

Medical Policy Manual and Prior Authorization Guide

2023 Summary of Updates

 **PRESBYTERIAN**



Medical Policy Manual and Prior Authorization Guide

2023 Summary of Updates

The 2023 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 view updates from 2021 and [click here](#) to view updates from 2022.

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

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Effective Date	Policy	Updated Information	Requires PA?
2/1/2023	Ambulance Services, MPM 1.1	Presbyterian will continue to follow LCD L35162 and LCA A54574.	Yes
2/1/2023	Autism Spectrum Disorders: Diagnosis and Treatment, MPM 1.4	For commercial products, Presbyterian removed PA requirement for code T1026 and updated the fax number to 1-888-656-4219.	Yes
2/1/2023	Breast Ultrasound, MPM 24.1	<p>There is no change to criteria but have removed the language that stated Presbyterian follows LCD L33950, because Presbyterian developed a criterion that provides similar guidance.</p> <p>Presbyterian will continue to pay for those medically necessary ICD-10 codes that are listed in LCA A56448.</p> <p>The description of the policy was updated to describe a handheld ultrasound and an automated breast ultrasound (ABUS).</p> <p>There will continue to be no PA requirement for 76641 and 76642.</p>	No
2/1/2023	Capsule Endoscopy, MPM 24.0	<p>Title changed from "Wireless Capsule Endoscopy" to "Capsule Endoscopy."</p> <p>Wireless Capsule: Codes 91110 and 91111 will continue to follow LCD L35089 for all products lines and will continue to require PA.</p> <p>Colon Capsule: New coverage was added to the policy for colon capsule (code 91113) for Medicare only and will follow Colon</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		Capsule Endoscopy (CCE), LCD L38807. Colon capsule endoscopy for commercial and Medicaid is considered investigational. The applicable code (91113) for CCE will require PA for all product lines.	
2/1/2023	Cholecystectomy, MPM 3.9	PA will no longer be required for 47562, 47563 and 47564 for all product lines.	No
2/1/2023	Coronary Computed Tomography (64-Slice CT), MPM 3.4	Retired Policy The policy will continue to be managed by NIA Magellan for all product lines. Code 75571 is still not considered medically necessary and is not covered for Medicare.	Yes
2/1/2023	DME: Miscellaneous, MPM 4.5	Automatic External Defibrillator: Presbyterian will continue to follow LCD L33690 and LCA A52458. Home Prothrombin Time (PT)/Internal Normalized Ration (INR) Monitoring: Removed CPT codes 93792 and 93793 because CMS added these codes in error. Pelvic Floor Electrical Simulation for Urinary Incontinence: Code E0740 will be removed from the PA Guide. Durable Medical Equipment (DME): Consolidated the covered and non-covered DME items for all product lines and removed the bath	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		aids related items because they are addressed in a related medical policy.	
2/1/2023	DME: Respiratory Devices, MPM 4.3	<p>Home Oxygen and Oxygen Equipment: Medicare and commercial continue to follow LCD L33797. NCD 240.2 was removed since the same coverage details are outlined in LCD L33797. Medicaid will continue to follow 8.324.5 NMAC.</p> <p>Portable Oxygen Systems: Continue to follow LCD L33797 for all product lines. Removed NCD 240.2 since the same coverage details are outlined in LCD L33797.</p> <p>Oximetry Services: Continue to follow CMS LCD L35434 and LCA A57205 for all product lines.</p> <p>Respiratory Assist Devices: Continue to follow Respiratory Assist Devices LCD L33800 for all product lines and removed NCD 240.4.1 since the same coverage details are outlined in LCD L33800.</p> <p>Home Ventilator with Noninvasive or Invasive Interfaces: Continue to follow the Ventilator section of the LCD L33800 for code E0465, E0466 and E0467. The LCA has changed from LCA A52467 to LCA A52517 and removed NCD 280.1 since the same coverage details are outlined in LCD L33800.</p> <p>Positive Airway Pressure (PAP) Devices for Treatment of Obstructive Sleep Apnea (OSA): Removed the item from the</p>	No

