daytime sleepiness, hypertension, cardiovascular heart disease or stroke)

	Hypoglossal nerve stimulation: Adult patients must meet all of the following: • Individual is 18 years of age or older. • AHI is 15 to 65 events per hour. • Total number of central and mixed apneas is less than 25% of the total AHI. • Has been confirmed to fail, or can't tolerate, PAP therapy despite attempts to improve compliance.** • Non-concentric retropalatal obstruction on drug-induced sleep endoscopy. Non-concentric retropalatal obstruction confirmation can be performed via drug-induced sleep endoscopy at the time of implantation of the hypoglossal nerve stimulator if a prior in-office volitional snore during flexible laryngoscopy demonstrated anterior-posterior velum collapse. • Body mass index is less than or equal to 32 kg/m2. • The sleep study used for the AHI is performed within 24 months of the first consultation for the hypoglossal nerve stimulator. **PAP failure is defined as an inability to eliminate OSA (AHI of greater than 15 despite PAP usage), and PAP intolerance is defined as one of the following: • Inability to use PAP for greater than or equal to five nights per week of usage; usage defined as greater than four hours of use per night • Unwillingness to use PAP (for example, a patient returns the PAP system after attempting to use it) Adolescent or young-adult patients with Down syndrome must meet all of the following: • Individual is 13 to 21 years of age. • Individual had a prior adenotonsillectomy or has a contraindication to an adenotonsillectomy and both of the following: o AHI is greater than 10 and less than 50. o Total number of central and mixed apneas are less than 25% of the total AHI. • Individual has one of the following: o A tracheostomy o Ineffective treatment with CPAP due to noncompliance, discomfort, undesirable side effects, persistent symptoms despite compliant use or refusal to use the device • BMI at the 95th percentile or lower for age. • Non-concentric retropalatal obstruction on drug-induced sleep endoscopy. Non-concentric

	retropalatal obstruction confirmation can be performed through a drug-induced sleep endoscopy at the time of implantation of the hypoglossal nerve stimulator if a prior in-office volitional snore during flexible laryngoscopy demonstrated anterior-posterior velum collapse. **Drug-induced sleep endoscopy, or DISE:** The DISE procedure is established to evaluate the appropriateness of FDA-approved hypoglossal nerve stimulation when all the criteria for hypoglossal nerve stimulation are met. **Exclusions:** • Laser-assisted palatoplasty, or LAUP • Midline glossectomy, or MLG • Palatal stiffening procedures (e.g., cautery-assisted and injection snoreplasty) • Palatal implants • Radiofrequency volumetric tissue reduction, or RVTR, of the tongue • Radiofrequency reduction of the palatal tissues (i.e., somnoplasty) • Tongue base suspension (i.e., Repose system) • All other minimally invasive surgical procedures not described above • All interventions for the treatment of snoring in the absence of documented OSA; snoring alone isn't considered a medical condition • The DISE procedure is considered experimental for all other indications. **Exclusions for hypoglossal nerve stimulation:** • Any anatomical finding that would compromise the performance of the device • Any condition or procedure that has compromised neurological control of the upper airway • Members who are unable or don't have the necessary assistance to operate the sleep remote • Members who are pregnant or plan to become pregnant • Members who are known to require magnetic resonance imaging (This doesn't apply to a model that is MR compatible.) • Members with an implantable device that may be susceptible to unintended interaction with the device Hypoglossal nerve stimulation for those not meeting the inclusion criteria is considered experimental.

	Hypoglossal nerve stimulators that aren't FDA-approved are considered experimental.
32701, 61781- 61783, 61796- 61800, 63620, 63621, 77261, 77332- 77334, 77370- 77373, 77402, 77407, 77412, 77432, 77435, G0339, G0340, G6003- G6006, C9795	**Basic benefit and medical policy** **Stereotactic radiosurgery and body radiotherapy** The safety and effectiveness of stereotactic radiosurgery and stereotactic body radiotherapy** using gamma-ray or linear-accelerator units are established and considered useful therapeutic options when indicated. Inclusionary criteria have been updated, effective July 1, 2024. **Platforms available for SRS and SBRT are distinguished by their source of radiation; they include gamma radiation from cobalt 60 sources; high-energy photons from LINAC systems; and particle beams (e.g., protons). Particle beam (e.g., proton therapy) is **not** covered in this policy. **Inclusions:** Stereotactic radiosurgery (intracranial) using a gamma-ray or linear-accelerator unit, or LINAC, is considered established for the following indications: • Arteriovenous malformation • Acoustic neuromas • Pituitary adenomas • Non-resectable, residual or recurrent meningiomas • Craniopharyngiomas • Glomus jugulare tumors • Solitary or multiple brain metastases in patients having good performance status • Primary or recurrent malignancies of the central nervous system, or CNS, including, but not limited to, high-grade gliomas • Epilepsy refractory to medical management or invasive neurosurgical treatment • Parkinson's disease refractory to medical management or invasive neurosurgical treatment • Essential tremor refractory to medical management or invasive neurosurgical treatment • Familial tremor classifications with major systemic disease refractory to medical management or invasive neurosurgical treatment • Trigeminal neuralgia refractory to medical management or invasive neurosurgical

	treatment • Inoperable primary spinal tumor with compression or intractable pain • Pineal gland tumors • Schwannomas • Medulloblastoma supratentorial PNET • Hemangioblastoma • Uveal melanoma • Other tumor types when used to treat a previously irradiated field Stereotactic body radiotherapy (extracranial) is considered established for the following indications: • Spinal or vertebral body tumors that include: o Metastatic or primary o Irradiated or unirradiated • Spinal or vertebral metastases that are radioresistant (e.g., renal cell carcinoma, hepatocellular carcinoma, melanoma and sarcoma) • Individuals with stage I, node-negative stage IIA (no larger than 5 cm), or T3N0 (T3 based on size) non-small cell lung cancer, or NSCLC, showing no nodal or distant disease and who aren't candidates for surgical resection • Individuals with stage I or node-negative stage IIA limited-stage small-cell lung cancer, or LSSCLC • In the treatment of primary and metastatic liver malignancies • Low- or intermediate-risk localized prostate cancer; high-risk prostate cancer when not treating the pelvic lymph nodes • For local treatment of advanced or recurrent pancreatic adenocarcinoma without evidence of distant metastasis and for preoperative treatment in borderline resectable cases • Lung metastatic disease when all the following apply: o Single metastatic lesion measuring less than or equal to 5 cm o Extrapulmonary disease is stable or volume of disease is low with remaining treatment options when one of the following applies: ▪ Intent is either curative or palliative (e.g., lesion is close to a major vessel and standard treatment could lead to hemoptysis or hemorrhage) ▪ Treatment of a previously irradiated field • Bone metastatic disease when both of the following apply: o Treatment of a previously irradiated field

	○ Re-treatment with external beam radiation therapy would result in significant risk of spinal cord injury • Oligometastatic disease ○ For an individual with non-small cell lung cancer who meets all the following criteria: ▪ Has had or will undergo curative treatment of the primary tumor (based on T and N stage) ▪ Has 1 to 3 metastases in the synchronous setting ○ For an individual with colorectal cancer who meets **all** of the following criteria ▪ Has had or will undergo curative treatment of the primary tumor ▪ Presents with 1 to 3 metastases in the lung or liver in the synchronous setting ▪ For whom surgical resection isn't possible ○ For an individual who meets **all** the following criteria: ▪ A clinical presentation of 1 to 3 metastatic lesions involving adrenal gland, lung, liver, lymph nodes, renal, spine or bone metastases when all the following conditions are met: • Primary tumor is breast, colorectal, melanoma, non-small cell lung, prostate, renal cell or sarcoma • Disease-free interval of more than 3 months from the initial diagnosis • Primary tumor received curative therapy and is controlled • Locoregional recurrence in an individual without evidence of distant metastases • Cervical cancer for the following: ○ History of previous radiation to the same or abutting region and inability to deliver therapeutic doses of radiation with other techniques • Kidney cancer ○ For inoperable individuals with stage I kidney cancer • Other tumor types when used to treat a previously irradiated field Stereotactic radiosurgery or stereotactic body radiotherapy using fractionation is considered established when used for the indications listed above. **Notes:** • Fractionated SRS refers to SRS or SBRT

