

# Medical Policy Manual and Prior Authorization Guide

## 2022 Summary of Updates

 **PRESBYTERIAN**



# Medical Policy Manual and Prior Authorization Guide

## 2022 Summary of Updates

The 2022 Medical Policy Manual and Prior Authorization Guide Summary of Updates outlines the changes made to Presbyterian's Medical Policy Manual and Prior Authorization Guide. The table below identifies the following:

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

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

Providers can [click here](#) to access updates from the previous year.

### Questions

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

### Frequently Used Acronyms

Below is a list of acronyms that are frequently used in this document and their meanings.

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|--|---|
| • <b>CMS:</b> Centers for Medicare & Medicaid Services | • <b>NCD:</b> National Coverage Determination                 |
| • <b>CPT:</b> Current Procedural Terminology           | • <b>NMAC:</b> New Mexico Administrative Code                 |
| • <b>HSD:</b> The New Mexico Human Services Department | • <b>OPPS:</b> Outpatient Prospective Payment System          |
| • <b>LCA:</b> Local Coverage Article                   | • <b>PA:</b> Prior Authorization                              |
| • <b>LCD:</b> Local Coverage Determination             | • <b>TAC:</b> Technology Assessment Committee                 |
| • <b>MPM:</b> Medical Policy Manual                    | • <b>USPSTF:</b> United States Preventive Services Task Force |
| • <b>NCCN:</b> National Comprehensive Cancer Network   |   |

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Effective Date	Policy	Updated Information	Requires PA?
1/31/22	Breast Ultrasound	<p><b>Policy Name Update</b></p> <p>The title of this policy changed from “Whole Breast Ultrasound, Semi-Automatic” to “Breast Ultrasound.”</p> <p><b>Breast Ultrasound Configuration and Coverage Update</b></p> <ul style="list-style-type: none"> <li>• Coverage for “whole” or “limited” breast ultrasound (CPT 76641 and 76642) will be covered, <b>but</b> only those diagnoses listed below will be considered medically necessary for all product lines: <ul style="list-style-type: none"> <li>○ LCA A56448: “Billing and Coding: Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography”</li> <li>○ LCD L33950: “Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography”</li> </ul> </li> <li>• When using CPT code 76641, ABUS devices, such as Invenia™ and Somo V®, are considered investigational and are not a covered benefit for any product lines. <ul style="list-style-type: none"> <li>○ ABUS should not be used as a replacement for diagnostic mammography or diagnostic handheld ultrasound.</li> </ul> </li> </ul>	No

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Effective Date	Policy	Updated Information	Requires PA?
1/31/22	Clinical Trials Coverage for Members Enrolled in a Medicare Plan	The citations were updated in the policy.  <b>Reminder:</b> Presbyterian will continue to follow Medicare NCD 310.1 for the routine costs of qualifying clinical trial services.	Yes
1/31/22	Electrical Bioimpedance for Cardiac Output Monitoring	The term “BioZ” was removed from the title of the policy.	No
1/31/22	Exhaled Nitric Oxide Testing for: Diagnosis and Management of Asthma	<b>Retired Policy</b>  This policy has been retired. The Nitric Oxide Breath Analysis for the Diagnosis of Asthma will now be listed in the Investigational MPM 36.0.  <b>Reminder:</b> Nitric Oxide Breath Analysis for the Diagnosis of Asthma continues to be considered investigational for all product lines.	No
1/31/22	Gastric Electric Stimulation for Treatment of Chronic Gastroparesis	Gastric Electric Stimulation will be considered medically necessary for gastroparesis, diagnosis code K31.84.  <b>Code Updates</b>  The following codes were added to the policy:	No