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Effective Date	Policy	Updated Information	Requires PA?
		<p>policy since there is a specific policy for DME: Positive Airway Pressure (PAP) and Oral Appliances for the Treatment of Obstructive Sleep Apnea, MPM 49.1 that was developed on 03/23/2022.</p> <p>Concurrent Use of Oxygen with Pap Therapy: Continue to follow LCD L33797 and LCD L33718 for all LOB.</p>	
2/1/2023	Electrical Bioimpedance for Cardiac Output Monitoring, MPM 5.4	Retired Policy	No
2/1/2023	Gastric Electric Stimulation for Treatment of Chronic Gastroparesis, MPM 7.2	<p>Language was added to indicate that any condition not related to chronic gastroparesis will be reviewed by a medical director on a case-by-case basis.</p> <p>The following new codes were added to policy: L8679, L8679, L8680, L8685, L8686, and L8688.</p>	Yes
2/1/2023	Gender Affirming Treatment and Surgery (Adult, 18 years of age and older), MPM 7.3	<p>Removed the two-letter requirement for genital surgery and indicated that one of the following is required in order to recommend gender-affirming medical and surgical treatment:</p> <ul style="list-style-type: none"> • A written documentation • One letter of assessment from a qualified behavioral healthcare professional who has competencies in the assessment of transgender and gender diverse people 	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<p>Changed the requirement for 12 months of hormone therapy to at least six months and removed language regarding “continuous” hormone therapy.</p> <p>Added coverage benefit for the following:</p> <ul style="list-style-type: none"> • Non-surgical treatment for voice therapy and voice lessons (up to 12 lessons). The billing CPT codes are 92507 and 92508 and not require PA. • Surgery of chondrolaryngoplasty will be covered on a case-by-case review. The billing CPT is 31899 and will require PA. <p>The exclusion list was updated to direct viewers to the Pharmacy policy for hormone therapy.</p>	
2/1/2023	Gender Affirming Treatment for Children and Adolescent (17 y/o and under), MPM 7.31	<p>Added coverage benefit for non-surgical treatment for voice therapy and voice lessons (up to 12 lessons). The billing CPT codes are 92507 and 92508 and PA will not be required.</p> <p>Removed language regarding “initial or continuous” hormone therapy.</p> <p>Removed the erroneous exclusion statement.</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
2/1/2023	Genetic Testing for Breast Cancer Recurrence and Predictive, MPM 33.0	<p>Prosigna: Medicaid and commercial product lines will no longer follow NCCN Breast Cancer guideline. All product lines will now follow LCD L36811, LCA A57560, LCD (L35396, and LCA A52986.</p> <p>Specialty type configuration, only those ICD-10 that are assigned to each CPT codes, will be considered medically necessary.</p> <ul style="list-style-type: none"> • See LCA A55230 for CPT code 81519 • See LCA A57583 for CPT code 0045U • See LCA A57567 for CPT code 81522 • See LCA A55175 for CPT code 81521 • See LCA A57560 for CPT code 81520 • See LCA A56335 for CPT code 81518 • See LCA A55175 for CPT code 81523 	Yes
2/1/2023	Genetic Testing for Lynch Syndrome, MPM 7.5	<p>Medicare members will no longer follow LCD L39040. Instead, Medicare members will follow the NCCN guideline.</p> <p>Codes 0130U and 0238U were added to the policy and will require PA for all product lines. The following codes were removed from the policy: 81210, 81432 and 81433.</p>	Yes
2/1/2023	Hysterectomy, MPM 8.9	<p>Abdominal Hysterectomy: Removed the management of abdominal hysterectomy from policy and the following related codes:</p>	

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Effective Date	Policy	Updated Information	Requires PA?
		<p>58150, 58152, 58180, 58200, 58210, 58951, 58953, 58954, 58956 and 59525. Of these listed codes, PA will not be required for codes 58150, 58152 and 58180.</p> <p>Schauta Radical Vaginal Hysterectomy: This operation was added to the policy and CPT code 58285 will be reviewed by a medical director on a case-by-case basis.</p> <p>Removed code 58548 from this policy, because it will be managed in MPM 16.10 (Prophylactic, Risk Reduction Surgery). PA will continue to not be required.</p>	
2/1/2023	Magnetoencephalography (MEG), MPM 13.1	Retired Policy	No
2/1/2023	Prophylactic, Risk Reduction Surgery, MPM 16.10	<p>Policy will continue to follow NCCN guidelines. Added clarifying language to indicate that Presbyterian follows NCCN recommendation using Category 1 and Category 2A.</p> <p>This policy was updated to require PA for the following codes that already require PA under Hysterectomy medical policy: 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58593, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573 and 58150.</p>	Yes