	performed more than once on a specific site. • SBRT is commonly delivered over 3 to 5 fractions. • SRS is most often single-fraction treatment; however multiple fractions may be necessary when lesions are near critical structures. **Exclusions:** Stereotactic radiosurgery and body radiotherapy are considered experimental for all other diagnoses not specified above.
33940, 33944, 33945, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147	**Basic benefit and medical policy** **Transplant: Heart-liver combined** The safety and effectiveness of heart-liver transplantation have been established. It may be considered a useful therapeutic option for carefully selected individuals who meet the selection criteria. Inclusionary and exclusionary criteria have been updated, effective July 1, 2024. **Inclusionary guidelines** **Note:** Final patient eligibility for combined heart-liver transplant is subject to the judgment and discretion of the requesting transplant center. Please refer to the heart transplant policy for full inclusionary criteria for heart transplant patients and the liver transplant policy for full inclusionary criteria for liver transplant patients. **Inclusions:** Indications for heart-liver transplantation include, but are not limited to, end-stage heart or liver diseases that aren't amenable to any other form of therapy such as: • Familial amyloidosis • Heart failure with associated cardiac cirrhosis • Familial hypercholesterolemia • Hereditary hemochromatosis • Homozygous B-thalassemia • End-stage cardiac disease as indicated in related heart transplant policy • End-stage liver disease as indicated in related liver transplant policy **Exclusions:** Heart-liver transplantation is considered experimental in all other situations. **Potential contraindications for transplant or retransplant:** **Note:** Final patient eligibility for transplant is subject to

	the judgment and discretion of the requesting transplant center. Potential contraindications represent situations where proceeding with the transplant isn't advisable in the context of limited organ availability. Contraindications may evolve over time as transplant experience grows in the medical community. Clinical documentation supplied to the health plan should demonstrate that attending staff at the transplant center have considered all contraindications as part of their overall evaluation of potential organ transplant recipients and have decided to proceed. • Known current malignancy, including metastatic cancer • Recent malignancy with a high risk of recurrence • History of cancer with a moderate risk of recurrence • Untreated systemic infection making immunosuppression unsafe, including chronic infection • Other irreversible end-stage disease not attributed to heart • Other irreversible end-stage disease not attributed to heart or liver disease • Systemic disease that could be exacerbated by immunosuppression • Psychosocial conditions or chemical dependency affecting the ability to adhere to therapy **All transplants must be prior authorized through the Human Organ Transplant Program.**
61885, 61886, 61889, 61891, 61892, 64553, 64568- 64570, 95970, 95976, 95977, L8680- L8689 **Experimental:** **E0770, E0735, C1827**	**Basic benefit and medical policy** **Vagus nerve stimulation** The safety and effectiveness of vagus nerve stimulation have been established. It may be considered a useful therapeutic or diagnostic option when indicated. Non-implanted and transcutaneous vagal nerve stimulators are experimental. Their positive effect on clinical outcomes hasn't been definitively demonstrated. The policy was updated to define medically refractory seizures, effective July 1, 2024. **Inclusions:** Seizures that are refractory to medical treatment.** **Medically refractory seizures are defined as seizures

	that occur despite therapeutic levels of antiepileptic drugs or seizures that can't be treated with therapeutic levels of antiepileptic drugs because of intolerable adverse events of these drugs.
	
	Exclusions:
	• Other conditions not listed in the inclusions including, but not limited to:
	  ○ Depression
	  ○ Heart failure
	  ○ Upper-limb impairment due to stroke
	  ○ Essential tremor
	  ○ Headaches (cluster headaches, migraines, etc.)
	  ○ Fibromyalgia
	  ○ Tinnitus
	  ○ Traumatic brain injury
	  ○ Autism
	  ○ Schizophrenia
	• Transcutaneous (nonimplantable) vagus nerve stimulation devices are considered experimental for all indications.

75572, 75573, 75574 **Non-established** **75571**	**Basic benefit and medical policy** **Contrast-enhanced CT angiography of the heart or coronary arteries** Coronary computed tomography-angiography, or CCTA, and CT angiography, or CTA, are considered established procedures. They are useful diagnostic procedures when indicated for individuals meeting selection criteria. The medical policy statement and inclusionary criteria have been updated, effective May 1, 2024. **Inclusionary and exclusionary guidelines** **Inclusions:** **Note:** CCTA may be done in an inpatient, outpatient or emergency department setting. The following patients are considered appropriate candidates for CT angiography: • Those with stress test results that are equivocal or discordant with other clinical evidence, in lieu of invasive coronary angiography • Those with low-intermediate risk acute chest pain in order to exclude coronary artery disease in the emergency department or inpatient setting • Those with new onset chest pain in low-intermediate risk patients in the outpatient setting

	• Symptomatic patients for the evaluation of coronary bypass graft or coronary stent patency, in order to facilitate decision-making for invasive angiography
	• Those with suspected coronary anomalies
	• Patients scheduled for cardiac or major thoracic surgery, such as aortic valve replacement or aortic aneurysm repair, in order to exclude coronary artery disease, as an alternative to invasive coronary angiography
	• Patients with incomplete invasive catheterization results as an alternative to repeat invasive catheterization
	• Patients anticipating cardiac surgery who require an assessment of coronary or pulmonary venous anatomy. This application of CTA for the coronary and pulmonary veins is primarily for pre-surgical planning. Evaluation of coronary venous anatomy can be useful for the cardiologist who needs to place a pacemaker lead in the lateral coronary vein to resynchronize cardiac contraction in patients with heart failure. This may be helpful to guide biventricular pacemaker placement. Pulmonary vein anatomy can vary from patient to patient. Pulmonary vein catheter ablation can isolate electrical activity from the pulmonary veins and allow for the elimination of recurrent atrial fibrillation. The presence of a pulmonary venous anatomic map may help eliminate procedural complications and allow for the successful completion of the intracardiac catheter ablation of an arrhythmogenic focus.
	
	The following patients are considered appropriate candidates for CCTA.
	
	Suspected coronary artery disease in symptomatic patients who haven't had an evaluation for CAD within the preceding 60 days
	
	CCTA is considered established in **any** of the following scenarios:
	• Chest pain with or without other symptoms of myocardial ischemia
	  ○ With pretest probability of CAD > 15%
	• Patients without chest pain whose predominant symptom is dyspnea
	  ○ With pretest probability of CAD > 15%
	• Patients with any cardiac symptom who have diseases or conditions with which CAD commonly coexists, such as **any** of the

	following: o Abdominal aortic aneurysm o Established and symptomatic peripheral vascular disease o Prior history of stroke, transient ischemic attack, or TIA; carotid endarterectomy, or CEA; or high-grade carotid stenosis (greater than 70%) o Chronic kidney disease **Established flow-limiting CAD in patients who have new or worsening symptoms** CCTA is considered established in the following scenario: • Patients whose symptoms persist despite maximal anti-ischemic medical therapy or contraindication thereto o Patients with established CAD and typical angina pectoris despite maximal anti-ischemic therapy may be better served with invasive coronary angiography. **Established or suspected CAD** CCTA is considered established in **any** of the following scenarios. Patients who have undergone cardiac transplantation: • With new or worsening cardiac symptoms • With new or worsening physical examination abnormalities • Clinically stable patients who haven't had an evaluation for CAD in the preceding year **Patients (symptomatic or asymptomatic) with any of the following new onset arrhythmias who haven't had evaluation for CAD since the arrhythmia was recognized:** • Sustained (lasting more than 30 seconds) or nonsustained (more than three beats but terminating within 30 seconds) ventricular tachycardia • Atrial fibrillation or flutter and high or intermediate risk of CAD (using the Atherosclerotic Cardiovascular Disease, or ASCVD, Pooled Cohort Equations)** • Atrial fibrillation or flutter and established CAD • Frequent premature ventricular contractions, or PVC, defined as more than 30 PVCs per hour on ambulatory EKG (Holter) monitoring o CCTA isn't clinically indicated for evaluation of infrequent premature atrial or ventricular

