

Medical Policy Manual and Prior Authorization Guide

2021 Summary of Updates

 **PRESBYTERIAN**



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The table below outlines the updates made to Presbyterian's Medical Policy Manual and Prior Authorization Guide. It identifies the following:

- The medical policies that were updated
- When updates became effective
- Common Current Procedural Terminology (CPT) codes and important information
- Whether a prior authorization (PA) is required

Providers can review all of Presbyterian's medical policies, including those outlined in the following table, in Presbyterian's [Medical Policy Manual](#) (MPM). For more information regarding prior authorization requirements, Providers should refer to Presbyterian's [Prior Authorization Guide](#) (PA Guide).

Should providers have any questions regarding the following MPM updates or the PA Guide, then they should contact the Presbyterian Provider Line at (505) 923-5757.

Effective Date	Policy	Updated Information	Requires PA?
1/18/2021	Application and Use of Tissue-Engineered/bioengineered Skin Substitutes	<p>PA will be required for the "application of skin substitute" for the following CPT codes: 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278.</p> <p>PA will also be required for "some skin substitutes" code Q4145.</p> <p>The payment for skin substitutes products represented by Q-codes must contain the presence of an appropriate application CPT code.</p> <p>Healthcare Common Procedure Coding System (HCPCS) codes Q4177 and Q4206 are exceptions and do not require an application code.</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>Also, Q-codes, except for Q4196 and Q4197, are considered packaged with the following procedure CPT codes: C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278, 15271, 15272, 15273, 15274, 15275, 15276, 15277, and 15278. These codes will not be paid separately.</p> <p>Furthermore, the skin substitute products are divided into high-cost and low-cost skin substitute products.</p> <p>High-cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by CPT codes 15271, 15272, 15273, 15274, 15275, 15276, 15277 and 15278.</p> <p>Low-cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by HCPCS codes C5271, C5272, C5273, C5274, C5275, C5276, C5277 and C5278.</p> <p>All products, unless they are specifically labeled by the Food and Drug Administration (FDA) or cleared for use in the types of wounds being treated, will be considered biologic dressings and part of the relevant Evaluation and Management (E/M) service provided, and they will not be separately reimbursed.</p>	

Effective Date	Policy	Updated Information	Requires PA?
1/18/2021	Autologous Chondrocyte Implantation	This policy was approved to be a covered benefit for commercial and Medicaid product lines. PA will apply to CPT code 29870.	Yes
1/18/2021	Chimeric Antigen Receptor T-cell Therapy	PA will apply to CPT codes Q2041, Q2042, 0538T, 0539T and 0540T.	Yes
1/18/2021	Durable Medical Equipment (DME): Respiratory Devices	<p>All items in the DME: Respiratory Devices policy do not require PA.</p> <p>Home Apnea Monitors for Infants: Providers will not be required to request PA if the Apnea monitor is needed for an additional six months.</p> <p>For the commercial product line, providers will continue to follow Milliman Care Guidelines (MCG) A-0877.</p> <p>For the Medicaid product line, providers will continue to follow New Mexico Administrative Code (NMAC) 8.324.5.12.C.(f).</p> <p>Oxygen for Cluster Type Migraine Headaches: Presbyterian removed and replaced the old criteria. The member must be on preventive headache therapy, such as verapamil, to validate use of oxygen for the treatment of cluster headaches.</p> <p>Commercial and Medicaid product lines will now follow MCG A-0343. Also, participation in the clinical trial for cluster headaches</p>	No

Effective Date	Policy	Updated Information	Requires PA?
		<p>will now be available for commercial and Medicaid members, and not only for Medicare members, and will continue to follow Local Coverage Determination (LCD) L33797.</p> <p>Portable Oxygen Systems: Presbyterian added codes E0467 and K0739 for this service.</p> <p>Oximetry Services: Presbyterian added an electronic monitoring device and oxygen saturation for Medicaid only. Providers now follow NMAC 8.324.5.13.D.(2g).</p> <p>Home Ventilator with Noninvasive or Invasive Interfaces: Presbyterian added home ventilator codes E0465 and E0466 for this service.</p>	
1/18/2021	Electrical Bioimpedance for Cardiac Output Monitoring (BioZ)	<p>The coverage status changed to allow coverage for Medicare only. It will not require PA.</p> <p>The policy will follow MCG N2016v3 or National Coverage Determination (NCD) 20.16 for cardiac output monitoring by thoracic electrical bioimpedance (TEB) for coverage guidelines.</p> <p>Commercial and Medicaid will remain non-covered and continue to follow MCG A-0400.</p>	No
1/18/2021	Facet Joint Interventions for Pain Management	The name for this policy changed. The policy no longer follows MCG A-0218. This will expand coverage to all product	No

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		<p>lines using LCD L34892 and L35996. CPT codes 64490, 64491, 64492, 64493, 64494 and 64495 were added to this policy.</p> <p>Ultrasound guidance is non-Covered for all product lines and includes codes 0213T, 0214T, 0215T, 0216T, 0217T and 0218T.</p> <p>The limitation and frequency of injections do apply according to LCD. Please see the table at the end of the policy, which outlines a summary on the frequency and limitation of injections.</p>	
1/18/2021	Gastric Electric Stimulation for Treatment of Chronic Gastroparesis	<p>The coverage status changed. Presbyterian determined that gastric electric stimulation for the treatment of chronic gastroparesis is a covered benefit for all product lines.</p> <p>Presbyterian added CPT codes 43647, 43648, 43881, 43882, 64590 and 64595. PA will be required for these new CPT codes. A medical director will review each PA request for consideration on a case-by-case basis.</p> <p>Presbyterian considers the device codes C1820 and C1822 as paired to the device-dependent procedure. It is set to not pay.</p>	Yes
1/18/2021	Genetic Testing for Breast Cancer Recurrence and Predictive	The title for this service changed. Presbyterian will continue to follow the LCDs for all six tests.	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>The coverage benefit changed to include Medicaid and commercial for Oncotype-DX, ENDOPredict, and MammaPrint based on recommendation from Hayes.</p> <p>Presbyterian will continue coverage for Medicare only for Oncotype-DX (DCIS), Prosigna and Breast Cancer Index. The EndoPredict CPT code changed from 81599 to 81522 and will require PA.</p>	
1/18/2021	Genetic Testing: Cologuard for Colorectal Cancer (CRC) Screening, Exact Sciences Corporation	<p>The criteria changed.</p> <p>Presbyterian will now follow NCD 210.3 for Medicare and will not require PA.</p> <p>Commercial and Medicaid will now follow the United States Preventive Services Task Force (USPSTF) and will continue to require PA.</p> <p>Presbyterian will follow National Comprehensive Cancer Network (NCCN) guidelines for the definition of high risk for colorectal cancer.</p>	Yes
1/18/2021	Genetic Testing for Non-invasive Prenatal Testing (NIPT)	<p>The title of the policy changed.</p> <p>Genetic Testing for Microdeletion (CPT-81422) is not covered as NIPT.</p> <p>PA is required for codes 81507 and 81420.</p>	Yes
1/18/2021	Genetic Testing for Prostate Cancer	Genetic tests Decipher (CPT 81542) and the 4Kscore Test (CPT 81539) are now covered for	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>Medicare only. CPT code 81542 now applies to all three Decipher testing procedures.</p> <p>PA will be required for the following codes: 0102U, 0103U, 0129U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0047U, 81163, 81164, 81165, 81166, 81167, 0005U, 81539 and 81542.</p>	
1/18/2021	Meniscal Allograft Transplant	<p>This policy will now a covered benefit for commercial and Medicaid, but not Medicare.</p> <p>Code 29868 will require PA.</p>	Yes
1/18/2021	Mild-minimally Invasive Lumbar Decompression (MILD) and Percutaneous Image-guided Lumbar Decompression (PILD)	This service changed to follow the Centers for Medicare & Medicaid Services (CMS) guidance using LCD L35490 or NCD 150.13 that recommends that MILD and PILD will only be covered under a clinical trial setting for all product lines.	No
1/18/2021	Minimally Invasive Total Hip Arthroplasty	This policy was retired. This policy includes policy MPM 20.14.	Retired
1/18/2021	Percutaneous Coronary Interventions	<p>Provider Education:</p> <p>Presbyterian will not reimburse for the following device codes for all product lines: C1714, C1724, C1725, C1874, C1875, C1876, C1877 and C1885 This is because these device codes are considered bundled into some of the percutaneous coronary interventions procedures that are</p>	No