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2/1/2023	Plasma Exchange: Therapeutic Apheresis, MPM 16.11	The following codes, which are unrelated to Apheresis Therapeutic Pheresis, were removed from the policy: 0342T, 36522, P9052, P9055, P9073, P9100 and S2120.	No
2/1/2023	Restorative, Reconstructive, Cosmetic Surgery and Treatment, MPM 18.5	<p>Removal of Benign Skin: Continue to follow LCD L34938 and LCA A57113. PA is only required for Cryotherapy, CPT 17340.</p> <p>Destruction of Actinic:</p> <ul style="list-style-type: none"> A. Photodynamic therapy: Continue to follow NCD 250.4. B. Chemical Peel: Removed LCD L39051 and will now follow National Coverage Determination NCD 250.4. <p>Scar Revisions: Continue to follow MCG A-0495. The following codes were removed from the policy: 26121, 26123, 26125, 26508, and 27594.</p> <p>Chest Deformity Associated with Poland Syndrome:</p> <ul style="list-style-type: none"> • Pectus deformity repair CPT codes 21740, 21742, and 21743 were added to policy and they will not require PA. • The following CPT codes related to breast reconstruction surgery were removed from policy and will be managed by the Breast Surgical Procedures medical policy (MPM 27.0): 11970, 11971, 19340, 19342, 19357, 19361, 19364, 19366, 19367, 19368, and 19369. 	Yes

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		<p>Dermabrasion:</p> <ol style="list-style-type: none"> For dermabrasion code 15781, Presbyterian will continue to follow Novitas LCD L35090 and LCA A56587 for clinical indications but will follow Wisconsin LCA A58774 recommendation that only ICD-10 diagnosis L71.0, L71.1, and L71.8 are considered medically necessary when billing for code 15781. PA will continue to be required for 15781 and the policy was updated to reflect PA is required. For excision or planning of rhinophyma, Presbyterian will continue to follow the criteria developed and established by Presbyterian. Code 30120 will not require PA and it will only be set to pay for L71.1. <p>Codes 15780, 15782 and 15783 are considered cosmetic per LCA A58774. Therefore, these codes are not covered.</p> <p>Reconstructive Nasal Surgery:</p> <ul style="list-style-type: none"> Codes 30465 and 30520 were added to policy and will not require PA. For Medicare and commercial product lines, these procedures cannot be performed in the office setting (Place of Service-11), according to Medicare Professional Fee Schedule (MPFS) guideline. Only the ICD-10 mentioned in LCA A56587 are considered medically necessary for all product lines. 	

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		<p>Dermal Injections for Facial Lipodystrophy Syndrome (LDS):</p> <ul style="list-style-type: none"> Since Wisconsin LCD L39051 and NCD 250.5 are similar, we removed LCD L39051 and will only follow NCD 250.5. PA will continue not to be required for G0429, Q2026 and Q2028. <p>Maxillofacial and Oral Reconstruction:</p> <ul style="list-style-type: none"> Continue to follow Palmetto LCD L33428 and LCA A56658. PA will continue not to be required for the following codes: 21137, 21138, 21139, 21150, 21151, 21154, 21155, 21159, 21160, 21295 and 21296. PA will continue to be required for the following codes: 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21196, 21208, 21209, 21270, 21280 and 21282. 	
2/1/2023	Tonsillectomy, MPM 20.0	The language for children's age has changed from "1 to 18" to "1 to 17." PA will continue to be required for children.	Yes
6/1/2023	Blepharoplasty Ptosis Surgery, MPM 2.7	Presbyterian will follow LCD L35004 and LCA A57618. LCD L34528 and LCA A56908 have been removed.	Yes