	depolarizations. **Patients (symptomatic or asymptomatic) with new onset congestive heart failure, or CHF, or recently recognized left ventricular, or LV, systolic dysfunction who have not had evaluation for CAD since the onset of LV dysfunction or CHF:** • For patients in this category with established CAD, or those with suspected CAD whose CAD risk (using ASCVD Pooled Cohort Equations)** is high, coronary angiography may be more appropriate than noninvasive evaluation **Abnormal resting EKG:** • Patients with **any** of the following newly recognized and not previously evaluated resting EKG changes: o Left bundle branch block o ST depression ≥ 1 mm o LV hypertrophy with repolarization abnormality • Patients who would otherwise undergo exercise EKG testing (without imaging) but have **any** of the following resting EKG findings that would render the interpretation of an exercise EKG test difficult or impossible: o Left bundle branch block o Ventricular paced rhythm o LV hypertrophy with repolarization abnormality o Digoxin effect o ST depression ≥ 1 mm on a recent EKG (within the past 30 days) o Pre-excitation syndromes (e.g., Wolff-Parkinson-White syndrome) **Patients with abnormal exercise treadmill test (performed without imaging) who haven't undergone evaluation for CAD since the treadmill test:** • Abnormal findings on an exercise treadmill test include chest pain, ST segment change, abnormal blood pressure response or complex ventricular arrhythmias **Patients who have undergone recent (within the past 60 days) stress testing with adjunctive imaging (MPI, SE, perfusion PET, stress MRI):** • When the stress imaging test is technically suboptimal, technically limited, inconclusive, indeterminate or equivocal, such that myocardial ischemia can't be adequately excluded

	○ A stress imaging test is deemed to be abnormal when there are abnormalities on the imaging portion of the test. ○ Electrocardiographic abnormalities without imaging evidence of ischemia don't render a stress imaging test abnormal. • When the stress imaging test is abnormal and **all** of the following apply: ○ The stress test demonstrates moderate or severe ischemia. ○ CCTA is requested to exclude left main CAD. ○ In the absence of left main CAD, GDMT will be instituted. ○ Invasive coronary angiography will be reserved for persistent symptoms on GDMT. **Preoperative evaluation of patients undergoing non-coronary cardiac valve surgery:** • Patients undergoing evaluation for transcatheter aortic valve implantation/replacement (TAVI or TAVR) at low risk for CAD (using ASCVD Pooled Cohort Equations)** to avoid invasive angiography, where all the necessary preoperative information can be obtained using cardiac CT • Patients undergoing evaluation for valve surgery (not including TAVR) at low or intermediate risk for CAD (using ASCVD Pooled Cohort Equations)** **Factors included in ASCVD Pooled Cohort Equations are age, sex, race, lipid, diabetes, hypertension, antihypertensive and tobacco use. The ASCVD Pooled Cohort Equations risk calculation tool is used to estimate the risk of atherosclerotic cardiovascular disease. This tool, which is endorsed by several professional societies, incorporates age, gender, race, several clinical conditions known to affect ASCVD risk (including diabetes, dyslipidemia, hypertension and tobacco use. **Preoperative cardiac evaluation of patients undergoing non-emergency non-cardiac surgery (includes surveillance for CAD in those awaiting solid organ transplant):** Before considering elective surgery, patients with active cardiac conditions — such as unstable coronary syndromes (unstable angina), decompensated heart failure (NYHA class IV, worsening or new onset heart failure), significant arrhythmias (third-degree AV block Mobitz II AV block, uncontrolled supraventricular

	arrhythmia, symptomatic ventricular arrhythmias, ventricular tachycardia), symptomatic bradycardia or severe stenotic valvular lesions — should be evaluated and managed per ACC/AHA guidelines. That evaluation may include CCTA. • Low-risk surgery (endoscopic procedures, superficial procedures, cataract surgery, breast surgery, ambulatory surgery) o Provided that there are no active cardiac conditions (as outlined above), CCTA prior to low-risk surgery is considered not medically necessary. • Intermediate-risk surgery (including but not limited to intraperitoneal and intrathoracic surgery, carotid endarterectomy, head and neck surgery, orthopedic surgery, prostate surgery, gastric bypass surgery) or high-risk surgery (including but not limited to aortic and other major vascular surgery, peripheral vascular surgery) when **both** of the following apply: o Patient hasn't had a negative evaluation for CAD or a coronary revascularization procedure within the previous year. o At least **one** of the following applies: ▪ Patient has established CAD (prior MI, prior PCI or CABG) or presumed CAD (Q waves on EKG, abnormal MPI, SE or cardiac PET). ▪ Patient has compensated heart failure or prior history of CHF. ▪ Patient has diabetes mellitus. ▪ Patient has chronic kidney disease. ▪ Patient has a history of cerebrovascular disease (TIA, stroke, or documented carotid stenosis requiring carotid endarterectomy). ▪ Patient is unable to walk on a treadmill for reasons other than obesity. • Patients awaiting solid organ transplant: o Asymptomatic patients who haven't undergone evaluation for CAD within the preceding year o Patients with symptoms consistent with myocardial ischemia **Miscellaneous indications for CCTA:** CCTA is considered established in **any** of the following scenarios. **Inability to perform exercise EKG test:** • Patients who would otherwise undergo exercise EKG testing (without imaging) but are unable (for reasons other than obesity) to perform

	exercise to a degree that would yield a diagnostic test • This provision includes patients with musculoskeletal, neurological or pulmonary limitation. **Established Kawasaki disease:** • Periodic surveillance up to one year following diagnosis when previous imaging study reveals **any** of the following coronary abnormalities: o Left ventricular dysfunction o Pericardial effusion o Valvular regurgitation (other than trace or trivial regurgitation) o Aortic dilation o Annual evaluation in patients who have small or medium-size coronary artery aneurysms o Semiannual evaluation (every six months) in patients who have large or giant coronary artery aneurysms, or coronary artery obstruction **Congenital coronary artery anomalies:** • Evaluation of suspected congenital anomalies of the coronary arteries in **any** of the following scenarios: o Exertional syncope o History of anomalous coronary artery in a first-degree relative o Following coronary angiography that failed to adequately define the origin or course of a coronary artery o Coronary ostia appear to be abnormally positioned on echocardiography CCTA is also established for the evaluation of intra- and extra-cardiac structures, including but not limited to: • Evaluation of cardiac mass (suspected tumor or thrombus) and patients with technically limited images from echocardiogram, MRI or TEE • Evaluation of pericardial conditions (pericardial mass, constrictive pericarditis or complications of cardiac surgery) and patients with technically limited images from echocardiogram, MRI or TEE • Evaluation of pulmonary vein anatomy before invasive radiofrequency ablation for atrial fibrillation (e.g., pulmonary vein isolation) • Non-invasive coronary arterial mapping, including internal mammary artery before repeat cardiac surgical revascularization