Effective Date	Policy	Updated Information	Requires PA?
		<p>known to be a device dependent procedure code.</p> <p>PA is not required.</p>	
1/18/2021	Percutaneous Neuromodulation Therapy (PNT)	<p>Reimbursement Team Providers Need to be Educated:</p> <p>PNT for the treatment of low back pain is considered investigational and is a non-covered benefit for all product lines.</p> <p>There is not a specific CPT code for PNT. CPT code 64999 billed for PNT using a percutaneous electrode array was evaluated by Presbyterian and we recommend avoid using code 64999 because PNT is deemed a non-covered service. There is insufficient evidence to support coverage of PNT as a pain therapy system at this time.</p>	Non-covered
1/18/2021	Plasma Exchange: Therapeutic Apheresis for Commercial and Medicaid	<p>This policy was retired, and the commercial and Medicaid product lines were moved to MPM 16.11. All product lines are under the guidance of CMS using NCD 110.14. This will consolidate it into one policy, instead of two separate policies.</p>	Retired
1/18/2021	Plasma Exchange: Therapeutic Apheresis	<p>The title of this policy changed.</p> <p>The related policy MPM 16.12 specific to commercial and Medicaid was retired.</p> <p>This policy will now cover all product lines, which will continue</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>to follow NCD 110.14 or MCG MCR N11014v1.</p> <p>PA will now be required for CPT codes for all product lines: 0342T, 36511, 36512, 36513, 36514, 36516, 36522, P9052, P9055, P9073, P9100, and S2120.</p>	
1/18/2021	Prophylactic, Risk Reduction Surgery	<p>The title of this policy changed.</p> <p>This policy will now follow NCCN guidelines for mastectomy, bilateral salpingo-oophorectomy (BSO), and hysterectomy recommendation.</p> <p>The CPT codes specific to risk reduction surgery were added to this policy and may require PA.</p>	Based on CPT Code
1/18/2021	Total Hip Resurfacing	<p>There is new criterion for commercial and Medicaid only.</p> <p>CPT code 27130 was erroneously advised for Total Hip Resurfacing. Code S2118 will be used instead. Also, codes S2118 and 27299 will require PA.</p>	Yes
1/18/2021	Total Joint Replacement (Hip and Knee) for Medicare	<p>Additional criteria for revision and repeat procedure for both hip and knee was added. The policy changed and will now only apply to commercial and Medicaid. The body mass index score was changed from less than 35 to equal to or less than 40.</p> <p>The PA requirement will continue for the following codes:</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> • Total Hip Arthroplasty: 27130, 27132 and 27134 • Total Knee Arthroplasty: 27447, 27486, and 27487 	
1/18/2021	Total Joint Replacement (Hip and Knee) for Non-Medicare	<p>This will be a new policy that is specific to Medicare.</p> <p>PA will continue to be required for the following codes:</p> <ul style="list-style-type: none"> • Total Hip Arthroplasty: 27130, 27132 and 27134 • Total Knee Arthroplasty: 27447, 27486, and 27487 	Yes
1/18/2021	Transoral Incisionless Fundoplication (TIF) for Treatment of Gastroesophageal Reflux Disease (GERD)	<p>The coverage benefit status changed to allow coverage of TIF for Treatment of GERD for Medicare only using MCG L34659R011 or LCD, Endoscopic Treatment of GERD (L34659), and Policy Article A56395.</p> <p>CPT code 43210 will not require a PA.</p> <p>The non-coverage benefit will resume for commercial and Medicaid.</p>	No
1/18/2021	Unicompartmental Knee Replacement	<p>This is a new policy with a covered benefit for all product lines.</p> <p>This policy will not require PA for codes 27446, 27437 and 27438.</p>	No