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Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> <li>• C1767</li> <li>• C1778</li> <li>• C1883</li> <li>• C1897</li> </ul> <p><b>Codes Bundled to Procedure</b></p> <p>The OPPS considers the new codes above and existing code L8679 as bundled to procedure (Status Indicator of N).</p> <p><b>Note:</b> Per OPPS Status Indicator of E1, code L8680 is not payable when submitted on an outpatient claim.</p> <p><b>Reminder:</b> Authorization is required for codes 64590 and 64595.</p>	
1/31/22	Genetic Testing for Breast Cancer Recurrence and Predictive	<p><b>Coverage for Prosigna Test (L36811)</b></p> <p>Coverage for Prosigna test (L36811) was expanded to include Medicaid and commercial product lines. The test criteria will follow National Comprehensive Cancer Network (NCCN) Breast Cancer guidelines.</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<b>Breast Cancer Index (BCI)</b>  For benefit simplification, Presbyterian will follow NCCN guidelines for all product lines and not LCD L37913.	
1/31/22	Genetic Testing for Lynch Syndrome	The criteria language from LCD L36793 was removed from policy and links to the LCD/LCA were provided.  <b>Code Updates</b>  The following CPT codes were added to the policy: <ul style="list-style-type: none"> <li>• 0101U</li> <li>• 88341</li> <li>• 88342</li> </ul>	Yes
1/31/22	Genetic Testing for Pancreatic Cyst (PathfinderTG/PancaGen)	Added a "Utilization" section with language that indicates that repeat PathfinderTG® is not warranted for pancreatic cyst evaluation.	Yes
1/31/22	Implantable Cardioverter Defibrillator (ICD)	LCA A56355 was removed from the policy because CMS retired it.	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<b>Reminders:</b> <ul style="list-style-type: none"> <li>• Presbyterian follows NCD 20.4 criteria for all product lines</li> <li>• PA is required for all CPT codes listed in the policy.</li> </ul>	
1/31/22	Investigative & New Technology Assessment List (Non-Covered Services)	Exhaled Nitric Oxide Testing for diagnosis and management of asthma will be included in this policy.	No
1/31/22	Mild-Minimally Invasive Lumbar Decompression (MILD) & Percutaneous Image-Guided Lumbar Decompression (PILD)	<p>The MILD &amp; PILD procedures (CPT G0276 and 0275T) are now considered investigational and experimental for commercial and Medicaid members. Presbyterian will no longer cover MILD and PILD for commercial and Medicaid.</p> <p><b>LCD L35094 Retirement</b></p> <p>LCD L35094 was retired by CMS and replaced with LCA A56902.</p> <p><b>Medicare Coverage Clarification</b></p> <p>While CMS retired LCD L35094, there will not be any changes in coverage for Medicare members.</p> <p>In addition, Medicare members will continue to follow NCD 150.13 or LCA A56902 recommendations that indicate that PILD</p>	No

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		<p>and MILD for treatment of lumbar spinal stenosis (LSS) may only be covered through Coverage with Evidence Development (CED) for beneficiaries with LSS who are enrolled in an approved clinical study.</p> <p><b>Code Updates</b></p> <p>Codes 0274T and 0275T will be removed for all product lines.</p>	
1/31/22	Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems	<p>Only the ICD-10 codes listed in LCA A52995 will be considered medically necessary.</p> <p><b>Reminder:</b> Authorization is required for CPT 93228 and 93229 for all product lines.</p>	Yes
1/31/22	Outpatient (in Facility) Observation	<p><b>*New Policy</b></p> <p>This is a new policy that will follow CMS regulations for all product lines and provides guidance on the following status changes:</p> <ul style="list-style-type: none"> <li>• From outpatient observation to inpatient</li> <li>• From inpatient to outpatient observation</li> </ul> <p><b>Note:</b> Outpatient hospital observation services are not appropriate for inpatient settings.</p>	Yes



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Effective Date	Policy	Updated Information	Requires PA?
		<b>Reminder:</b> Authorization is required for G0378 and G0379.	
1/31/22	Percutaneous Coronary Interventions	<p>The following Healthcare Common Procedure Coding System (HCPCS) codes are considered bundle to procedure in outpatient settings for all product lines:</p> <ul style="list-style-type: none"> <li>• C9601</li> <li>• C9603</li> <li>• C9605</li> <li>• C9608</li> </ul>	No
1/31/22	Plasma Exchange: Therapeutic Apheresis	<p>PA will no longer be required for the following codes:</p> <ul style="list-style-type: none"> <li>• 36511 to 36514</li> <li>• 36516</li> <li>• 0342T</li> <li>• P9052</li> <li>• P9055</li> <li>• P9073</li> </ul>	No

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Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> <li>P9100</li> <li>S2120</li> </ul>	
1/31/22	Sacral Nerve Stimulation for Urinary and Fecal Incontinence	<p><b>*New Policy</b></p> <p>This is a new policy that applies to all product lines.</p> <p><b>Fecal Incontinence</b></p> <p>For fecal incontinence, the policy will follow LCA A53017</p> <p><b>Urinary Incontinence</b></p> <p>For urinary incontinence, the policy will follow NCD 280.18 for all product lines.</p> <p><b>Fecal and Urinary Incontinence Medical Necessity</b></p> <p>For fecal and urinary incontinence, only those ICD-10 codes identified in “Group 1” of LCA A53017 will be considered medically necessary for all product lines.</p> <p><b>Codes Bundled to Procedure</b></p> <p>The following codes are considered bundle to procedure, per OPPS Status Indicator of N:</p> <ul style="list-style-type: none"> <li>A4290</li> </ul>	Yes