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6/1/2023	Breast Surgical Procedures, MPM 27.0	<p>Breast Reconstruction Following Mastectomy: Presbyterian will follow NCD 140.2 rather than the Women's Health and Cancer Rights Act (WHCRA) of 1998.</p> <p>Breast Reduction Mammoplasty for Symptomatic Breast Hypertrophy (Macromastia): All product lines will follow LCD L35090 and LCA A56587. Non-Medicare product lines will no longer follow MCG A-0274. Coverage determination guidelines were removed from this policy and reformatted to only include LCD/LCA weblinks.</p> <p>Biological Skin and Soft Tissue Substitutes of the Breast: Added a new item to this policy that includes criteria for approved products Alloderm, Cortiva (formerly known as AlloMax, NeoForm), DermACELL, DermaMatrix and FlexHD.</p>	Yes
6/1/2023	Durable Medical Equipment: Equipment for Individuals with Diabetes, MPM 4.4	External Continuous Subcutaneous Insulin Infusion (CSII) Pumps: PA will no longer be required for code K0554 for all product lines.	Yes
6/1/2023	Genetic Testing for Non-Invasive Prenatal Testing (NIPT), MPM 20.15	New code 0341U will require PA for all product lines.	Yes
6/1/2023	Genetic and Genomic Testing, MPM 7.1	The following codes were added to this policy, which will require PA for all product lines: 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0355U,	Yes

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		0356U, 0357U, 0358U, 0359U, 0360U, 0361U, 0362U, 0363U, 81418, 81441, 81449, 81451 and 81456.	
6/1/2023	Tissue-Engineered-Bioengineered-Skin, MPM 35.0	Previously configured codes for skin substitutes were updated and moved into production.	Yes
6/1/2023	Tonsillectomy, MPM 20.0	<p>Mid-Cycle Update to Clarify Language Under Obstruction Sleep-Disordered Breathing: Refined ambiguous language regarding recommendations for polysomnography (PSG) before performing tonsillectomies for children with conditions that increase the risk of perioperative respiratory complications.</p> <p>Additional clarifications were added. If the completed sleep study results demonstrate or confirm the results of a diagnosis of OSA and the tonsillar hypertrophy/enlargement on physical exam, then a tonsillectomy may be approved.</p>	Yes
6/1/2023	Investigative & New Technology Assessment List (Non-Covered Services), MPM 36.0	The Technical Assessment Committee and the Medical Policy Committee conducted an investigation and determined that the sole proprietary lab test for melanoma performed by DermTech [i.e., the Pigmented Lesion Assay (PLA) for melanoma test], code 0089U, will be denied at the claim level for all product lines.	No
7/1/2023	Bariatric-Surgery-Non-Medicare-MPM 2.81	PA will no longer be required for codes S2083 and 43659.	Yes

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7/1/2023	Bone-Anchored Hearing Aid (BAHA)	Retired Policy	No
7/1/2023	Circulating Tumor DNA Tests for Management of Cancer	<p>*New Policy</p> <p>Coverage will follow the MoIDX program: Minimal Residual Disease Testing for Cancer (LCD L38835) for molecular residual disease assay (MRD) using ctDNA for the management of cancer for all product lines. Test includes:</p> <ul style="list-style-type: none"> • Signatera by Natera. Code 0340U effective 10/1/22. Related article LCA A58468. Code requires PA • ClonoSEQ by Adaptive Biotechnologies. Code 81479. Related article LCA A59004 	Yes
7/1/2023	Corneal-Cross-Linking-Treatment-Keratoconus-Ectasia-MPM-28.0	Previously, the age requirement stated that those 65 years of age or younger could receive this treatment. Now, the requirement has changed to specify that only individuals aged 14 to 65 years old can receive treatment.	Yes
7/1/2023	DME-Orthotics-Prosthetics-MPM-4.6	Codes L2006, K1014 and K1022 will require PA for all product lines.	Yes