Effective Date	Policy	Updated Information	Requires PA?
1/18/2021	Vagus Nerve Stimulation for Epilepsy and Depression	<p>The coverage status changed.</p> <p>Medicare members will now follow MCG N160.18v3 or NCD 160.18.</p> <p>Commercial and Medicaid changed to follow MCG A-0424 for treatment of refractory epilepsy.</p> <p>Vagus nerve stimulation will be covered for the treatment of TRD for Medicare only when it is furnished in a CMS-approved CED study.</p> <p>Presbyterian removed erroneous HCPCS codes L8682 and L8683 and added CPT codes 61885, 64568, 64569, 64570, 95976, and 95977 to the Medicare table.</p> <p>The title was updated to add "for Epilepsy and Depression."</p> <p>The following codes do not require PA: 61885, 61888, 64553, 64568, 64569, 64569, 64570, 95970, 95976, and 95977.</p> <p>Presbyterian considers the following codes non-payable for all product lines: L8682, L8685, L8686, L8687, L8688, C1767, C1778 and 0466T.</p>	No
1/18/2021	Varicose Vein and Venous Stasis Disease of Lower Extremity Procedures	<p>Provider Education:</p> <p>The following should not be billed separately: sclerosing agents and devices (i.e., Varithena, ClariVein, Asclera, Sclerodex, Sclermo, etc.), dressings,</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>catheters and equipment purchased for use in vein ablation.</p> <p>Doppler ultrasound or duplex scans for mapping, codes 93970 and 93971, is payable only once. Doppler ultrasounds used for guidance or monitoring during sclerotherapy is not separately reimbursable.</p> <p>PA is now required for commercial and Medicare.</p>	
1/18/2021	Whole Breast Ultrasound, Semiautomatic	<p>Presbyterian will now follow USPSTF guideline recommendations that state that the use of ultrasound as an adjunct imaging test with mammography screening for breast cancer in women identified to have dense breasts on an otherwise negative screening mammogram is considered insufficient.</p> <p>We added that the policy that uses the MCG A-0101 criteria for diagnostic purposes.</p>	Investigational / non-covered
1/18/2021	Wireless Capsule Endoscopy (WCE)	<p>The Medicaid criteria changed and will now follow MCG A-0134. Commercial and Medicaid will follow MCG A-0134 as well.</p> <p>Medicare will continue to follow LCD-L35089 or MCG L35089R005. PA will continue to be required for codes 91111 and 91110 for all product lines.</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
4/29/2021	Balloon Dilation for ENT Procedure	<p>An exclusion section will be added. The use of eustachian tube balloon dilation for the treatment of adult and pediatric eustachian tube dysfunction, Common Procedural Terminology (CPT) codes 69705 and 69706, are non-covered.</p> <p>PA is required for CPT codes 31295, 31296, 31297 and 31298.</p>	Yes
4/29/2021	Breast Surgical Procedures	<p>Breast Reconstruction following Mastectomy: National Coverage Determination (NCD) 140.2 will be removed. It will now follow the mandated coverage by the Women's Health and Cancer Rights Act of 1998 for all product lines.</p> <p>The following language will be added: "Program payment may be made for breast reconstruction surgery following removal of a breast for any medical reason."</p> <p>The following item will be added: Autologous fat transplantation, also known as grafting, to the breast and trunk related surgery, codes 15769, 15771 and 15772 including lumpectomy for breast reconstruction surgery related to medically necessary breast surgery. PA is not required but will set to only pay International Classification of Diseases, Tenth Revision (ICD-10) codes listed in LCA A56587.</p> <p>Removal/revision of a breast implant: Wisconsin LCD L34698 will</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>replace Novitas LCD L35090. The old criteria that has been carrying over for years from previous policies will be removed. PA is not required for codes 19328, 19330, 19370, 19371 and 19380.</p> <p>Reduction Mammoplasty (19318) for Symptomatic Breast Hypertrophy (Macromastia): Commercial and Medicaid will follow MCG A-0274. Medicare will continue to follow LCD L35090.</p> <p>Reduction Mammoplasty using CPT code 19318 for macromastia and gigantomastia will now require a secondary diagnoses as indicated in the CMS Local Coverage Article (LCA) A56587: L26, L30.4, L54, L95.1, L98.2, M25.511, M25.512, M54.2, M54.6, M54.9, N62, N64.1, O91.211, O91.212, O91.213, R21 and Z48.3 for all product lines.</p> <p>The following language will be added to the policy: "The use of code 19318 requires a secondary diagnosis as indicated in CMS LCA A56587." Code 19318 does not require a PA.</p> <p>Codes C1781, C1789 and L8600 are status indicator-N and considered bundled into the procedure. These codes are set to not pay for all product lines.</p> <p>Codes 19499, 15769, 15771, 15772, 19301, 19302 and L8033 will be added and will not require</p>	

Effective Date	Policy	Updated Information	Requires PA?
		<p>a PA. Code 15777 will be removed and will be set to not pay. PA is still required for codes 11920, 11921, 11922, 11970, 11971, 15877, 19300, S2066, S2067, S2068, L8032, L8035, L8039 for all product lines.</p> <p>Codes C1789 and L8600 will be removed from the policy and PA Guide and will be set to not pay as the codes are considered bundled to the procedure.</p>	
4/29/2021	DME Alternating Electromagnetic Field therapy for Glioblastoma	<p>A correction was made to Technology Assessment Committee (TAC) decision on Oct. 16, 2019. The TAC recommended coverage for all product lines for both newly diagnosed glioblastoma and recurrent supratentorial glioblastoma multiforme with a PA. The following items will change as a result of this update:</p> <p>Recurrent glioblastoma will change to include Medicare, despite that Medicare does not allow coverage per LCD L34823. It will continue to follow the homegrown criteria previously outlined.</p> <p>Newly diagnosed glioblastoma will change to now follow MCG LCD: L34823R008 (MCR) for all product lines. PA is required for CPT codes E0766, A4555 for all product lines. The criteria will be removed.</p> <p>There is an ICD-10 code update (C79.31) for Secondary</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		malignant neoplasm of the brain that will be added to the policy.	
4/29/2021	Genetic Testing for Uveal Melanoma	There is no change to the criteria. It will resume using LCD L37210 and L35396 for all product lines. Code 81552 will be added and code 0081U will be removed. CPT code 81552 will now require PA for all product lines. Codes 81479 and 81403 will remain on the PA Guide.	No
4/29/2021	Hyperbaric Oxygen Therapy	CMS retired LCD L35021 and related article A56714. This policy will continue to follow NCD 20.29 for all product lines. HCPCS hospital code G0277 will now require PA for all product lines and code 99183 will require a PA. Due to the retirement of LCD L35021, limitation and documentation requirement sections will be removed from the policy. The criteria will be added to the policy using NCD 20.29.	No
4/29/2021	Obstetric US 3D, 4D, 5D	Removed 2D language from the title and throughout the policy. Presbyterian considers 3D, 4D and 5D experimental and investigational. For this reason, it is not a covered benefit for all product lines. Codes 76376, 76377 and 76499 will be set to deny as investigational for all product lines.	Yes
4/29/2021	Photodynamic Therapy for Ocular Conditions	The criteria will change. After comparing CMS NCD and MCG, all product lines will follow NCD 80.2, 80.2.1, 80.3 and 80.3.1.	No