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		<ul style="list-style-type: none"> <li>• C1767</li> <li>• C1778</li> <li>• C1820</li> <li>• C1883</li> <li>• C1897</li> </ul> <p><b>Reminder:</b> Code L8680 is not payable when submitted on and outpatient claim per OPPS Status Indicator of E1.</p>	
1/31/22	Sleep Studies, Polysomnography, Commercial and Centennial	<p><b>*New Policy</b></p> <p>This is a new policy that applies to all product lines.</p> <p>“In-Laboratory, Attended Full-Channel Polysomnography” is appropriate for individuals with suspected obstructive sleep apnea (OSA).</p> <p><b>Code Updates</b></p> <p>All in-facility sleep study will start requiring PA for the following codes, regardless of member’s age:</p> <ul style="list-style-type: none"> <li>• 95782</li> </ul>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> <li>• 95783</li> <li>• 95805</li> <li>• 95808</li> <li>• 95810</li> <li>• 95811</li> </ul>	
1/31/22	Transoral Incisionless Fundoplication (TIF) for Treatment of GERD	<p><b>Coverage Expanded</b></p> <p>The policy includes three indications that identify when coverage is appropriate for TIF.</p> <p>Currently, the third indication conveys that coverage for TIF is appropriate if done by a well-trained surgeon for a hiatal hernia that is less than or equal to 2 cm. This indication was updated to expand coverage to members whose hiatal hernias were reduced to 2 cm or less by a successful laparoscopic hernia reduction procedure prior to the TIF procedure.</p> <p><b>Reminder:</b></p> <ul style="list-style-type: none"> <li>• Presbyterian follows LCD L34659 and LCA A56395 for Medicare members.</li> <li>• EsophyX™ for surgery is considered investigational and experimental for commercial and Medicaid members.</li> </ul>	No

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Effective Date	Policy	Updated Information	Requires PA?
		Therefore, this benefit is not covered for commercial and Medicaid members when EsophyX™ is used for surgery	
1/31/22	Vagus Nerve Stimulation (VNS) for Epilepsy and Depression	<p><b>For Treatment of Resistant Depression (TRD)</b></p> <p>Presbyterian will follow MCG™ Care Guidelines ORG: B-821-T.</p> <p><b>Reminder:</b> VNS devices for TRD are still considered non-covered.</p> <p>Medicare will continue to follow NCD (160.18) for VNS devices for the TRD when done through a Coverage with Evidence Development (CED).</p> <p><b>Code Updates</b></p> <p>The following codes were added to the policy:</p> <ul style="list-style-type: none"> <li>• 61886</li> <li>• 61888</li> <li>• 64553</li> </ul> <p><b>Codes Bundled to Procedure</b></p> <p>Codes C1820 and L8679 are bundled with procedure</p>	No

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Effective Date	Policy	Updated Information	Requires PA?
		<b>Reminder:</b> Code L8680 is not payable when submitted on outpatient claims for any product line.	
1/31/22	Water Vapor Thermal Therapy for LUTS/BPH	<p><b>*New Policy</b></p> <p>This is a new policy that will apply to all product lines and follow LCD L37808 and LCA A56590 for all product lines.</p> <p>Rezūm system is intended for the treatment of lower urinary tract symptoms (LUTS)/benign prostatic hyperplasia (BPH).</p> <p><b>Code Updates</b></p> <ul style="list-style-type: none"> <li>• Code 53854 will require PA.</li> <li>• The only diagnosis that will be considered medically necessary is ICD-10 code N40.1.</li> </ul>	Yes
1/31/22	Wireless Capsule Endoscopy	Commercial and Medicaid products will no longer follow MCG Capsule Endoscopy, ACG: A-0134. Instead, all product lines will now follow LCD L35089 LCA A57753.	Yes
3/15/22	Blepharoplasty Ptosis Surgery	Revision of LCD L34528 for the discontinuation of photographs/visual field requirements. Codes 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67907, 67908 continue to require PA.	Yes

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		<p><b>Code Updates</b></p> <p>The recent revision to LCA A57618 added the following CPT codes, which have been added to the policy and will not require PA: 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, and 67924.</p>	
3/15/22	Breast Surgical Procedures	<p>Removed language that indicated PA is required for code 15777.</p> <p>On Nov. 13, 2021, Wisconsin Physicians Service Insurance Corporation (WPS) retired and replaced LCD L34698 and LCA A57475 with LCD L39051 and related LCA A58774 for breast implants. Commercial, Medicare and Medicaid will now follow LCD L39051 and related LCA A58774.</p> <p><b>Code Updates</b></p> <p>The following CPT codes will be linked to ICD-10 codes listed in LCA (A58774, Group 1) and diagnosis C50.422 for all product lines: 11920, 11921, 11922, 15769, 15771, 15772, 19316, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380 and 19396.</p> <p>PA will be removed for CPT 11920 and 11921, and all other CPT codes not require PA.</p>	