	• Evaluation of suspected aortic dissection or thoracic aortic aneurysm • Evaluation of suspected pulmonary embolism. The following patients are considered appropriate candidates for cardiac CT. **Congenital heart disease:** Cardiac CT is considered established in **any** of the following scenarios: • Evaluation of suspected or established congenital heart disease in patients whose echocardiogram is technically limited or non-diagnostic • Further evaluation of patients whose echocardiogram suggests a new diagnosis of complex congenital heart disease • Evaluation of complex congenital heart disease in patients who are less than one year post-surgical correction • Consideration for surgical repair of congenital heart disease • Evaluation of complex congenital heart disease in patients who have new or worsening symptoms or a change in physical examination • Assist in surgical planning for patients with complex congenital heart disease • Surveillance in asymptomatic patients with complex congenital heart disease who haven't had cardiac MRI or cardiac CT within the preceding year o Cardiac MRI or transesophageal echocardiography may be preferable to cardiac CT in order to avoid radiation exposure. **Cardiomyopathy:** Cardiac CT is considered established in **any** of the following scenarios: • Evaluation of patients with suspected arrhythmogenic right ventricular dysplasia, or ARVD, who have **any** of the following: o Severe right ventricular dysfunction on another cardiac imaging study o Precordial T wave inversion not associated with RBBB o First-degree relative with established ARVD or unexplained sudden cardiac death at age younger than 35 years o Ventricular tachycardia or frequent PVCs (> 500 in 24 hours or > 30 per hour) • To assess LV function in patients with

	suspected or established cardiomyopathy when all other noninvasive imaging isn't feasible or technically suboptimal ○ Other modalities providing noninvasive evaluation of LV function include transthoracic and transesophageal echocardiography, blood pool imaging (MUGA or First pass) and cardiac MRI • To assess right ventricular function in patients with suspected right ventricular dysfunction when all other noninvasive imaging isn't feasible or technically suboptimal ○ Other modalities providing noninvasive evaluation of right ventricular function include transthoracic and transesophageal echocardiography, blood pool imaging (MUGA or First pass) and cardiac MRI **Valvular heart disease:** Cardiac CT is considered established in **either** of the following scenarios: • Evaluation of suspected dysfunction of native or prosthetic cardiac valves when all other cardiac imaging options aren't feasible or technically suboptimal ○ Other modalities providing noninvasive evaluation of native or prosthetic valves include transthoracic and transesophageal echocardiography, and cardiac MRI • Evaluation of established dysfunction of native or prosthetic cardiac valves when all other cardiac imaging options aren't feasible or technically suboptimal ○ Other modalities providing noninvasive evaluation of native or prosthetic valves include transthoracic and transesophageal echocardiography, and cardiac MRI **Evaluation of patients with established coronary artery disease:** Cardiac CT is considered established for the following: • Noninvasive localization of coronary bypass grafts or potential grafts (including internal mammary artery) or evaluation of retrosternal anatomy in patients undergoing repeat surgical revascularization Intra-cardiac and para-cardiac masses and tumors Cardiac CT is considered established in **any** of the following: • Patients with a suspected cardiac or para-cardiac mass (thrombus, tumor, etc.) suggested

	by transthoracic echocardiography, transesophageal echocardiography, blood pool imaging or contrast ventriculography who haven't undergone cardiac CT or cardiac MRI within the preceding 60 days • Patients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who are clinically unstable • Patients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who are clinically stable and haven't undergone cardiac CT or cardiac MRI within the preceding year • Patients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who have undergone treatment (chemotherapy, radiation therapy, thrombolysis, anticoagulation or surgery) within the preceding year and haven't had cardiac CT or cardiac MRI within the preceding 60 days **Left atrial appendage closure device:** Cardiac CT is considered established in **either** of the following scenarios: • Evaluation of cardiac anatomy before implantation of a left atrial appendage closure device • Following placement of a left atrial appendage closure device, a single study may be performed as an alternative to TEE to assess for intracardiac thrombus **Cardiac aneurysm and pseudoaneurysm:** Cardiac CT is considered established for evaluation of cardiac aneurysm or pseudoaneurysm. **Evaluation of pericardial conditions (pericardial effusion, constrictive pericarditis or congenital pericardial diseases):** Cardiac CT is considered established in **any** of the following scenarios: • Patients with suspected pericardial constriction • Patients with suspected congenital pericardial disease • Patients with suspected pericardial effusion who have undergone echocardiography deemed to be technically suboptimal in evaluation of the effusion • Patients whose echocardiogram shows a complex pericardial effusion (loculated, containing solid material) **Evaluation of cardiac venous anatomy:**

	Cardiac CT is considered established in **either** of the following scenarios: • For localization of the pulmonary veins in patients with chronic or paroxysmal atrial fibrillation or flutter who are being considered for ablation • Coronary venous localization before implantation of a biventricular pacemaker **Evaluation of the thoracic aorta:** Cardiac CT is considered established in **any** of the following scenarios: • Patients with suspected thoracic aortic aneurysm or dilation who haven't undergone CT or MRI of the thoracic aorta within the preceding 60 days • Patients with confirmed thoracic aortic aneurysm or dilation with new or worsening signs or symptoms • Ongoing surveillance of stable patients with confirmed thoracic aortic aneurysm or dilation who haven't undergone surgical repair and haven't had imaging of the thoracic aorta within the preceding 6 months • Patients with suspected aortic dissection. • Patients with confirmed aortic dissection who have new or worsening symptoms • Patients with confirmed aortic dissection in whom surgical repair is anticipated (to assist in preoperative planning) • Ongoing surveillance of stable patients with confirmed aortic dissection who haven't undergone imaging of the thoracic aorta within the preceding year • Patients with confirmed aortic dissection or thoracic aortic aneurysm or dilation who have undergone surgical repair within the preceding year and haven't undergone imaging of the thoracic aorta within the preceding 6 months • Patients who have sustained blunt chest trauma, penetrating aortic trauma or iatrogenic trauma as a result of aortic instrumentation • Patients being evaluated for potential transcatheter aortic valve implantation or replacement (TAVI or TAVR) provided that the patient hasn't undergone cardiac CT or cardiac MRI within the preceding 60 days **Exclusions:** • Individuals who don't meet the criteria stated above • For screening purposes

	• Multidetector CT scanners that have fewer than 64 detectors • Computed tomography of the heart, without contrast material, with quantitative evaluation of coronary calcium. Calcium scoring reported in isolation is considered a screening service. See JUMP policy "Computed Tomography to Detect Coronary Artery Calcification."
76498** ****Not otherwise classified code**	**Basic benefit and medical policy** **Computer-aided evaluation as an adjunct to MRI for prostate cancer** The use of computer-aided software as an adjunct to magnetic resonance imaging interpretation of the prostate is considered experimental. The evidence is insufficient to determine that it improves the detection rates of malignancy or the overall outcomes of treatment, effective July 1, 2024.
81403, 81404, 81405, 81406, 81479, S3800** ****Unlisted code**	**Basic benefit and medical policy** **GT – amyotrophic lateral sclerosis** Preconception genetic counseling and testing of any genes associated with amyotrophic lateral sclerosis, or ALS, are considered established when the test results will affect decisions regarding family planning. Genetic testing in individuals with ALS is considered established when the test result will guide drug treatment. The medical policy statement and inclusionary and exclusionary criteria have been updated, effective July 1, 2024. **Inclusionary and exclusionary guidelines** **Inclusions:** Preconception genetic testing for ALS in individuals of reproductive years is indicated when any of the following criteria are met: • A known mutation of any ALS-associated gene exists in a parent or sibling. • There are one or more first-degree relatives with ALS of unknown genetic cause. Genetic testing in individuals with ALS who are being considered for treatment with an FDA-approved gene-targeted drug. Reference the Pharmacy Policy for coverage details. **Exclusions:** Genetic testing for ALS in individuals not meeting the

	above criteria.
81433, 81162-81167, 81212, 81215-81217, 81307, 81308, 81406, 81432 **Experimental** **81479,** 0102U, 0103U, 0129U** ****Unlisted code**	**Basic benefit and medical policy** **Genetic testing for hereditary breast and ovarian cancers** The genetic testing for hereditary breast and ovarian cancers policy has been updated to cover procedure code *81433 when criteria are met, effective March 1, 2024. 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 or ovarian cancer. Testing for genomic rearrangements of the BRCA1 and BRCA2 genes (e.g., BART testing) may be considered established in patients who meet criteria for BRCA1 and BRCA2 testing and whose testing for point variants is negative. The following multi-gene panels represented by BreastNext, OvaNext, BRCAPlus and BROCA tests are experimental. There is insufficient data on the analytical and clinical validity as well as clinical utility of these tests on patient management and outcomes. **Inclusionary and exclusionary guidelines:** It's highly recommended that genetic testing should be performed in a setting that has suitably trained health care providers who can give appropriate pre- and post-test counseling and that has access to a Clinical Laboratory Improvement Amendments, or CLIA, licensed laboratory that offers comprehensive variant analysis. **Criteria for genetic risk evaluation:** The National Comprehensive Cancer Network, or NCCN, provides criteria for genetic risk evaluation for individuals with no history of breast cancer and for those with breast cancer. Updated versions of the criteria are available on the NCCN website. **Notes:** • For the purpose of this policy, close blood relatives include first-, second- and third-degree relatives who are blood relatives on the same side of the family (maternal or paternal), such as: o First-degree relatives, who are parents, siblings and children o Second-degree relatives, who are