Effective Date	Policy	Updated Information	Requires PA?
		<p>CPT codes in the policy will not require a PA.</p> <p>Per CMS LCD L35038 and related policy article A57600, the utilization parameters for scanning computerized ophthalmic diagnostic imaging is defined as the following:</p> <p>For CPT code 92133, it is not to be reported more than two times per year.</p> <p>For CPT code 92134, it is not to be reported more than once every two months.</p>	
4/29/2021	Photodynamic Therapy for Skin and Cancer Conditions	<p>The criteria will change. It will now follow MCG A-0254 for all product lines, which expands coverage for other conditions such as actinic keratosis, basal cell carcinoma and Bowen disease.</p> <p>PA is not required for codes 96567, 96570, 96571, 96573 and 96574, nor for drug codes J7308, J7309, J7345 and J9600.</p>	No
4/29/2021	Radiation Oncology: Brachytherapy	<p>Codes 77300, 77336, 77370 and 77799 will be added per MCG CPT listings.</p> <p>PA is not required for all codes listed in the policy.</p>	No
6/25/2021	Genetic Testing for Non-Invasive Prenatal Testing (NIPT)	The coverage for this policy will change. Please see the following changes:	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> • Coverage for all singleton pregnancies after 10 weeks gestational age • CPT codes 81420 or 81507 will continue to require PA • The policy will also be updated with limitation language. The change will state that no more than two NIPT episodes in a rolling 12-month period will be paid. • When prenatal testing is performed, only one screening approach should be used: fetal aneuploidy testing (81420/81507) or other sequential pregnancy screening tests (81508, 81511 and 81512). 	
6/25/2021	DME: Rehabilitation and Mobility Devices	<p>For those items in the policy, where there is not any criteria guidance from the Human Services Department (HSD), the policy now includes the following statement:</p> <p>Medicaid will follow the criteria by the LCDs.</p> <p>Augmentative Speech Device: Continue using LCD L33739 for commercial and Medicare and New Mexico Administrative Code (NMAC) 824.5 for Medicaid. The trial rental period of up to 60 days was added to Medicaid. The language regarding the purchase</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>of 60 days requirement will be removed. PA is required.</p> <p>Continuous Passive Motion (CPM) devices: These devices will continue to use National Coverage Determination (NCD) 280.1 for commercial, Medicare and Medicaid. It will continue to cover E0936 for post -surgical repair of shoulder, even though the CMS limits use to knee procedures only. PA is required.</p> <p>Mechanical Stretching Devices for Static or Dynamic Joint Extension and Flexion: These devices will continue to follow MCG A-0882 for Dynamic Joint and add to follow MCG A-0889 for static joint, which was erroneously left out. PA is only required for E1399</p> <p>Mobility Assistive Equipment (MAE): Please see the following MAEs that will change:</p> <ul style="list-style-type: none"> • Canes and Crutches: Continue using L33733 for all product lines. PA is not required • Knee Crutch Hands Free Walker (E0118): Continue using LCD L33733 for all product lines. The following language will be added: “Based on medical necessity, a crutch substitute is covered only if the functional mobility deficit cannot be sufficiently resolved by the use of a cane or 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>crutch.” Please continue to use E0118 for PA requests. Code E0114 was reviewed and will not require a PA</p> <ul style="list-style-type: none"> • Walkers: Continue using LCD L33791 for all product lines. The criteria will be added from LCD. Code E0140 will be removed from the PA grid and code E0144 will be set to not pay. According to CMS, the reasonable and necessary use of enclosed frame walker has not been established • Gait Trainer: Adult gait trainer will continue to use LCD L33791 for all product lines. Rollator (E0143) is considered a gait trainer. Pediatric gait trainers will now follow MCG A-0886 for Centennial Care members only and will not require a PA • Four-wheeled walker with seat and brakes: Continue to follow LCD L33791 for all product lines • Manual Wheelchair Bases: Continue to follow LCD L33788 for all product lines. PA is required for codes E1038, E1039, E1229, E1231, E1232, E1233, 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>E1234, E1235, E1236, E1237, E1238, K0005, K0006, K0007, K0008 and K0009.</p> <p>Codes E1037, E1161, K0001, K0002, K0003 and K0004 will be added and will not require PA. A bundling table that shows items that are included in the wheelchair bases will be added</p> <ul style="list-style-type: none"> Power Mobility Devices: Continue to follow LCD L33789 for all product lines and will continue to require PA. No new PAs will be added Wheelchair Options/Accessories: Continue to follow LCD L33792 for all product lines and will continue to require a PA. No new PAs will be added. List the items names for Group 1 thru Group 9. Will look into configuration of codes using the bundling table contained in the Wheelchair Options and Accessories LCA (A52504) Wheelchair Seat Cushion: Continue to follow LCD L33312 for all product lines. No new PAs will be added 	

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		<ul style="list-style-type: none"> • Prone Standers (Covered for Medicaid Only): The language will be updated to state that all standers are not covered for commercial and Medicare. Code E0638 will be configured to not pay for Medicare and commercial product lines • Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES): The policy will continue to follow NCD 160.12 for both treatment of muscle atrophy and spinal cord injury. NMES supplies A4556, A4557, A4558 and A4595 will be configured to not pay per CMS (SI-N). PA is required • Specialty Beds and Mattresses: Continue to follow the listed LCDs for all product lines • Total Electric Beds: Codes E0265, E0266, E0296 and E0297 will be set to deny as non-covered for all product lines according to CMS • Semi-Electric Beds: Codes E0260, E0261, E0294, E0295 and E0329 will now require a PA 	

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> • Heavy Duty Beds: Codes E0301, E0302, E0303 and E0304 require a PA • Specialty Car Seats (Only Centennial Care): The policy will continue using homegrown criteria and will require PA for code E1399 • Patient Lifts: The policy will follow LCD L33799 for all product lines. Patient lifts codes E0636, E0639, E0640, E1035 and E1036 will continue to require a PA. Codes E0630 and E0635 will now require PA for all product lines. Code E0625 will be set as non-covered for all product lines <p>According to LCA (A52516), it is not primarily medical in nature. Seat Lifts will follow LCD L33801 for all product lines and the applicable codes E0172, E0627 and E0629. Codes E0627 and E0629 will now require PA for all product lines. Code E0172 will be set as non-covered for all product lines.</p> <p>A seat lift placed over or on top of a toilet, any type (E0172) is non-covered, according to</p>	