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7/1/2023	DME-Rehab-Mobility-Devices-MPM-4.2	<p>The following items have changed:</p> <p>Augmentative Speech Device: PA will no longer be required for codes E2500, E2502, E2504, E2506, E2508 and E2511 because there is no utilization.</p> <p>Walker: Removed criteria language from LCD L33791 and LCA A52503. Only the LCD/LCA web links are provided.</p> <p>Four-Wheeled Walker with Seat and Brakes: Continues to follow LCD L33791/A52503 for all product lines. CMS mentions “other conditions” in the body of the criteria and Presbyterian has rewritten the criterion to make approval less restrictive by providing examples of conditions rather than having to meet two of the listed criteria.</p> <p>Power Mobility Devices: Codes E0983, E0984 and K0899 will require PA for all product lines.</p> <p>Wheelchair Seat Cushion: Codes E2601, E2622, E2623, E2624, E2625, E0953, E0955, E0956, E0957, E0960, E0966, A9900, E0992, E2231, E2291, E2292, E2293, E2294, E2619 and K0669 will require PA for all product lines. All seat cushions require PA.</p> <p>Wheelchair Options/Accessories: All wheelchair options and accessories will require PA for all product lines. Most wheelchair</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<p>options and accessories already require PA. The following codes will require PA in addition to those that already require PA: E0973, E2209, E0951, E0952, E0954, E0990, E0995, E1020, K0195, E1011, E2201, E2202, E2203, E2204, E0961, E0967, E0988, E2205, E2206, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2373, E2374, E2375, E2376, E2377, E1016, E1018, E2351, E2368, E2369, E2370, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0098, E0705, E0958, E0959, E0971, E0974, E0978, E0981, E0982, E0985, E1014, E1015, E1017, E1028, E1029, E1030, E1225, E1226, E2207, E2208, E2210, E2295 and E2398.</p> <p>Standing Frame Devices, Formerly Prone Standers: Codes E0641 and E0642 will only be paid for Medicaid because they are Medicaid-only benefits.</p> <p>Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES): Coverage determination guideline language has been removed from the policy and reformatted to only include NCD 160.12 for both treatments of muscle atrophy and spinal cord injury.</p>	

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7/1/2023	Gender-Affirming Treatment and Surgery (Adult) MPM 7.3	Removed language regarding the requirement for diagnosis of gender dysphoria for any treatment. Self-identification of being transgender or gender diverse is the only qualifying criteria. Electrolysis for hair removal has changed to include all parts of the body. Chondrolaryngoplasty will no longer require a case-by-case review.	Yes
7/1/2023	Genetic Genomic Testing-MPM 7.1	Removed the previous linkage of ICD-10 configuration to CPT codes.	Yes
7/1/2023	Investigative-List-Non-Covered-Services-MPM-36.0	<p>Presbyterian considers the following to be experimental and investigational for all product lines:</p> <ol style="list-style-type: none"> 1. The Cala Trio nerve stimulating device (code K1018) for the treatment of essential tremors because its effectiveness has not been established. 2. The Koya Dayspring System (code K1024) for: (i) the promotion of wound healing; and (ii) treatment of lymphedema and venous insufficiency because its effectiveness has not been established. <p>The 3D printing technology used to create 3D objects from plastic, metal, nylon, or other source material by building the object layer upon successive layer until complete (codes 0559T, 0560T, 0561T, 0562T) are unproven and not medically necessary for all indications including but not limited to: preoperative surgical</p>	No

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		models for planning/rehearsal, tailored bone implants, prosthetic devices, operative templates/guides and bioprinting.	
7/1/2023	Peripheral Nerve Stimulation for Occipital Neuralgia	<p>*New Policy</p> <p>Coverage is for the use of Peripheral Nerve Stimulation of the occipital nerve for the treatment of occipital neuralgia. Peripheral Nerve Stimulation will be for Medicare only. Peripheral Nerve Stimulation is mentioned in NCD 160.7 under section A which directs to NCD 160.7.1 before the implant of Peripheral Nerve Stimulation. Codes 64590, 64555 and 64575 will require PA for all product lines.</p>	Yes
7/1/2023	Positron Emission Tomography (PET)	<p>Retired Policy</p> <p>The policy will continue to be managed by NIA for all product lines. NIA can be found online at www.radmd.com.</p>	Yes
7/1/2023	Restorative-Reconstructive-Cosmetic-MPM-18.5	PA requirement for Lefort I codes 21141, 21142, 21143, 21145, 21146 and 21147 have been removed. Removed the previous ICD-10 configuration to CPT codes 30460 and 30462 for all product lines.	Yes