	grandparents, aunts, uncles, nieces, nephews, grandchildren and half-siblings ○ Third-degree relatives, who are great-grandparents, great-aunts, great-uncles, great-grandchildren and first cousins • For the purpose of this policy, high-risk and very high-risk prostate cancer groups are defined as follows: ○ High-risk group: No very high-risk features and are T3a (American Joint Committee on Cancer staging T3a means a tumor has extended outside of the prostate but hasn't spread to the seminal vesicles); **or** Grade Group 4 or 5; **or** prostate-specific antigen of 20 ng/ml or greater. ○ Very high-risk group: T3b-T4 (tumor invades seminal vesicle or vesicles; or tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles or pelvic wall); **or** Primary Gleason Pattern 5; **or** two or three high-risk features; **or** greater than four cores with Grade Group 4 or 5. **Inclusions:** For purposes of this policy, invasive and ductal carcinoma in situ breast cancers should be included. Testing is clinically indicated in the following scenarios: • Individuals with any close blood relative with a known BRCA1, BRCA2 and PALB2 pathogenic or likely pathogenic variant • Individuals meeting the criteria below but with previous limited testing (e.g., single gene or absent deletion duplication analysis) who are interested in multi-gene testing • A pathogenic or likely pathogenic variant identified on tumor genomic testing that has clinical implications if also identified in the germline • To aid in systemic therapy and surgical decision-making (e.g., PARP inhibitors for ovarian cancer, prostate cancer, pancreatic cancer and metastatic HER2-negative breast cancer; platinum therapy for prostate cancer and pancreatic cancer; and risk-reducing surgery) • Genetic testing for BRCA1, BRCA2 and PALB2 variants in individuals may be considered appropriate under any of the following circumstances: ○ History of epithelial ovarian cancer and **any** of the following:

	▪ Personal history of epithelial ovarian cancer (including fallopian tube cancer or peritoneal cancer) at any age ▪ Family history of epithelial ovarian cancer only and one of the following: • An individual unaffected with ovarian cancer with a first- or second-degree blood relative with epithelial ovarian cancer (including fallopian tube cancer or peritoneal cancer) at any age • An individual unaffected with ovarian cancer who otherwise doesn't meet the criteria above but has a probability >5% of a BRCA1/2 P/LP variant based on prior probability models (e.g., Tyrer-Cuzick, BRCAPro, CanRisk) o Personal history of pancreatic cancer and **any** of the following: ▪ Diagnosis of exocrine pancreatic cancer and one of the following: • All individuals diagnosed with exocrine pancreatic cancer • First-degree relatives of individuals diagnosed with exocrine pancreatic cancer ▪ Diagnosis of neuroendocrine pancreatic tumor where a mutation is identified on tumor genomic testing that has clinical implications if also identified in the germline (e.g., BRCA1, BRCA2, and PALB2 testing) o Personal history of breast cancer and **any** of the following: ▪ Diagnosed age ≤ 50 years ▪ Diagnosed at any age with **any** of the following: • Treatment indications, one of the following: o To aid in systemic treatment decisions using PARP inhibitors for breast cancer in the metastatic setting o To aid in adjuvant treatment decisions with olaparib for high-risk, HER2-negative breast cancer ▪ Pathology or histology, one of the following: • Triple-negative breast cancer • Multiple primary breast cancers (synchronous or metachronous) • Lobular breast cancer with personal or

	family history of diffuse gastric cancer ▪ Male breast cancer ▪ Ashkenazi Jewish ancestry ▪ Family history of **any** of the following: • ≥ 1 close blood relative with **any** of the following: o Breast cancer diagnosed ≤ 50 years o Male breast cancer any age o Ovarian cancer any age o Prostate cancer with metastatic, or high- or very high-risk group any age o Pancreatic cancer any age • ≥3 diagnoses of breast cancer or prostate cancer (any grade) on the same side of the family including the patient with breast cancer **Or** o Family history of breast cancer only and one of the following: ▪ Individuals affected with breast cancer (not meeting the criteria above) or unaffected individual with breast cancer with a first- or second-degree blood relative meeting any of the criteria listed above (except unaffected individuals whose relatives meet criteria only for systemic therapy decision-making) ▪ Individuals affected or unaffected with breast cancer who otherwise don't meet the criteria above but have a probability > 5% of a BRCA1/2 pathogenic/likely pathogenetic variant based on prior probability testing models (e.g., Tyrer-Cuzick, BRCAPro, CanRisk) • Genetic testing for BRCA1 and BRCA2 variants in individuals may be considered appropriate under **any** of the following circumstances: o Personal history of prostate cancer and **any** of the following: ▪ By tumor characteristics (any age) • Metastatic • Histology – high- or very high-risk group ▪ By family history and ancestry, any of the following: • ≥ 1 close blood relative with **any**: o Breast cancer at age ≤ 50 years o Triple-negative breast cancer at any age o Male breast cancer at any age o Ovarian cancer at any age o Pancreatic cancer at any age o Metastatic, high- or very high-risk group at any age

	• ≥3 close blood relatives with prostate cancer (any grade) or breast cancer on the same side of the family including the patient with prostate cancer • Ashkenazi Jewish ancestry ○ Family history of prostate cancer only: ▪ An affected (not meeting testing criteria listed above) or unaffected individual with a first-degree blood relative meeting any of the criteria listed (except unaffected individuals whose relatives meet criteria only for systemic therapy decision-making) **Exclusions:** • Patients not meeting any of the above criteria • Genetic testing for BRCA1, BRCA2 and PALB2 variants in minors (under 18 years of age) • BRCA and BART testing as a screening test for cancer in women in the general population • BRCA and BART testing for unaffected individuals of high-risk populations (e.g., Ashkenazi Jewish descendant) who have no relatives with a history of breast, ovarian, fallopian tube or primary peritoneal cancer at any age • Multi-gene panels represented by BreastNext, OvaNext, BRCAPlus and BROCA tests
97014, 97032, E1399** ****Requires manual review**	**Basic benefit and medical policy** **Microcurrent electrical neurostimulation therapy** Microcurrent electrical neurostimulation therapy is experimental. It hasn't been scientifically demonstrated to be as effective as standard treatment, effective July 1, 2024.
98975-98977, 98980, 98981, 99091, 99453, 99454, 99457, 99458	**Basic benefit and medical policy** **Remote patient and therapeutic monitoring** The use of remote patient monitoring, or RPM, to collect physiological or psychological data in the medical management of patients is considered established when policy guidelines criteria are met. The use of remote therapeutic monitoring, or RTM, in the medical management of an individual's respiratory or musculoskeletal treatment plan is considered established when criteria are met. The inclusions were updated to remove the KX modifier representing monitoring beyond 90 days. The update is effective July 1, 2024. **Inclusionary and exclusionary guidelines**

	RPM isn't intended to be an ongoing modality; it's intended to be an intervention in response to a complication, decompensation or instability of a medical condition. It may be used during the stabilization period, while a patient returns to the baseline of their condition or establishes a new baseline. Once baseline is achieved, RPM is no longer an integral part of a plan of care. When Blue Cross Blue Shield of Michigan has an existing medical policy that is specific to the technology or device being considered for RPM, that policy supersedes the information in this policy. **Inclusions:** RPM is approved when both of the following are met: • A physician or qualified health care practitioner, or QHP, has determined that the patient's condition is one of the following: o Is high risk for decompensation or complication that may lead to hospitalization or another acute intervention o Requires monitoring for a current or new treatment plan • There is an order written by a physician or QHP that specifies the medical condition and the length of time for RPM, up to 90 days. **RPM policy guidelines:** • RPM data: o Data may include common physiological parameters such as heart rate, blood pressure, temperature, respiratory rate, weight, oxygen saturation, peak flow, blood glucose levels, well-being information, etc. • RPM device guidance** o The device used for data collection must be a medical device, as defined by the FDA. o The device is non-invasive and has the potential to be connected to a wireless network through Bluetooth, Wi-Fi or cellular connection. o The device transmits a patient's measurements directly to their health care provider or to a monitoring company affiliated with the health care provider. o Some devices may have the potential to apply algorithms to the data, which results in notifications of parameters that are outside the ideal range for that patient. o The device used must provide secure, HIPAA-compliant transmission of the data.