Effective Date	Policy	Updated Information	Requires PA?
		<p>LCA (A52518). Power seating systems are a new non-covered item added to the policy. The non-covered codes E2300, E2301, E2331, A9270, E1028 and E2230 will be set not to pay for all product lines according to the Wheelchair Options Accessories - Policy Article (A52504).</p> <ul style="list-style-type: none"> Post-Operative Shoes and Boots: The policy will continue to follow the LCD L33641 for all product lines. Medicaid will also follow NMAC guidance. PA is not required. Codes L3215, L3216, L3217, L3219, L3221 and L3222 will be set to not pay for outpatient setting, Status Indicator- E1. See non-covered items listed by CGS, Jan. 06, 2017 	
6/25/2021	Pannicultectomy and Abdominoplasty	<p>Presbyterian will now cover abdominoplasty, code 15847. It is no longer in the exclusion section. Please use codes 15830 and 15847 for PA requests.</p> <p>This policy will continue to follow CMS LCD L35090, Cosmetic and Reconstructive Surgery and the related article LCA A56587 for Medicare, commercial and Medicaid.</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
6/25/2021	Prostate: Surgical Treatment for Benign Prostate Hyperplasia	<p>The policy will be changed to only cover for benign prostate hyperplasia (BPH) treatment and not prostate cancer. The title changed to reflect the removal of prostate cancer, since the laser ablation treatment for prostate cancer is still considered experimental.</p> <p>Laser ablation treatment for BPH will be covered for commercial, Medicaid and Medicare. The new to policy is Aquablation (Aquabeam) therapy. Aquabeam will be for Medicare members only for the treatment of LUTS/BPH.</p>	No
6/25/2021	Genetic Testing: Hypercoagulability / Thrombophilia	<p>This is a new policy.</p> <p>Thrombosis panel for risk assessment for venous thromboembolism was moved from MPM 7.1.</p> <p>Non-Medicare members will follow MCG A-0613 (for F-II) and MCG A-0600 (for F-V).</p> <p>Medicare will follow LCD L36400 and LDC L35062. CPT codes 81240 and 81241 will pay only for Medicare with those ICD-10 codes listed in CMS LCA A56541.</p> <p>CPT code 81291 is investigational. There is broad consensus in medical literature that MTHFR genotyping has no clinical utility in any clinical scenario. PA is required for codes 81240 and 81241.</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
6/25/2021	Investigative List (Non-Covered Services) and New Technology Assessment	This is a new policy. This policy consists of past and present procedures that were reviewed by the Technology Assessment Committee (TAC). The TAC concluded that this policy is investigative and/or experimental. Policies denoted to be investigative procedures may or may not have been retired. The intent is to list investigative procedures(s) that reside in separate policies and consolidate them into one policy.	No
6/25/2021	Varicose Vein and Venous Stasis Disease of Lower Extremity Procedures	<p>Novitas LCD L34924 has significant changes. The criteria between the two relevant LCDs for New Mexico are different based on the condition and/or chronicity of vessels of the lower extremities.</p> <p>The new revision of Novitas LCD L34924 will now include the CEAP system and Venous Clinical Severity Score requirements for the treatment of chronic venous insufficiency. The weight reduction of body mass index less than 35 and utilization guideline items will be removed from this policy.</p> <p>The Wisconsin Physicians Service, LCD L34536, for the treatment of varicose veins will remain the same. CPT codes in the policy will also remain the same.</p>	Yes
10/22/2021	Allergen Immunotherapy	This will be a new policy.	No

Effective Date	Policy	Updated Information	Requires PA?
		<p>Presbyterian will follow LCD Allergen Immunotherapy (L36240) and the related article LCA (A56538) for all product lines.</p> <p>This policy was developed to impose immunotherapy guidelines, such as schedule, frequency limitations, and duration and/or length of treatment.</p> <p>The CPT codes listed in the policy will not require PA. Instead, the ICD-10 codes will be configured using LCA Allergen Immunotherapy (A56538) for the following CPT codes: 95115, 95117, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95199, 95170, and 95180.</p> <p>Presbyterian will follow LCD recommendations for all product lines. When there is not any apparent clinical benefit, treatment will not be reimbursed after a two-year period.</p>	
10/22/2021	Allergy Testing	<p>This will be a new policy.</p> <p>Presbyterian will follow CMS LCD Allergy Testing (L36241) and the related article LCA (A56558) for all product lines.</p> <p>This policy was developed to impose the number of tests done, choices of antigens, frequency of repetition of testing.</p> <p>The CPT codes listed in the policy will not require PA. Instead, the ICD-10 codes will be configured using LCA Allergy</p>	No

Effective Date	Policy	Updated Information	Requires PA?
		Testing (A56558) for the following CPT codes: 86003, 86008, 95004, 95017, 95018, 95024, 95027, 95028, 82785, 86003, 86008, 0165U, 0178U, 95044, 95052, 95056, 95060, 95065, 95076 and 95079.	
10/22/2021	Bariatric Surgery for Pediatric Population	<p>Requirement 4.a.i-iii has become less restrictive.</p> <p>Previously, the policy said that documentation must demonstrate the member's compliance with "the non-surgical weight loss plan, including at least six-monthly visits over six consecutive months with the supervising medical professional."</p> <p>Now the policy indicates that documentation must demonstrate the member's compliance with "medically supervised weight management plan, including at least three-monthly visits over three consecutive months with the supervising medical professional."</p>	Yes
10/22/2021	Cervical and Lumbar Spinal Procedures	<p>No criteria changed. The policy will resume purchased criteria for NIA Magellan clinical guidelines and Presbyterian/NIA Magellan Matrix.</p> <p>CPT Codes Updates:</p> <ul style="list-style-type: none"> NIA Magellan lists 22858 and 0098T as codes to be review and does not indicate whether it is non-covered or investigational 	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> The following CPT codes associated with vertebral corpectomy were added: 63081, 63082, 63300, 63304, 63308 The following lumbar artificial disc replacement (LADR), including revision, codes are considered investigational for all product lines: 22857, 22862, 22865, 0163T, 0164T and 0165T 	
10/22/2021	DME: Orthotic and Prosthetics	<p>Breast Prosthesis (external):</p> <ul style="list-style-type: none"> Providers should continue to follow LCD (L33317 / A52478) for all product lines The PA requirement for L8032, L8035, L8039 will be removed for all product lines, but will pay only for the ICD-10 codes listed in Group 3 of Cosmetic and Reconstructive of LCA A56587) and the ICD-10 codes listed in LCA A52478 <p>Myoelectric Prosthesis for the Upper Limb:</p> <ul style="list-style-type: none"> Providers should continue to follow MCG A-0701 for all product lines The following codes were added to this policy: 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>L6883, L6884, L6885, L6890, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7170, L7180, L7181, L7185, L7186, L8702*</p> <p>Note: *L8702 is a new code and it requires a PA.</p> <ul style="list-style-type: none"> PA is still required for the following codes for all product lines: L6881, L6882, L6895, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7190, L7191, L7499 The following language added to documentation section: "Recommend at least 10 y/o or older and address risk of abandonment." <p>Orthopedic Shoes and Modification:</p> <ul style="list-style-type: none"> Criteria was removed Providers should now reference the "Orthopedic Footwear" section in Presbyterian's Rehabilitation and Mobility medical policy (MPM 4.2) <p>Spinal Orthoses (LTSO and LSO):</p> <ul style="list-style-type: none"> Providers should continue to follow LCD 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>(L33790/A52500) for all product lines</p> <ul style="list-style-type: none"> PA restrictions will be removed for the following codes for all product lines: L0452, L0480, L0482, L0484, L0486, L0629, L0632, L0634, L0636, L0638, L0640 <p>Therapeutic Shoes and Inserts for Persons with Diabetes:</p> <ul style="list-style-type: none"> Criteria was removed Providers should now reference Presbyterian's DME: Diabetic Equipment medical policy (MPM 4.4) <p>Prosthetic Shoe:</p> <ul style="list-style-type: none"> Criteria was removed Providers should now reference the "Prosthetic Shoe" or "Orthopedic Footwear" sections in Presbyterian's DME: Rehabilitation and Mobility medical policy (MPM 4.2) 	
10/22/2021	DME: Diabetic Equipment	<p>The criteria were removed for the following items from policy:</p> <ul style="list-style-type: none"> Home Blood Glucose Monitors (BGM) Continuous Glucose Monitoring Systems (CGMs). 	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>Will continue PA for A9276 and A9277 for all product lines.</p> <p>External Continuous Subcutaneous Insulin Infusion (CSII) Pumps:</p> <ul style="list-style-type: none"> • No criteria will change, and the policy will continue to follow NCD 280.14 or LCD-L33794 and related Article A52507 • Provided link to A52507 for listing of covered diagnoses • Continue PA for K0553 and K0554 <p>Outpatient Intravenous Insulin Treatment (OIVIT):</p> <ul style="list-style-type: none"> • This will be a new item added to the policy • OIVIT is investigational (non-covered for all products) • Applicable code is G9147 <p>Artificial Pancreas Device System (Outpatient)</p> <ul style="list-style-type: none"> • The title changed from “Artificial Pancreas” to “Artificial Pancreas Device System (Outpatient)” • An artificial pancreas device used for an outpatient setting is a non-covered benefit 	