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		<p><b>Breast Reduction Mammoplasty for Symptomatic Breast Hypertrophy (Macromastia)</b></p> <p>CPT code 19318 will be updated for all product lines to link ICD-10 codes listed in both LCAs A58774 (Group 2 and Group 3 paragraphs) and LCA A56587 (Group 4).</p> <p><b>Tattooing</b></p> <p>Now follows Wisconsin LCD L39051 and LCA A58774 for all product lines. PA will no longer be required for 11920 and 11921.</p> <p><b>External Breast Prostheses</b></p> <p>PA is no longer required for codes: L8032, L8035 and L8039.</p> <p>Nipple prosthesis HCPCS codes L8032 and L8033 are not covered for all product lines. HCPCS code L8035 is not considered medically necessary and is not covered for all product lines.</p> <p>HCPCS codes C1789 and L8600 are not covered per OPPS. These codes will no longer require PA and configured as “non-covered.”</p>	
3/15/22	Durable Medical Equipment for Individuals with Diabetes	Blood glucose monitor devices and continuous glucose monitor (BGM/CGM) devices will continue to be managed by Presbyterian Pharmacy Services.	Yes



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		<b>Artificial Pancreas Device System (Outpatient)</b>  Requests submitted for consideration of the device will be reviewed on a case-by-case basis.	
3/15/22	Hyperbaric Oxygen Therapy (HOBt)	Topical hyperbaric oxygen chamber code A4575 is considered not medically necessary for all product lines.  <b>Reminder:</b> PA is still required for codes 99183 and G0277.	Yes
3/15/22	Obstetric Ultrasound – 3D 4D or 5D	Coverage for obstetric rendering codes 76376 and 76377 remain investigational.  The use of codes 76376 and 76377 will now be covered for other conditions that are <b>not related to obstetrical services</b> . Codes 76376 and 76377 are no longer consider or configured as investigational.	No
3/15/22	Photodynamic Therapy for Ocular Conditions	Previous configuration for 92133 and 92134 will be reconfigured to allow no more than one scan per month (every 28 days), based upon CMS LCD (L35038), which will be applied to all product lines.	No

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3/15/22	Photodynamic Therapy for Skin and Cancer Conditions (non-Ocular)	<p><b>Policy Name Update</b></p> <p>The title of this policy changed from “Photodynamic Therapy for Skin and Cancer Conditions” to “Photodynamic Therapy for Skin Conditions (non-ocular).”</p> <p><b>Code Updates</b></p> <p>Unrelated CPT codes 96570, 96571, J9600 and J7345 were removed from policy as they are not related to photodynamic therapy of the skin.</p>	No
3/15/22	Radiation Oncology: Brachytherapy	<p><b>Retired Policy</b></p> <p>Policy has been retired.</p>	No
3/15/22	Transplant, Bone Marrow and Stem Cell	<p>Continue to use Optum Transplant Program Guidelines and all requests will be reviewed by medical directors.</p> <p>The following codes will now require PA: 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215 and 38243.</p>	Yes
3/15/22	Transplant Organ	<p>Continue to use Optum Transplant Program Guidelines and all requests will be reviewed by Medical Directors.</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		The following CPT codes will now require PA: 33927, 33928, 33929, 48556, 0584T, 0585T, 0586T, 47399, and 44137.	
3/15/22	Home Health Care, for Commercial and Medicaid	<p><b>*New Policy</b></p> <p>PA is not required for initial assessment visit.</p> <p>PA is required for Start of Care (SOC) or an extension of services upon completion of certification and recertification.</p> <ul style="list-style-type: none"> <li>• <b>**Submission to Presbyterian is required within five business days from initial assessment visit.</b></li> <li>• Presbyterian will accept a correctly documented verbal order</li> <li>• CMS Home Health Care LCD/NCD criteria will be used. Where CMS criteria is not available MCG will be used (e.g., Skilled Nursing and Medical Social Work).</li> </ul> <p><b>**During the public health emergency only, Presbyterian will accept the plan of care signed or unsigned within five business days.</b></p>	Yes
9/1/22	Allergen Immunotherapy	Presbyterian will continue to follow LCD L36240 and LCA A56538 for all product lines.	No