	Examples: Devices may include wearable, hand-held, stationary in-home units and digital interfaces. A device may be a clinical electronic thermometer, electrocardiograph, cardiac monitor, pulse oximeter, non-invasive blood pressure monitor, etc. • Services included in RPM: o Initial set-up and patient instruction of the monitoring device o RPM for up to 90 days o Each 30-day billing cycle must include at least 16 days of monitoring. o Remote patient monitoring should include daily monitoring or programmed alert transmissions. o Remote patient monitoring programs can be offered by health plans, hospital systems, medical specialty groups or clinical practices. o Reimbursement for remote patient monitoring is driven by current Blue Cross payment policy. • Complex patients with chronic conditions who are at elevated risk for intermittent exacerbations and poor long-term clinical outcomes may benefit from longer-term RPM within the context of a Provider-Delivered Case Management, health plan-administered care management program, or an approved provider organization or vendor-managed care management program. **RPM exclusions: • RPM isn't separately billable if performed during a 90-day global payment period (e.g., following surgery). • The RPM device itself (including any additional apps, software, digital interfaces, etc.) isn't covered. **RTM** RTM services (e.g., musculoskeletal system status, respiratory system status, therapy adherence, therapy response) represent the review and monitoring of data related to signs, symptoms and a function of therapeutic response. These data may represent objective device-generated integrated data or subjective inputs reported by an individual. These data are reflective of therapeutic responses that provide a functionally integrative representative of patient status.

	When Blue Cross Blue Shield of Michigan has an existing medical policy that is specific to the technology or device being considered for RTM, that policy supersedes the information in this policy.
	
	Inclusions:
	RTM is approved when there is an order written by a physician or qualified health care practitioner that specifies the medical condition and the length of time for RTM, up to 90 days.
	
	Policy guidelines:
	• RTM data
	  o Data may be self-reported by the individual or may be electronically captured by a device.
	  o Data is for a respiratory or musculoskeletal condition.
	• RTM device guidance (when a device is used)**
	  o The device used for data collection must be a medical device, as defined by the FDA.
	  o The device used must provide secure, HIPAA-compliant transmission of the data.
	
	**Examples: Devices may include wearable, hand-held and digital interfaces.
	
	• Services included in RTM:
	  o Initial set-up and patient instruction of the monitoring device
	  o RTM for up to 90 days
	• Each 30-day billing cycle must include at least 16 days of monitoring.
	• Reimbursement for remote therapeutic monitoring is driven by current Blue Cross payment policy.
	• Complex patients with chronic conditions who are at elevated risk for intermittent exacerbations and poor long-term clinical outcomes may benefit from longer-term RPM within the context of a provider-delivered case management, health plan-administered care management program or an approved provider organization or vendor-managed care management program.
	
	RTM exclusions:
	• The RTM device itself (including any additional apps, software, digital interfaces, etc.) isn't covered.

A4225, A4230, A4232, A4224, A4226, A9274, E0784, E0787, S1034, S1035,	**Basic benefit and medical policy**

S1036, S1037, 0740T, 0741T	**Artificial pancreas device systems** The safety and effectiveness of FDA-approved artificial pancreas device systems with a low-glucose suspend feature and hybrid closed loop systems may be considered established in patients with insulin-requiring diabetes who meet specified patient selection criteria. It's a useful therapeutic option for selected patients. The safety and effectiveness of an FDA-approved closed-loop insulin delivery system (e.g., iLet bionic pancreas) may be considered established in individuals with Type 1 diabetes who meet specified patient selection criteria. It's a useful therapeutic option for selected patients. The safety and effectiveness of an FDA-approved insulin guidance system (e.g., D-Nav) as an aid in optimizing glycemic control may be considered established for individuals with insulin-dependent Type 2 diabetes. It's a useful therapeutic option. Inclusionary and exclusionary criteria have been updated, effective July 1, 2024. **Inclusions:** Use of an FDA-cleared or approved artificial pancreas device systems with a **low-glucose suspend feature** may be considered established in patients with insulin-requiring diabetes who meet the following criteria. Type 1 diabetes: • Age 6 or older Type 2 diabetes (one of the following): • Age 6 or older **and** a history of one level 3 (glucose < 54 mg/dl [3.0mmol/L]) hypoglycemic event characterized by altered mental or physical state requiring third-party assistance for treatment of hypoglycemia (i.e., hypoglycemia unawareness) • Recurrent level 2 (glucose < 54 mg/dl [3.0mmol/L]) hypoglycemic events despite multiple attempts to adjust medications or modify the diabetes treatment plan (e.g., nocturnal hypoglycemia) Use of an FDA-cleared or approved automated insulin delivery system (artificial pancreas device system) designated as **hybrid closed-loop insulin delivery system** (with low-glucose suspend and suspend before low features) is considered established in patients with insulin-requiring diabetes who meet the following criteria.

	Type 1 diabetes (one of the following solid bullets):
	• Age 6 and older
	• Age 2 to < 6 years
	  ○ Clinical diagnosis of Type 1 diabetes for three months or more
	  ○ Glycated hemoglobin level < 10.0%
	  ○ Minimum daily insulin requirement (total daily dose) of greater than or equal to 8 units
	
	Type 2 diabetes (one of the following):
	• Age 6 and older **and** a history of one level 3 (glucose < 54 mg/dl [3.0mmol/L]) hypoglycemic event characterized by altered mental or physical state requiring third-party assistance for treatment of hypoglycemia (i.e., hypoglycemia unawareness
	• Recurrent level 2 (glucose < 54 mg/dl [3.0mmol/L]) hypoglycemic events despite multiple attempts to adjust medications or modify the diabetes treatment plan (e.g., nocturnal hypoglycemia)
	
	Or
	Use of an FDA cleared or approved automated insulin delivery system (artificial pancreas device system) designated as a closed-loop insulin delivery system may be considered established in individuals with Type 1 diabetes who meet all the following criteria:
	• Age 6 years and older and all the following:
	  ○ Having a clinical diagnosis of Type 1 diabetes for 12 months or more
	  ○ Using insulin for at least 12 months
	  ○ Managing diabetes using the same regimen (either pump or multiple daily injections, with or without continuous glucose monitoring) for three months or longer
	
	Exclusions:
	• Use of an artificial pancreas device system is considered experimental in all other situations.
	• Use of an artificial pancreas device system not cleared or approved by the FDA is experimental.

A4540, E1399** ****Unlisted code**	**Basic benefit and medical policy** **Remote electrical neuromodulation for migraines** Remote electrical neuromodulation for the treatment of migraines (e.g., acute, chronic, episodic, preventative) is considered experimental. There is insufficient evidence to determine if the technology is an improvement on existing therapies.