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> • Applicable codes include S1034, S1035, S1036 and S1037 <p>Closed Loop Blood Glucose Control Device (CBGCD)</p> <ul style="list-style-type: none"> • CBGCD will be covered, in an inpatient setting only • CBGCD is a hospital (inpatient) bedside device only • The use of the CBGCD is covered for short-term management of insulin dependent diabetics in crisis situations, in a hospital inpatient setting, and only under the direction of specially trained medical personnel • CBGCD will continue to follow NCD 40.3 • Applicable codes include S1034, S1035, S1036, and S1037 <p>Implantable Infusion Pump for Diabetes:</p> <ul style="list-style-type: none"> • Implantable infusion pumps for diabetes will continue to not be covered per NCD 280.14. • An implanted infusion pump for the infusion of insulin to treat diabetes is not covered, because the data does not 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>demonstrate that the pump provides effective administration of insulin.</p> <ul style="list-style-type: none"> Applicable codes include E0782 and E0783 <p>Implantable Continuous Glucose Monitors (I-CGM)</p> <ul style="list-style-type: none"> This will be a new item added to policy and it will follow LCD-L38617 and related LCA-A58110 for all product lines Applicable codes are 0446T, 0447T and 0448T Codes 0446T and 0448T will be payable for the ICD-10 codes listed in LCA-A58118. According to LCA A58118, code 0447T will not have ICD-10 code limitations at this time <p>Therapeutic Shoes and Inserts for individual with Diabetes</p> <ul style="list-style-type: none"> This will continue to follow L33369 without PA Code K0903 will be removed from policy and replaced with A5514. <p>Unrelated DME Codes:</p> <ul style="list-style-type: none"> The following unrelated DME codes were removed from the policy: 95249, 95250 and 95251 	

Effective Date	Policy	Updated Information	Requires PA?
10/22/2021	Extracorporeal Photopheresis	<p>Previously, the PA Guide erroneously indicated that CPT code 36522 applied to Epidural Corticosteroid Injections (MPM 5.9) and Plasma Exchange: Therapeutic Apheresis (MPM 16.11), which required PA. The PA Guide was updated to indicate that CPT code 36522 only applies to MPM 5.9 and it does not require PA. CPT code 36522 was also removed from MPM 16.11.</p> <p>The following unrelated transplant preparation CPT codes will be removed from the policy: 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38220, 38221, 38222, 38230, 38240.</p> <p>Note: CPT code 36522 is only appropriate for Extracorporeal Photopheresis (MPM 5.7)</p>	No
10/22/2021	Genesight Assay for Refractory Depression (Medicare only)	<p>CMS retired the LCD GeneSight Assay for Refractory Depression (LCD L36799), because the language conflicted with and is superseded by Wisconsin Physicians (LCD L38435 MoIDX: Pharmacogenomics Testing) and Policy Article LCA A58395. Due to this change, the following updates will be made:</p> <ul style="list-style-type: none"> The retired LCD GeneSight Assay for Refractory Depression 	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>(LCD L36799) were removed from the policy</p> <ul style="list-style-type: none"> • Presbyterian will now follow Wisconsin Physicians (LCD L38435 MoIDX: Pharmacogenomics Testing) and Policy Article LCA A5839 for Medicare • There will continue to be no coverage for Medicaid and commercial products, because Genesight Assay for Refractory Depression is considered investigational and it is not a covered benefit • The title changed from “Genesight Assay for Refractory Major Depression” to “Pharmacogenomics Testing for Behavioral Health” • The following new CPT codes will be added to policy and all product lines will require PA: 81225, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U • CPT code 81479 will be removed, because it is not specific for gene CYP2C19 and CYP2D6 	