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7/1/2023	Virtual Colonoscopy, Diagnostic	<p>Retired Policy</p> <p>The policy will continue to be managed by NIA for all product lines. NIA can be found online at www.radmd.com.</p>	Yes
8/1/2023	Allergen Immunotherapy, MPM 44.0	<p>Presbyterian will continue to follow LCD L36240 and LCA A56538.</p> <p>The previous configuration will be updated to link the ICD-10 codes to CPT codes using the revised LCA A56538 for all product lines.</p>	No
8/1/2023	Allergy Testing, MPM 45.0	<p>Presbyterian will continue to follow LCD L36241 and LCA A56558.</p> <p>The previous configuration will be updated to link the ICD-10 codes to CPT codes using the revised LCA A56558 for all product lines.</p>	No
8/1/2023	Application & Use of Tissue Engineered Bioengineered Skin, MPM 35.0	<p>Added seven new skin substitute Healthcare Common Procedure Coding System (HCPCS) codes effective April 1, 2023: Q4265, Q4266, Q4267, Q4268, Q4269, Q4270 and Q4271.</p> <p>Newly released codes will be configured according to fee schedules.</p>	Yes

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8/1/2023	Cancer Clinical Trials MPM, 3.7	Changed policy language to include routine costs being applied outside of New Mexico.	Yes
8/1/2023	Cervical and Lumbar Spinal Procedures	<p>Retired Policy</p> <p>The policy will continue to be managed by NIA for all product lines. NIA can be found online at www.radmd.com.</p>	Yes
8/1/2023	DME Orthotics Prosthetics, MPM 4.6	<p>Lower Limb Prosthesis: PA will no longer be required for all product lines for L7360, L7362, L7364 and L7366 due to low or no utilization.</p> <p>Myoelectric Prosthesis for the Upper Limb: PA will no longer be required for all product lines for L7400, L7401, L7402, L7403, L7404 and L7405 due to low or no utilization.</p> <p>The following were removed:</p> <ul style="list-style-type: none"> Breast Prosthesis (External): Managed in MPM 27.0 Foot Splints for Club Foot (Dennis-Browne Splint): Managed in MPM 4.2 Orthopedic Shoes and Modification: Managed in MPM 4.2 	Yes

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		<ul style="list-style-type: none"> Therapeutic Shoes and Inserts for Persons with Diabetes: Managed in MPM 4.4 Prosthetic Shoe: managed in MPM 4.2 	
8/1/2023	Epidural Corticosteroid Injections Back Pain, MPM 5.9	Codes 62282 and 62322 were added to policy and will require PA for all product lines.	Yes
8/1/2023	Extracorporeal Photopheresis MPM 5.7	The ICD-10 section was removed from policy.	No
8/1/2023	Gender Affirming Treatment Children Adolescent, MPM 7.31	Added additional ICD-10 code F64.2.	Yes
8/1/2023	Gender Dysphoria Gender Identity Disorder Treatment, MPM 7.3	Added coverage benefit for laser hair removal code 17999 and will require PA for all product lines.	Yes
8/1/2023	Genetic Testing: Next Generation Sequencing, MPM 29.0	Added new code 81451 to policy and will require PA for all product lines.	Yes
8/1/2023	Genetic Testing: Whole Exome Sequencing MPM 7.12	<p>Updated policy to add two additional sections for reanalysis and exclusion.</p> <p>Reanalysis of previously obtained uninformative whole exome or</p>	Yes

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		<p>whole genome sequence data when ANY of the following conditions are met after the main criteria has been met:</p> <ul style="list-style-type: none"> • Individual experiences additional symptoms after initial whole exome sequencing (WES) that cannot be explained by the results of the initial WES; or • New data or new family history emerges which suggest a link between the individual's symptoms and specific genes <p>Exclusion for when WES is considered not medically necessary for indications, including but not limited to the following:</p> <ul style="list-style-type: none"> • Evaluation of fetal demise • Molecular profiling of tumors for the diagnosis, prognosis or management of cancer • Preimplantation genetic testing (PGT) in embryos • Prenatal genetic diagnosis or screening <p>Screening and evaluating disorders in individuals when the above criteria are not met.</p>	
8/1/2023	Investigative List Non-Covered Services, MPM-36.0	<p>Lumbar Artificial Disc Replacement: Codes 22857, 22862, 22865, 22860, 0164T and 0165T were removed from the policy. These codes were moved to a new Lumbar Artificial Disc Replacement policy (see below).</p>	No