	The medical policy statement has been updated, effective July 1, 2024.
A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7046, E0470, E0471, E0472, E0486, E0561, E0562, E0601 **Experimental** **A7047, A7049, E0485, E0492, E0493, E0530, E1399**** ****Unlisted code**	**Basic benefit and medical policy** **Obstructive sleep apnea – nonsurgical management** The safety and effectiveness of positive pressure airway devices for the management of obstructive sleep apnea, central sleep apnea or mixed apnea have been **established** when criteria are met. The safety and effectiveness of oral appliances to reduce upper airway collapsibility in the treatment of OSA have been **established** when criteria are met. Palate and mandible expansion devices are considered **experimental** for the treatment of OSA. There is insufficient evidence in the current medical literature to support their efficacy and use in clinical practice. Nasal expiratory positive airway pressure, or nasal EPAP, used for the treatment of OSA is considered **experimental**. There is insufficient evidence in the current medical literature to support its efficacy and use in clinical practice. Oral pressure therapy for the treatment of OSA is considered **experimental**. There is insufficient medical literature found to support its efficacy. The use of sleep positioning trainers with vibration, such as the NightBalance Lunoa SPT system, for the treatment of positional OSA is considered **experimental**. They haven't been proven to be more effective than standard care. The use of an abbreviated daytime sleep session for acclimation to continuous positive airway pressure, or CPAP, (PAP-NAP) is considered **experimental**. The use of daytime electrical stimulation of the tongue is considered **experimental** for the treatment of OSA. The medical policy statement and inclusionary and exclusionary criteria have been updated, effective July 1, 2024. **Inclusionary and exclusionary guidelines** **Inclusions:** **Auto-adjusting positive airway pressure, or APAP,** is considered established for the titration of pressure in adults with clinically significant OSA defined as those

	who have one of the following: • An AHI, RDI or Respiratory Event Index, known as REI, of at least 15 events per hour • An AHI, RDI or REI of at least 5 events per hour in an individual with one or more signs or symptoms associated with OSA (e.g., excessive daytime sleepiness, hypertension, cardiovascular heart disease, or stroke) • If there is a significant change in weight or change in symptoms suggesting that CPAP should be re-titrated or possibly discontinued **CPAP** is considered established in adult or pediatric individuals with clinically significant OSA. Clinically significant OSA in adults is one of the following: • An AHI, RDI or REI ≥ 15 • An AHI, RDI or REI ≥ 5 in an individual with one or more signs or symptoms associated with OSA (e.g., excessive daytime sleepiness, hypertension, cardiovascular heart disease or stroke) Clinically significant OSA in pediatric individuals is one of the following: • An AHI or RDI ≥ 5 • An AHI or RDI ≥ 1.5 in an individual with excessive daytime sleepiness, behavioral problems or hyperactivity **Bilevel positive airway pressure, known as BiPAP, or APAP** is considered established in both pediatric and adult individuals with clinically significant OSA who have failed a prior trial of CPAP or for whom bilevel positive airway pressure is found to be more effective in the sleep lab. **Oral appliances** (tongue-retaining devices or mandibular advancing/positioning devices) are considered established in adults with clinically significant OSA when the following criteria are met (verify coverage of oral appliances under the durable medical equipment benefit): • Diagnosis of OSA, as defined by one of the following: o An AHI, RDI or REI of at least 15 events per hour o An AHI, RDI or REI of at least five events per hour in an individual with one or more signs or symptoms associated with OSA (e.g., excessive daytime sleepiness,

	impaired cognition, mood disorders, insomnia, hypertension, ischemic heart disease or history of stroke) • A trial of CPAP has failed, isn't tolerated by the individual or is contraindicated. • The device is prescribed by the treating physician. • The device is custom-fitted by a dentist (preferably a dentist with certification or additional training in dental sleep medicine). • There is a dental evaluation that documents the absence of both temporomandibular dysfunction and periodontal disease. Impressions, models, fabrication, materials, insertion/fitting, training, subsequent adjustments or modifications of the appliance, repairs and ancillary appliances are included with the OSA appliance and aren't separately billable for the first 90 days after provision of the oral appliance. Replacement of an oral appliance may be considered at the end of the five-year reasonable useful lifetime, or RUL, or prior, if there is a change in the individual's condition. **Definition of an oral appliance for OSA** • A custom-fabricated appliance, using digital or physical impressions and models of an individual individual's oral structures and physical needs • Oral appliances must be custom-made, but it may include a prefabricated component in the final appliance. The device may not be primarily prefabricated. • Includes all appliances, including titration appliances • Made of biocompatible materials • Engages the maxillary and mandibular arches, and must have good retention to the dentition and prevent dislodging • Includes a mechanism that advances the mandible in increments of 1 mm or less with a protrusive adjustment range of at least 5 mm. This mechanism may or may not include fixed mechanical hinges or metallic materials. • Reversal of the advancement is possible. • The protrusive setting must be verifiable. An appropriate oral appliance will allow for optimal protrusion of the mandible (e.g., less

	than 5 mm) to produce the desired relative opening of the airway, without contributing to an increased risk of temporal mandibular joint dysfunction. **Note:** CPAP has been shown to have greater effectiveness than oral appliances in general. This difference in efficacy is more pronounced for individuals with severe OSA, because oral appliances have been shown to be less efficacious in individuals with severe OSA than in individuals with mild-to-moderate OSA. Therefore, it is particularly important that individuals with severe OSA have an initial trial of CPAP and that all reasonable attempts are made to continue treatment with CPAP before the decision to switch to an oral appliance. **Exclusions:** • Diagnosis of snoring without sleep apnea. • The use of CPAP, BiPAP and APAP that don't meet the above criteria is considered **experimental** for the treatment of OSA. • The use of intraoral appliances that don't meet the above criteria is considered **experimental** for the treatment of OSA. • Prefabricated (not custom-fit) devices (e.g., sports mouth guards, mouth guards that can be purchased in a retail store or pharmacy) • Screening tests (e.g., questionnaire, pulse oximetry, rhinometry and laryngometry, etc.) performed by a dentist The use of an abbreviated daytime sleep session for acclimation to CPAP (PAP-NAP) is considered **experimental**. The use of daytime electrical stimulation of the tongue is considered **experimental** for the treatment of OSA. Palate and mandible expansion devices for the treatment of OSA are considered **experimental**. Nasal expiratory positive airway pressure and oral pressure therapy devices are considered **experimental**. The use of sleep positioning trainers with vibration, such as the NightBalance Lunoa SPT system, for the treatment of positional OSA is considered **experimental**.
G0104, G0105, G0121,45330,45331 45333,45334,45338, 45346, 45378, 45380 45381,45382, 45384, 45385, 45388	**Basic benefit and medical policy** Effective Oct. 1, 2023, the procedure codes listed at left

	are payable when billed with the following diagnosis codes: Z83.710, Z83.711, Z83.718 and Z83.719.
J0129	**Basic benefit and medical policy** **Orencia® (abatacept)** Orencia (abatacept) is considered established when criteria are met, effective Oct. 30, 2023. Orencia is a selective T cell costimulation modulator indicated for the treatment of patients ages 2 years and older with active psoriatic arthritis, or PsA. **Dosage and administration:** Subcutaneous use for polyarticular juvenile idiopathic arthritis, or pJIA, and PsA in pediatric patients ≥ 2 years old • Administer subcutaneously without an intravenous loading dose Body weight of pediatric patient: 10 kg to less than 25 kg Dose (once weekly): 50 mg Body weight of pediatric patient: 25 kg to less than 50 kg Dose (once weekly): 87.5 mg Body weight of pediatric patient: 50 kg or more Dose (once weekly): 125 mg
J0714	**Basic benefit and medical policy** **Avycaz (ceftazidime and avibactam)** Avycaz (ceftazidime and avibactam) is considered established when criteria are met, effective Jan. 26, 2024. Avycaz (ceftazidime and avibactam) is payable for the following updated indication: Pediatric patients (at least 31 weeks gestational age) for treatment of the following infections caused by designated susceptible gram-negative microorganisms. **Dosage and administration:** Dosage of Avycaz in pediatric patients aged 2 years to less than 18 years with estimated glomerular filtration rate, or eGFR, greater than 50 mL/min/1.73 m2 and 3 months to less than 2 years without renal impairment Infection: Complicated intra-abdominal infection, or cIAI; complicated urinary tract infection, or cUTI, including pyelonephritis, and hospital-acquired bacterial