Effective Date	Policy	Updated Information	Requires PA?
10/22/2021	Genetic and Genomic Testing (Disease Specific)	<p>The policy will no longer list covered diagnoses and genetic test names, because genetic testing is constantly evolving, and coverage will be reviewed on a case-by-case basis. This helps ensure the genetic test can be reviewed with the most updated information when the PA request is received.</p> <p>Many CPT codes in the policy were updated and most will require PA. Providers should review the policy in the MPM to verify which codes require PA.</p>	
10/22/2021	Next Generation Sequencing	The following CPT codes will now have PA requirement: 0239U, 0242U, 0022U, 0172U and 0111U.	Yes
10/22/2021	Osteogenic Bone Growth Stimulator (Electrical)	Surgically implanted (code E0749) will be removed from the PA Guide for all product lines.	Yes
10/22/2021	Whole Breast Ultrasound	<p>Only the "Limited" Breast Ultrasound using CPT 76642 is covered for all product lines and it is not covered for any diagnoses other than those associated with R92.0, R92.1, R92.2 AND R92.8.</p> <p>"Whole" Breast Ultrasound using CPT 76641 is still considered investigational for all product lines.</p>	No
11/27/2021	Hypoglossal Nerve Stimulator	A new medical policy created for Commercial, Centennial Care and Medicare.	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>The medical policy to follow LCD L38385 for all product lines.</p> <p>Currently Inspire is approved by the FDA. CPT codes include 64568, 0466T, 0467T and 0468T, which will require PA for all product lines.</p>	
11/27/2021	COVID-19 Testing	This is a new medical policy for testing related to COVID-19. It was developed under the pandemic guidelines provided by CMS, CDC and FDA as of July 2021. PA is not required.	No
11/27/2021	Application and Use of Tissue-Engineered-Bioengineered Skin Substitutes	<p>CMS has shifted the following codes to the “high-cost” category: Q4167, Q4182, Q4188, Q4190, Q4193, Q4200, Q4209, Q4211, Q4219, Q4222, Q4227, Q4232, Q4237, Q4238, and Q4239.</p> <p>CMS also added the following new codes: C1849, Q4249, Q4250, Q4254, and Q4255.</p> <p>All these codes are OPPS status Indicator N and will be set to “not pay.”</p>	Yes
11/27/2021	Autologous Chondrocyte Implantation, for Non-Medicare	CPT code 29870 does not apply to Autologous Chondrocyte implantation and has been removed from the policy.	Yes
11/27/2021	Genetic Testing for Cutaneous Melanoma for Medicare	DecisionDx Melanoma was reviewed by Technical Assessment Community to determine coverage for commercial and Centennial Care product lines. At this time,	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>Presbyterian will only resume coverage for Medicare.</p> <p>The criteria will continue to follow LCD L38018 (DecisionDx-Melanoma) for Medicare only.</p> <p>Based on no validation of GEP tests platforms by NCCN and Hayes rating D2, DecisionDx Melanoma test will be non-covered for Centennial Care and Commercial.</p> <p>The new 2021 CPT code 81529 will require PA.</p>	
11/27/2021	Chimeric Antigen Receptor (CAR) T Cell Therapy	<p>Presbyterian will continue coverage for Medicare, Centennial Care and commercial.</p> <p>The policy will now follow NCD 110.24 for Chimeric Antigen Receptor (CAR) T-cell Therapy for both existing and new drugs.</p> <p>Presbyterian will also continue using REMS provided by FDA and NCCN guidelines.</p> <p>Criteria was added for the following new drugs: ABECMA® for multiple myeloma; TECARTUS™ for mantle cell lymphoma; and BREYANZI® for large B-cell lymphoma and diffuse large B-cell lymphoma (DLBCL).</p> <p>The following related CPT codes were added to policy: Q2053, C9076 and C9399. All these codes require PA for all product lines</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Added a list of primary ICD-10 codes in the policy.	
11/27/2021	Diapers for Centennial Care Members	Codes T4544 and T4542 will now require PA.	Yes
11/27/2021	Genetic Testing for Prostate Cancer	<ul style="list-style-type: none"> BRCA1 and BRCA2 All tests listed in the policy for BRCA1 and BRCA2 genetic prostate testing will continue to follow NCCN guidelines for commercial and Centennial Care. The following are changes specific to Medicare: <ul style="list-style-type: none"> A new test called BRACAnalysis CDx was added. Presbyterian will follow LCA A55224 and related LCD L36813 for Medicare. BRCA1/2 LCA (A56542 and A57771) have not changed. CPT codes 81445 and 81455 were removed. Changed to Decipher and Oncotype CMS retired the following LCDs: <ul style="list-style-type: none"> Decipher® Prostate Cancer Classifier Assay (L36791/A57565) Decipher® Biopsy Prostate Cancer Classifier Assay for Men with Very Low and Low 	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>Risk Disease (L37911/A57564)</p> <ul style="list-style-type: none"> ○ Decipher® Biopsy Prostate Cancer Classifier Assay for Men with Intermediate Risk Disease (L38166/A57798) ○ Genomic Health™ Oncotype DX® Prostate Cancer Assay (L36789 A56334) ○ Oncotype DX® Genomic Prostate Score for Men with Favorable Intermediate Risk Prostate Cancer (L37667/(A56334)). <ul style="list-style-type: none"> • Added new criteria MoIDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease LCD L38433/A57106. • Coverage also extended for Decipher and Oncotype DX for Commercial and Centennial Care based on NCCN Prostate Cancer footnote J, which recommends these tests. Will continue PA. • Removed the following from the policy: MoIDX: Androgen Receptor Variant (AR-V7) Protein Test (L37915), which was formerly known as LCD MoIDX: Oncotype DX AR-V7 Nucleus Detect for 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC) (L37915), because it was retired on July 24, 2021, without announcement of replacement.</p> <ul style="list-style-type: none"> • Prolaris is now a covered benefit for Presbyterian Centennial Care and commercial members. Commercial and Centennial Care will follow NCCN Prostate Cancer recommendation, as stated in the “j” footnotes. Medicare members will continue to follow LCD L36787 & L37226, which has not changed. PA will continue to be required for Prolaris. • 4kscore, ProgenSA PCA3 Assay, ConfirmMDx Epigenetic and ProMark do not have any changes in criteria. Coverage will continue for Medicare members only. Pa will continue to be required. Note: NCCN does not fully recommend these tests. • Currently non-covered tests include SelectMDX, DeCode and ExoDX. 	
11/27/2021	Facet Interventions for Pain Management, MPM 16.6	Presbyterian will continue to follow the LCD by both Novitas (LCD L34892) and WPS (LCD L38841).	No