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Effective Date	Policy	Updated Information	Requires PA?
		Configuration will link the ICD-10 codes to CPT codes using LCA A56538 for all product lines.	
9/1/22	Allergy Testing	<p>Presbyterian will continue to follow the LCD for Allergy Testing (L36241) and the related article LCA A56558 for all product lines.</p> <p>Configuration will link the ICD-10 codes to CPT codes using LCA A56558 for all product lines.</p>	No
9/1/22	Cervical and Lumbar Spinal Procedures	Presbyterian will continue to use the purchase criteria that was approved in March 2022 for National Imaging Associates Magellan (NIA Magellan) 2022.	Yes
9/1/22	Durable Medical Equipment: Bath Aids for Medicaid	<p><b>*New Policy</b></p> <p>Presbyterian will cover bath aids for <b>Medicaid members only</b>.</p> <p>The following codes will require PA: E0240, E0245, E0247, E0248, E0241, E0242, E0243, E0244, and E1399.</p>	Yes
9/1/22	Durable Medical Equipment: For Individuals with Diabetes	<p>Presbyterian follows LCA L33794, LCA A52507 and the Glucose Monitors LCD L33822/LCA A52464:</p> <p>The following new codes were added to the policy: E2102, A4224, A4225, A4238, A9279 and A9999.</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		Presbyterian removed codes A9276 and A9278 from the policy.	
9/1/22	DME: Orthotic and Prosthetics	<p>Presbyterian removed the PA requirement for the following Ankle-Foot Orthosis (AFO) and Knee-Ankle-Foot Orthosis (KAFO) codes: L1900, L1920, L2010 and L2106, L2108, L2126 and L2128.</p> <p>Presbyterian removed the PA requirement for the following Cranial Orthotic Devices (CODs) codes: L0112 and S1040.</p> <p>For Knee Orthoses, use the chart in LCA A52465 that reflects the time period of reasonable useful lifetime.</p> <p>Presbyterian removed PA for the following Lower Limb Prosthesis codes: L5857, L7367 and L736.</p> <p>Presbyterian removed MCG A-0701 for Myoelectric Prosthesis for the Upper Limb and developed internal criteria for all product lines.</p>	Yes
9/1/22	DME: Pneumatic Compression Devices	<p>Presbyterian will continue to follow LCD L33829 and LCA A52488.</p> <p>PA is now required for the following HCPCS codes: E0650, E0651, E0652 and E0676, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672 and E0673.</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<p>Presbyterian has extended coverage for the prevention of deep venous thrombosis (DVT) (E0676) and developed an internal criterion for all product lines.</p> <p>HCPCS code E0675 is not considered reasonable and necessary and is not covered for all product lines.</p>	
9/1/22	Durable Medical Equipment: Treatment of Obstructive Sleep Apnea	<p><b>*New Policy</b></p> <p>Positive Airway Pressure (PAP) Devices for Treatment of Obstructive Sleep Apnea (OSA) follows LCD L33718 and the related article LCA A52467. The oral appliances for OSA follow LCD L33611 and the related article LCA A52512.</p> <p>PA will be required for E0470, E0471 and E0601 for all product lines.</p>	Yes
9/1/22	Durable Medical Equipment: Rehabilitation and Mobility Devices	<p>The following sections were retired from the policy:</p> <ul style="list-style-type: none"> <li>• Continuous Passive Motion (CPM) devices</li> <li>• Mechanical Stretching Devices for Static or Dynamic Joint Extension and Flexion</li> </ul> <p>For gait trainers, Presbyterian added criteria for E0141, E0143 and E0149.</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<p>Wheelchair accessory swing-away mounting hardware (E1028) will now require PA.</p> <p>PA is not required for prone standers (E0638).</p> <p>Prosthetic:</p> <ul style="list-style-type: none"> <li>• Codes E2619 and K0098 will no longer require PA.</li> <li>• Per LCD L33792, the following codes are not considered reasonable or necessary: E2358, E2360, E2362, E2364 and E2372.</li> <li>• Per LCA A52504, the following codes are not considered primarily medical in nature and will not be covered: E2301, E2300 and E2230.</li> <li>• Codes E2331 and E1028 are covered.</li> </ul>	
9/1/22	Epidural Corticosteroid Injections	<p>Presbyterian will follow LCD L36920 and LCA A56681, which are administrated by Novitas Solutions Inc.</p> <p>Presbyterian removed codes: 62320, 62322, 62325, 62326 and 62327.</p> <p>LCD L36920 also indicates epidurals are only covered for the following anatomic spinal regions:</p>	Yes

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		<ul style="list-style-type: none"> <li>Cervical/thoracic spinal region, which includes CPT codes 62321, 64479 and 64480.</li> <li>Lumbar/sacral spinal region, which includes CPT codes 62323, 64483 and 64484.</li> </ul>	
9/1/22	Genetic and Genomic Testing	<p>Presbyterian removed CPT codes that were unrelated to the policy and previous ICD-10 configuration for the following CPT codes: 81206, 81207, 81208, 81170, 0016U and 0040U.</p> <p>PA is not required for requests by hematologists and oncologist for all product lines. All other providers and specialists requesting genetic and genomic testing must request PA for all product lines.</p> <p>The following new CPT were added to the policy and require PA: 0012U, 0013U, 0014U, 0060U, 81349, 81523, 0246U, 0258U, 0260U, 0262U, 0268U, 0269U, 0270U, 0271U, 0272U, 0274U, 0276U, 0277U, 0278U, 0285U, 0287U, 0288U, 0289U, 0290U, 0294U, 0295U, 0296U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0308U, 0309U, 0310U, 0313U, 0314U, 0315U, 0318U, 0319U and 0320U.</p> <p>For all product lines, the following codes will be configured to allow hematologist and oncologist to bypass the PA requirement: 81279, 81338, 81339, 81219 and 81270. PA will be required for all other providers and specialists.</p>	Yes