	pneumonia, or HABP, and ventilator-associated bacterial pneumonia, or VABP Age range: 2 years to less than 18 years Dose: Avycaz 62.5 mg/kg to a maximum of 2.5 grams (ceftazidime 50 mg/kg and avibactam 12.5 mg/kg to a 18 years maximum dose of ceftazidime 2 grams and avibactam 0.5 grams) Infusion time/frequency: Two hours/every eight hours Infection: cIAI, cUTI, including pyelonephritis, and HABP/VABP Age range: 6 months to less than 2 years Dose: Avycaz 62.5 mg/kg (ceftazidime 50 mg/kg and avibactam 12.5 mg) Infusion time/frequency: Two hours/every eight hours Infection: cIAI, cUTI, including pyelonephritis, and HABP/VABP Age range: 3 months to less than 6 months Dose: Avycaz 50 mg/kg (ceftazidime 40 mg/kg and avibactam 10 mg/kg) Infusion time/frequency: Two hours/every eight hours Infection: cIAI, cUTI, including pyelonephritis, and HABP/VABP Age range: Greater than 28 days to less than 3 months Dose: Avycaz 37.5 mg/kg (ceftazidime 30 mg/kg and avibactam 7.5 mg/kg) Infusion time/frequency: Two hours/every eight hours Infection: cIAI, cUTI, including pyelonephritis, and HABP/VABP Age range: Less than or equal to 28 days with GA 31 weeks and older Dose: Avycaz 25 mg/kg (ceftazidime 20 mg/kg and avibactam 5 mg/kg) Infusion time/frequency: Two hours/every eight hours
J3490, J3590	**Basic benefit and medical policy** **Casgevy™ (exagamglogene autotemcel)** Effective Jan. 24, 2024, Casgevy (exagamglogene autotemcel) is covered for the following FDA-approved indications. Casgevy is an autologous genome edited hematopoietic stem cell-based gene therapy indicated for the treatment of patients aged 12 years and older with transfusion-dependent β-thalassemia, or TDT. Casgevy (exagamglogene autotemcel) isn't a benefit for URMBT.
J3490, J3590	**Basic benefit and medical policy**

	Exblifep® (cefepime and enmetazobactam) Exblifep (cefepime and enmetazobactam) is considered established, effective Feb. 22, 2024. Exblifep is a combination of cefepime, a cephalosporin antibacterial, and enmetazobactam, a beta-lactamase inhibitor, indicated for the treatment of patients 18 years and older with complicated urinary tract infections, or cUTI, including pyelonephritis caused by designated susceptible microorganisms. To reduce the development of drug-resistant bacteria and maintain the effectiveness of Exblifep and other antibacterial drugs, Exblifep should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. **Dosage and administration:** • Administer Exblifep 2.5 grams (2 grams cefepime and 0.5 grams enmetazobactam) every eight hours by intravenous infusion over two hours for seven days to 14 days, in patients 18 years of age and older with an estimated glomerular filtration rate, or eGFR, between 60 to 129 mL/min. • Dosage adjustment is recommended in patients with renal impairment who have an eGFR < 60 mL/min or > 130 mL/min. **Recommended dosage of Exblifep based on renal function:** eGFR[a] (mL/min): Greater than or equal to 130 Recommended dosage regimen for Exblifep (cefepime and enmetazobactam):[b] Exblifep 2.5 grams (2 grams cefepime and 0.5 grams enmetazobactam) Dosing interval and infusion duration: Every eight hours (four-hour infusion) eGFR[a] (mL/min): 90 to 129 Recommended dosage regimen for Exblifep (cefepime and enmetazobactam):[b] Exblifep 2.5 grams (2 grams cefepime and 0.5 grams enmetazobactam) Dosing interval and infusion duration: Every eight hours (two-hour infusion) eGFR[a] (mL/min): 60 to 89 Recommended dosage regimen for Exblifep (cefepime and enmetazobactam):[b] Exblifep 2.5 grams (2 grams cefepime and 0.5 grams enmetazobactam) Dosing interval and infusion duration: Every eight hours (two-hour infusion)

	eGFR[a] (mL/min): 30 to 59 Recommended dosage regimen for Exblifep (cefepime and enmetazobactam):[b] Exblifep 1.25 grams (1 gram cefepime and 0.25 grams enmetazobactam) Dosing interval and infusion duration: Every eight hours (two-hour infusion) eGFR[a] (mL/min): 15 to 29 Recommended dosage regimen for Exblifep (cefepime and enmetazobactam):[b] Exblifep 1.25 grams (1 gram cefepime and 0.25 grams enmetazobactam) Dosing interval and infusion duration: Every 12 hours (two-hour infusion) eGFR[a] (mL/min): Less than 15 or receiving intermittent hemodialysis[c] Recommended dosage regimen for Exblifep (cefepime and enmetazobactam):[b] Loading dose of Exblifep 1.25 grams (1 gram cefepime and 0.25 grams enmetazobactam) on the first day of treatment, followed by Exblifep 0.625 grams (0.5 grams cefepime and 0.125 grams enmetazobactam) Dosing interval and infusion duration: Every 24 hours (two-hour infusion) [a]As calculated using the Modification of Diet in Renal Disease, or MDRD, formula. [b]The total duration of treatment is for seven to 14 days. [c]On hemodialysis days, doses should be administered after a hemodialysis session. **Dosage forms and strengths:** Exblifep 2.5 grams (cefepime and enmetazobactam) for injection, is supplied as a sterile powder for reconstitution in single-dose vials containing 2 grams cefepime and 0.5 grams enmetazobactam. This drug isn't a benefit for URMBT.
J9035, Q5107, Q5118, Q5126, Q5129	**Basic benefit and medical policy** **Avastin® (bevacizumab)** Blue Cross Blue Shield of Michigan has approved payment for the off-label use of Avastin (bevacizumab) and its biosimilars. The following conditions are payable for off-label use: • Benign neoplasm of cerebral meninges • Hereditary hemorrhagic telangiectasia • Neurofibromatosis, type 2 • Secondary malignant neoplasm of retroperitoneum and peritoneum URMBT groups are excluded from this change.

J9271	**Basic benefit and medical policy** **Keytruda® (pembrolizumab)** Blue Cross Blue Shield of Michigan has approved payment for the off-label use of Keytruda (pembrolizumab) for the treatment of malignant neoplasm of the retroperitoneum. URMBT is excluded from this change.
J9355, Q5112, Q5113, Q5114, Q5116, Q5117	**Basic benefit and medical policy** **Treatment of malignant neoplasm of submandibular gland** Blue Cross Blue Shield of Michigan has approved payment for the off-label use of Herceptin® (trastuzumab), Ontruzant® (trastuzumab-dttb), Herzuma (trastuzumab-pkrb), Ogivri® (trastuzumab-dkst), Trazimera™ (trastuzumab-qyyp) and Kanjinti® (trastuzumab-anns) for the treatment of malignant neoplasm of submandibular gland. URMBT is excluded from this change.
Q5120	**Basic benefit and medical policy** **Ziextenzo® (pegfilgrastim-bmez)** Effective Feb. 28, 2024, Ziextenzo (pegfilgrastim-bmez) is payable for the following updated FDA-approved indications: Ziextenzo is a leukocyte growth factor indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation (hematopoietic subsyndrome of acute radiation syndrome). **Dosage and administration:** Patients acutely exposed to myelosuppressive doses of radiation • Two doses, 6 mg each, administered subcutaneously one week apart. Administer the first dose as soon as possible after suspected or confirmed exposure to myelosuppressive doses of radiation, and a second dose one week after • Use weight-based dosing for pediatric patients weighing less than 45 kg
EXPERIMENTAL PROCEDURES	
Experimental **E1905,** A9291, A9292** ****E1905 — RelieVRx**	**Basic benefit and medical policy** **Digital health technologies: Therapeutic applications** The use of Freespira™ is considered **experimental** for all indications, including the treatment of panic disorder or post-traumatic stress disorder.

	The use of NightWare is considered **experimental** for all indications, including the treatment of nightmare disorder or nightmares from PTSD. The use of RelieVRx® is considered **experimental** for all indications, including the treatment of chronic lower back pain, effective July 1, 2024.

None of the information included in this article is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with all applicable state and federal laws and regulations.