Effective Date	Policy	Updated Information	Requires PA?
		<p>Both LCDs for Facet Joint Interventions for Pain Management has changed.</p> <p>The criteria language for initial/repeat thermal radiofrequency changed.</p> <p>There is a new criterion for Facet Cyst Aspiration/Rupture.</p> <p>The number of frequencies limitation language pertaining to “sessions” changed for diagnostic and therapeutic facet injections. The format of the policy now includes frequency limitation information stated at each section of the procedures. Provider qualifications and limitations were also added to policy.</p> <p>The following will continue not to require PA: 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, and 64999.</p> <p>The following are considered non-covered: 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T and 0222T</p>	
11/27/2021	Total Hip Resurfacing	<p>Criteria changed to follow the same criteria as Total Joint Replacement Hip/Knee for Non-Medicare, MPM 20.14.</p> <p>This policy will continue to support the recommendation by Hayes regarding the criteria for active patient less than 65 years old and will not cover MoM total HRA for patients who are older than 65.</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Coverage will continue for only Commercial and Centennial Care members. PA will also continue to be required for S2118.	
11/27/2021	Genetic Testing: Colorectal Cancer (CRC) DNA	<p>Cologuard criteria changed for Centennial Care and commercial members based on the USPSTF age requirement that was updated in March 2021. The age requirement changed from 50 through 74 years old to 45 through 74 years old, based on the B rating.</p> <p>Blood-Based Biomarker Tests are a new addition to NCD 210.3. According to CMS, however, there aren't any current tests that meet all the requirements within the NCD 210.3 for blood-based biomarker as of July 14, 2021.</p> <p>New HCPCS code G0327 will require PA for all product lines and will be considered investigational for commercial and Centennial Care. Coverage will only be for Medicare.</p> <p>Code 81528 will continue to require PA for Centennial Care and Commercial, however, PA will not be required for Medicare.</p> <p>Removed "Cologuard" from title since NCD 210.3 is starting to extend colorectal genetic testing.</p>	Yes
11/27/2021	DME: Miscellaneous	<p>All items remain the same except for the following:</p> <ul style="list-style-type: none"> • Bright Light Therapy for SAD (E0203) was 	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>removed from policy due to lack of utilization</p> <ul style="list-style-type: none"> • Elastic stockings was moved to be listed separately and will follow NCD 280.1 as non-covered for Medicare, Commercial and Centennial. <p>Note: These stockings are for those who do not have compression gradient.</p> <ul style="list-style-type: none"> • Graduated Compression Hose/Stocking and Surgical Dressing were combined. Commercial will now follow L33831 and MCG A-0336 was removed. Added the following language: "Graduated Compression products that are not able to be used as a primary or secondary dressing on a qualifying wound of the skin or that are composed of materials that do not serve a therapeutic or protective function will be denied as non-covered." • Enuresis Alarms was removed from the policy. • Hearing Aids included new language regarding frequency. Purchase is limited to one monaural or binaural purchase per 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>four-year period with exceptions.</p> <ul style="list-style-type: none"> • Home PT/INR Monitoring included the following new codes: 93792 and 93793. • Pelvic Floor Electrical Simulation for urinary incontinence (E0740) was removed from the policy. Code E0740 will be removed from the PA Guide. • Moved covered and non-covered DME items under Centennial Care, Commercial and Medicare sections. Also added additional non-covered items for Centennial Care from NMAC 8.301.3. • Removed hospital beds from this policy because MPM 4.2 addresses it. 	
11/27/2021	Restorative, Reconstructive, Cosmetic Surgery and Treatment	<p>All items remained the same except for the following:</p> <ul style="list-style-type: none"> • Deformity of Ear did not have any changes in criteria. Repair of otoplasty (69300) due to congenital deformities is considered cosmetic for all product lines. • Removal of Benign Skin did not have any changes in criteria. Cryotherapy (17340) was 	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>added to this section and will continue to require PA. All other codes in this section will continue not to require PA.</p> <ul style="list-style-type: none"> Destruction of Actinic did not have any changes in criteria for destruction by photodynamic therapy. A new section was added for Chemical Peel (15788, 15789, 15792, 15793) and will only pay for diagnosis of actinic keratosis (L57.0) for all product lines. These codes will be removed from the PA Guide. Scar Revisions did not have any changes in criteria. Added the following exclusion language: "Keloid scarring due to complication of cosmetic procedure is non-covered." Dermabrasion included additional criteria from LCD L35090 for Dermabrasion (15781) for treatment of rhinophyma only. A coverage statement for excision or shaving of rhinophyma (CPT code 30120) was added. An exclusion statement for acne scarring, fine wrinkling, rhytids, general keratosis and tattoo 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>removal (15780, 15782 & 15783) was also added, because these are considered cosmetic and are non-covered.</p> <ul style="list-style-type: none"> Nasal Surgery did not have any changes in criteria. Congenital repair codes 30460 and 30462 will be removed from PA Guide. Both codes will be configured to pay for the following ICD-10 codes only for all product lines: Q30.0, Q30.8, Q35.1, Q35.3, Q35.5, Q35.7, Q36.0, Q36.1, Q36.9, Q37.0, Q37.1, Q37.2, Q37.3, Q37.4, Q37.5, Q67.0, Q67.1, and Q67.4. Punch Graft Hair Transplant did not have any changes in criteria. Codes 15775 and 15776 will be removed from PA Guide and will only pay for those ICD-10 listed in Group 7 of the LCA A57475 for all product lines. All other ICD-10 codes not billed with the listed ICD-10, will be deny as cosmetic. Tattooing did not have any changes in criteria. CPT codes 11920, 11921 and 11922 will be removed from the PA Guide and will only be covered for ICD-10 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>(Z42.1 and Z42.8) for all product lines.</p> <ul style="list-style-type: none"> Rhytidectomy (facelift) did not have any changes in criteria. CPT codes 15824, 15825, 15826 will be removed from the PA Guide. Rhytidectomy of the forehead (15824), the neck (15825), and the glabellar frown lines (15826) are considered cosmetic and non-covered for all product lines. Dermal Injections for Facial Lipodystrophy Syndrome (LDS) did not have any changes in criteria. Codes G0429, Q2026 and Q2028 will continue not to require PA, but will be set to only pay for ICD-10 (B20 and E88.1) for all product lines. The following are considered non-covered: <ul style="list-style-type: none"> Dermal fillers that are not approved by the FDA for the treatment of LDS. Dermal fillers that are used for any indication other than LDS in HIV-infected individuals who manifest depression as a result of their antiretroviral HIV treatments. 	

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> • Facial, Maxillofacial and Oral Reconstruction included additional criteria using LCD L33428 for regions outside of New Mexico. The following CPT codes will not require PA: 21137, 21138, 21139, 21150, 21151, 21154, 21155, 21159, 21160, 21295, and 21296. • Reconstruction of Eyelid updated criteria to say, "Corrective eyelid facial surgery will be considered cosmetic rather than reconstructive when there is no associated functional impairment present." The following CPT codes will be removed from PA Guide: 67950, 67961, 67966, 67971, 67973, 67974 and 67975. • Prostheses for Eye and Facial did not have any changes in criteria. HCPCS code L8040 is considered packaged into APC rates and will not pay separately. 	
11/27/2021	Gender Dysphoria	<p>The criteria was updated to be more defined and to be comparable to competitors.</p> <p>Hormone therapy will now be deferred to pharmacy.</p> <p>Coverage will now include electrolysis hair removal (17380)</p>	Yes

Effective Date	Policy	Updated Information	Requires PA?
		<p>only related to vaginoplasty and breast augmentation with implant including nipple/areola reconstruction (19325 and 19350). The following codes will require PA: 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54115 and 54416.</p> <p>Mastectomy related to oncology (19301, 19303, 19304) was removed from this policy and related breast reduction (19318) is now considered a covered service. Prostatectomy CPT 55866 in the setting of GD was removed from this policy.</p> <p>Oophorectomy (58940) was added to the Covered Services section.</p> <p>Additional procedures were added to the Non-Covered list such as:</p> <ul style="list-style-type: none"> • Abdominoplasty • Cervicoplasty • Masculinization • Fat harvesting • Dermabrasion • Chemical peel • Gluteal implants • Prostatectomy • Procurement, cryopreservation, storage and/or thawing of embryos, oocytes, sperm or reproductive tissue 	

Effective Date	Policy	Updated Information	Requires PA?
		<p>(i.e., ovarian or testicular tissue)</p> <ul style="list-style-type: none"> Blepharoplasty: 15847, 15771, 15772, 15773, 15774, 15780-15793, 15819, 31899, 67901 through 67909, Q2026. Testicular implant code (L8699) and breast implant (C1789 and L8600) are considered bundled to procedure and should not pay for all product lines. They are status indicator N per OPPS. <p>CPT code update:</p> <ul style="list-style-type: none"> Mastectomy related to oncology (19301, 19303, 19304) was removed from this policy Prostatectomy CPT 55866 in the setting of GD was removed from this policy. Testicular implant code (L8699) and breast implant (C1789 and L8600) are considered bundled to procedure and should not pay for all product lines. They are status indicator N. Moved the following codes from exclusion to covered: 17380, 19318, 19325, 19350. 	

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> Added to 58940 to covered section Added the following codes to the Non-Covered section: 15847, 15771, 15772, 15773, 15774, 15780-15793, 15819, 31899, 54401, 54405, 67901 through 67909, Q2026. 	
11/27/2021	Autism Spectrum Disorders: Diagnosis and Treatment	Commercial plans will require a prior authorization for H2019, H0031, H0032, T1026, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T for ICD-10 F84.0, F84.2, F84.3, F84.5, F84.8, F84.9.	Yes