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		For all product lines, code 81335 will be configured to allow rheumatologists and gastroenterologists to bypass the PA requirement. PA will be required for all other providers and specialists.	
9/1/22	Genetic Testing: Hypercoagulability/Thrombophilia	Genetic testing methylenetetrahydrofolate reductase (MTHFR) genotyping code 81291 is considered investigational. The code 81291 will be removed from the PA Guide and listed in the Investigative List (Non-Covered Services), MPM 36.0.	No  Investigational; not reimbursable
9/1/22	Genetic Testing, InvisionFirst Liquid Biopsy for Lung Cancer	<p>Coverage has been expanded to now include both commercial and Medicaid product lines, and Presbyterian continues to follow LCD for MoIDX: Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer L37921.</p> <p>CPT codes 0244U and 0250U were updated for the following LCDs:</p> <ul style="list-style-type: none"> <li>MoIDX: Next-Generation Sequencing for Solid Tumors (L38158)</li> <li>Billing and Coding: MoIDX: Next-Generation Sequencing for Solid Tumors (A57858)</li> </ul>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> <li>Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next Generation Sequencing Testing in Cancer (A55917)</li> </ul> <p>CPT codes 0244U and 0250U were added to the policy and will require PA for all product lines.</p>	
9/1/22	Genetic Testing: Next Generation Sequencing	CPT codes 0244U and 0250U now require PA.	Yes
9/1/22	Genetic Testing: Non-Invasive Prenatal Testing (NIPT)	<p>Genetic testing for microdeletions with cell-free DNA (cfDNA) code 81422 is considered investigational. The code 81422 will be removed from the PA Guide and will be listed in the Investigative List (Non-Covered Services), MPM 36.0.</p> <p>Fetal aneuploidy codes 0252U and 0254U were added to the policy and require PA.</p> <p>The American Medical Association announced that CPT code 0327U will be added to the Proprietary Laboratory Analyses (PLA) Codes and are effective on July 1, 2022. Presbyterian also added CPT/PLA code 0327U to the policy.</p>	Yes
9/1/22	Genetic Testing: Plasma-Based Genomic Profiling in Solid Tumor	For all product lines, CPT code 0179U for testing of oncology (non-small cell lung cancer) cell-free DNA is not covered, as	Yes

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		stated in the CMS LCA for Plasma-Based Genomic Profiling in Solid Tumors (A57936).	
9/1/22	Genetic Testing for Whole Exome Sequencing	<p><b>*New Policy</b></p> <p>Coverage is for all product lines. Presbyterian developed an internal criterion that includes provider, documentation and coverage determination criteria.</p> <p>PA will continue PA to be required for codes 81415, 81416 and 81417.</p>	Yes
9/1/22	Investigative & New Technology Assessment List (non-covered services)	<p>MTHFR genotyping code 8129 and microdeletions with cfDNA code 81422 have been moved to Presbyterian's medical policy called "Investigative &amp; New Technology Assessment List (Non-Covered Services), (MPM 36.0)."</p> <p>The reference changed for Intervertebral Differential Dynamics Therapy:</p> <ul style="list-style-type: none"> <li>• Now follow LCD L33823 and LCA A52476.</li> <li>• NCD 160.16 was removed.</li> <li>• Due to switching references, codes E0849 and E0855 are now considered covered per LCD L33823 and LCA A52476.</li> </ul>	No  Investigational; not reimbursable

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> <li>• The previous configuration to not pay for codes E0849 and E0855 will be removed.</li> <li>• Codes E0830, E0840 and E0850 will continue to not be covered.</li> </ul> <p>The description for Bioimpedance Spectroscopy for the Assessment of Lymphedema has been updated.</p> <p>The language regarding Lumbar Artificial Disk Replacement (LADR) was updated to indicate that Presbyterian follows the NCD policy 150.10 for members over 60 years of age.</p> <p>Presbyterian also added language regarding jurisdictions outside of New Mexico that indicates Presbyterian will follow the LCD for Lumbar Artificial Disc Replacement (L37826), which states that the NCD leaves the determination of whether LADR is covered to beneficiaries age 60 years and under to the Medicare Administrative Contractor (MAC). The MAC for L37826 is Palmetto GBA and they determined that LADR is not reasonable and necessary in beneficiaries 60 years of age and younger. Therefore, LADR will not be covered for Presbyterian members 60 years of age and younger.</p>	

