Blue Cross and Blue Shield of Nebraska is proud to work with our provider network to serve your patients, our members. We are updating several medical policies. Please review the changes and effective dates outlined here:

REVISED MEDICAL POLICIES

Medical Policy I.212 Sympathetic Nerve Blocks
Effective Date: 06/01/2024
Preauthorization Required: Yes
Adding policy statement:

The use of the ganglion impar block is considered **investigational** for all indications.

Medical Policy I.195 Botox
Effective Date: 06/01/2024
Preauthorization Required: Yes
Adding FDA approved age limits for the below indications:

Botox/onabotulinumtoxin A (J0585)
Hemifacial spasm, concomitant strabismus: 12 years and older
Focal and hand dystonia: 16 years and older
Achalasia, chronic anal fissure, Frey's syndrome, hyperhidrosis, laryngeal spasm, neurogenic bladder (detrusor), neuromyelitis optica, overactive bladder, schilder's disease, upper extremity tremor: 18 years and older

Removing infantile esotropia as a covered indication.

Xeomin/incobotulinumtoxina (J0588) and Dysport/botulinum toxin type A (J0586)
Upper and lower limb spasticity: 2 years and older
Blepharospasm: 12 years and older
Cervical dystonia: 16 years and older

Medical Policy III.237 Treatment of Lymphedema and Lipedema
Effective Date: 06/01/2024
Preauthorization Required: Yes
Adding criteria:

II. Lipectomy or liposuction is considered not medically necessary for lymphedema when the above criteria are not met and for all other indications.

III. Lymphatic physiologic microsurgery to treat lymphedema (including, but not limited to, lymphaticolymphatic bypass, lymphovenous bypass, lymphaticovenous anastomosis,

autologous lymph node transplantation, and vascularized lymph node transfer is considered **investigational.**

Medical Policy IV.81 Radiology
Effective Date: 06/01/2024
Preauthorization Required: Yes

Adding CPT code 74175 (Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed and image postprocessing.

Medical Policy VIII.2 Contact Lens and/or Glasses
Effective Date: 06/01/2024

This policy is being retired as of 06/01/2024. Contact Lens and Glasses will no longer be covered for the following diagnosis:

- Bullous Keratopathy
- Corneal Ulcers (Recurrent indolent)
- Corneal Erosions and Abrasions (Recurrent
- Stevens-Johnson Syndrome
- Corneal Transplants
- Fuchs' Dystrophy of the Cornea
- Keratoconus

Medical Policy III.170 Lumbar Artificial Intervertebral Discs
Effective Date: 03/22/2024
Preauthorization Required: Yes

Medical Policy III.170 Lumbar Artificial Intervertebral Discs will retire and CPT codes 0164T, 0165T, 22857, 22860, 22862 and 22865 will be reviewed with criteria under Medical Policy III.187 NIA (Interventional Pain Management and Cervical/Lumbar Spine Surgery.

Submission of the pre-service review.

- **call toll free 1-866-972-9642 from 7:00am - 7:00pm (CST) (8:00am-8:00pm EST).**
- **visit the website www.RadMD.com**