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
9/1/22	Osteogenic Bone Growth Stimulator (Electrical)	Presbyterian will continue to follow the LCD for Osteogenesis Stimulators (L33796), the related LCA (A52513) and the NCD policy 150.2 for invasive implantable stimulators and noninvasive stimulator devices and ultrasound osteogenic stimulators.	Yes
9/1/22	Panniculectomy and Abdominoplasty	<p>CMS made changes to LCD Cosmetic and Reconstructive Surgery (L35090) and the related article (A56587). Changes include covered indications, documentation, limitations and the reporting of covered ICD-10 codes.</p> <p>Presbyterian will continue to not cover liposuction code 15877 when it does not relate to suction-assisted panniculectomy.</p>	Yes
9/1/22	Pharmacogenomics Testing for Behavioral Health, for Medicare	<p>Presbyterian will continue providing coverage for <b>Medicare members only</b>.</p> <p>Presbyterian will no longer follow the LCD for MoIDX: Pharmacogenomics Testing (L38435) that is administrated by Wisconsin Physicians Services Health Insurance Corporation (WPS). Instead, Presbyterian will now follow the newly released LCD for Pharmacogenomics Testing LCD (L39063) and related LCA (A58801), which is administered by Novitas Solutions, Inc.</p> <p>CPT code 0030U has been removed from the policy.</p>	Yes

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		The following new codes were added to the policy and require PA: 81230, 81346, 81407, 81408, 0029U, 0031U, 0032U, 0033U, 0286U, 0117U, 0173U, 0175U, 0289U, 0290U, 0291U, 0292U, 0293U and 0294U.	
9/1/22	Platelet-Rich Plasma, Blood Derived Products, and Platelet-Derived Growth Factor Products for the Treatment of Wounds and Other Injuries	<p>The NCD policy for Blood-Derived Products for Chronic Non-Healing (diabetic) Wounds National Coverage Determination (270.3) has been changed to cover services unrelated to Coverage with Evidence Development (CED), and Presbyterian will continue to follow the NCD policy 270.3 to provide coverage for <b>Medicare members only</b>.</p> <p>Presbyterian added code G0465 to the policy for <b>Medicare members only</b>.</p> <p>In accordance with the LCD for Platelet Rich Plasma (L39068) and related LCA (A58808), the following codes will not be covered for all product lines: 0232T, G0460, P9020, 0481T, M0076 and S9055.</p>	No
9/1/22	Sleep Studies, Attended (In-Laboratory)	PA is not required for members age 17 and younger.	Yes
9/1/22	Surgical Treatment for Benign Prostate Hyperplasia	Coverage has been expanded to now include commercial and Medicaid product lines for Aquabeam system transurethral	No

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		waterjet ablation (codes 0421T and C2596) for the treatment of benign prostate hyperplasia (BPH).	
9/1/22	Varicose Vein Procedures and Venous Stasis Disease of Lower Extremity Procedures	Presbyterian will now only follow the LCD for Treatment of Chronic Venous Insufficiency of the Lower Extremities (L34924) and related LCA (A55229), which are administrated by Novitas Solutions Inc.	Yes
11/1/2022	Autologous Chondrocyte Implantation	<p>Autologous Chondrocyte Implantation will now be covered for all product lines.</p> <p>Presbyterian considers matrix-induced chondrocyte implantation [e.g., MACI (Vericel) autologous cultured chondrocytes on porcine collagen membrane] approved by FDA an equally acceptable alternative to autologous cultured chondrocytes (e.g., Carticel).</p> <p>HCPCS code J7330 will now require PA for all product lines.</p>	Yes
11/1/2022	Chimeric Antigen Receptor (CAR) T Cell Therapy	<p>Presbyterian will continue to follow NCD 100.24: Chimeric Antigen Receptor (CAR) T-Cell Therapy.</p> <p>The criteria for Yescarta, Kymriah, Tecartus and Breyanzi were updated per DailyMed Drug Label information.</p>	Yes

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		<p>Codes updated per NCD 110.24 changes:</p> <ul style="list-style-type: none"> <li>The following new codes were added and will require PA: Q2054 and Q2055, J3490, J3590 and J9999.</li> <li>Codes C9076 and C9399 were removed.</li> </ul>	
11/1/2022	COVID-19 Testing	<p>Presbyterian will follow:</p> <ul style="list-style-type: none"> <li>Novitas LCD (L38916): Respiratory Pathogen Panel Testing</li> <li>PHS.org</li> <li>COVID-19 Resource Center</li> </ul> <p>CPT code 87913 was added to the policy and is effective for dates of service on and after Feb. 21, 2022, for all product lines.</p>	No
11/1/2022	Genetic Testing: Colorectal Cancer (CRC) Screening	<p>Effective Oct. 1, 2022: Cologuard CPT 81528 will no longer require PA for all product lines.</p> <p>For Medicare:</p> <ul style="list-style-type: none"> <li>Cologuard will continue to follow the NCD 210.3 criteria. The starting screening age changed from 50 to 45 years old, per USPSTF recommendation (B).</li> </ul>	No



## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> <li>The Blood-Based Biomarker Tests (code G0327) will continue to follow NCD 210.3. The starting age changed from 50 to 45 years old, per USPSTF recommendation for cologuard.</li> <li>The Epi proColon test (blood-based) (code 81327) continues to not be covered for Medicare, per CMS National Coverage Analysis (CAG- 00454N).</li> </ul> <p>For Commercial:</p> <ul style="list-style-type: none"> <li>Cologuard will continue to follow the USPSTF recommendation.</li> <li>The policy corrected the screening age to indicate that it's available to individuals "through 75" years of age instead of "through 74" years of age to align with the USPTF recommendation.</li> </ul> <p>The blood-based biomarker test using codes G0327 and 81327 will continue to not be covered for Medicaid and commercial as these tests are unproven and not medically necessary due to insufficient evidence of efficacy.</p>	
10/1/2022	Genetic Testing for Non-Invasive Prenatal Testing (NIPT)	Effective Oct. 1, 2022: NIPT CPT 81420 will no longer require PA for all product lines.	No

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
11/1/2022	Genetic Testing for Prostate Cancer	<p><b>Diagnostic Testing:</b></p> <ul style="list-style-type: none"> <li>• 4kscore test: Extended coverage to Medicaid and commercial and will follow LCD L39042 and LCA A58759. NCCN recommends 4kScore under first-line screening test and post-biopsy test. Code 81539 will continue to require PA.</li> <li>• ProgenSA PCA3 Assay: Extended coverage to Medicaid and commercial and will follow LCD L39042 and LCA A58759. NCCN recommends ProgenSA PCA 3 under post-biopsy setting. PA will continue to be required for the following codes: 81313, 81321, 81322, 81323, and 81479.</li> <li>• ConfirmMDx Epigenetic: Extended coverage to Medicaid and commercial and will follow LCD L39042 and LCA A58759. NCCN recommends ConfirmMDX under post-biopsy setting. Code 81551 will continue to require PA. The coverage determination guideline language was removed from the policy and reformatted to only include LCD web links.</li> <li>• ExoDx Prostate (EPI): Extended coverage to all product lines. Previously EPI was listed as non-covered. Will follow LCD L39042 and LCA A58759. CPT 0005U will continue to require PA. NCCN recommends EPI for both pre-biopsy and</li> </ul>	Yes

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		<p>post-biopsy testing.</p> <ul style="list-style-type: none"> <li>• SelectMDX: Extended coverage to all product lines. Previously, SelectMDX was not covered. It will follow LCD L39042/LCA (A58759). CPT 81479 will continue to require PA.</li> <li>• IsoPSA and MyProstateScore (MPS): According to LCD L39042, LCA A58759 and NCCN, these tests are not covered for both pre-biopsy and post-biopsy.</li> </ul> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>• Both Prolaris tests have been moved to the consolidated list of tests under Prostate Cancer Genomic C-classifier Assay for Men with Localized Disease section, LCD L38433 and LCA A57106. CPT 81541 will continue to require PA.</li> <li>• ProMark Risk Score: Coverage will continue for Medicare only and will continue to follow ProMark Risk Score, LCD L37011. NCCN does not support ProMark. PA for 81479 will continue to be required.</li> <li>• Androgen receptor splice variant 7 (AR-V7): New test was added for all product lines and will follow NCCN. Previous LCD L37915 was retired. PA for 81479 will continue to be required.</li> </ul>	

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
11/1/2022	Meniscal Allograft Transplant	<p>Extended coverage to now include Medicare. PA will continue to be required for 29868.</p> <p>For collagen meniscus implant (CMI), HCPCS code G0428 will continue to not be covered for all product lines, because it is considered investigational. According to CMS and NCD 150.12, the evidence is adequate to conclude CMI does not improve health outcome.</p>	Yes
11/1/2022	Radiation Oncology: Proton Beam Therapy	<p>The coverage determination guideline language has been revised and ICD-10 codes that are covered were added. Coverage will continue to be for all product lines. PA will continue to be required for the following: 77520, 77522, 77523 and 77525.</p>	Yes
11/1/2022	Hypoglossal Nerve Stimulator	<p>The policy will continue to follow LCD L38385 and related LCA A56938 for all product lines.</p> <p><b>Code Updates:</b></p> <ul style="list-style-type: none"> <li>• The following new codes were added to the policy and require PA: 64582, 64583 and 64584.</li> <li>• The following deleted codes were removed from the policy: 0466T, 0467T and 0468T.</li> <li>• Code 64568 will no longer require PA for all product lines.</li> </ul>	Yes

## 2022 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		<p>Other updates:</p> <ul style="list-style-type: none"> <li>There will not be separate APC payments for C1767, C1778 and C1787, because they are not paid by Medicare when submitted on outpatient claims for L8680 and L8688.</li> <li>Code L8681 may be paid under a fee schedule other than OPPS.</li> </ul>	
11/1/2022	Investigative & New Technology Assessment List (Non-Covered Services)	For all product lines, Presbyterian considers the CPT code 0379T for the ForeseeHome remote monitoring device by Notal Vision for all indications experimental and investigational.	No