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Effective Date	Policy	Updated Information	Requires PA?
8/1/2023	Lumbar Artificial Disc Replacement	<p>*New Policy</p> <p>Added single-level (*FDA approved) lumbar artificial disc replacement (LADR), code 22857. Added a revision of the previous LADR code, code 22862. Both codes are covered for commercial only.</p> <p>Multi-level lumbar total disc arthroplasty replacement code 22860, removal code 0164T and revision code 0165T are considered investigative and unproven. Therefore, these codes are not covered for all product lines.</p> <p>PA is required for code 22865 for all product lines.</p>	Yes
8/1/2023	Percutaneous Arteriovenous Fistula (pAVF) for Hemodialysis	<p>*New Policy</p> <p>EndoAVF (percutaneous AVF) using Ellipsys and WavelinQ devices are considered medically necessary for all product lines, but only for those patients who are not a candidate for a distal surgical AV fistula.</p> <p>Both codes 36836 and 36837 will require PA for all product lines.</p>	Yes

2023 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
8/1/2023	Pharmacogenomics Testing for Behavioral Health - Medicare, MPM 30.0	New codes 81418 and 0193U will require PA for all product lines. Code 81306 will now require PA for all product lines.	Yes
8/1/2023	Restorative Reconstructive Cosmetic Surgery and Treatment, MPM 18.5	Fractional laser ablation will be covered for all product lines for the treatment of burn and traumatic scars for functional improvement. Codes 0479T and 0480T will require PA for all product lines.	Yes
11/1/2023	Acupuncture for Chronic Lower Back Pain, (Dry Needling)	*New Policy Coverage is for Medicare and Medicaid members only; not covered for commercial products. Some ASO plans may cover acupuncture; please review the benefit plan description and evidence of coverage to verify coverage. Codes 97810, 97811, 97813, 97814, 20560 and 20561 will not require PA. These codes will follow CMS NCD 30.3.3 for frequency, utilization and diagnoses.	No

2023 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
11/1/2023	Application and Use of Tissue-Engineered/Bioengineered Skin Substitutes, MPM 35.0	Added twelve new skin substitute HCPCS codes effective July 1, 2023. Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4280, Q4281, Q4282, Q4283 and Q4284 will require PA for all product lines.	Yes
11/1/2023	Chimeric Antigen Receptor (CAR) T Cell Therapy, MPM 32.0	This policy will be managed by Optum Car T-Cell Therapy Clinical Guidelines. Code Q2056, effective Feb. 28, 2022, will require PA for all product lines.	Yes
11/1/2023	COVID-19 Testing, MPM 4.4	Code 0373U was added to the policy. Per LCA A58575, it is not covered for all product lines.	No
11/1/2023	Durable Medical Equipment: Rehabilitation and Mobility Devices MPM 4.2	CGS, the DME Medicare Administrative Contractor (MAC) for New Mexico, published a news article titled, "Payment of Power Seat Elevation Equipment on Power Wheelchairs." It states that HCPCS codes K0830 or K0831 (Power Wheelchair, Group 2) should be used for power seat elevation (code E2300) equipment. Information about coverage of these items will be included in future updates to LCD L33792 (Wheelchair Options/Accessories) and related LCA A52504, LCD L33789 (Power Mobility Devices) and LCD-related Policy Articles A52498.	Yes

2023 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		Code E2300 will require PA for all product lines.	
11/1/2023	Facet Joint Interventions for Pain Management, MPM 16.6	Only the ICD-10-CM codes listed in Novitas LCA A56670 (related LCD L34892) will be covered for all product lines (CPT 64999 is an exception and is not covered).	No
11/1/2023	Genetic and Genomic Testing MPM 7.1	<p>Language added to policy: “All newly released genetic codes will require prior authorization until further research is completed.”</p> <p>Codes 0388U, 0391U, 0392U, 0395U, 0396U, 0398U, 0400U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U and 0419U were added and require PA for all product lines.</p> <p>Codes 0357U and 0386U were removed from the policy and will no longer require PA. Codes 0269U, 0271U, 0272U, 0274U, 0277U, 0278U and 0362U were revised/updated and still require PA.</p>	Yes
11/1/2023	Genetic Testing: Colorectal Cancer (CRC) Screening, MPM 7.4	Effective Jan. 1, 2023, the age for blood-based biomarker tests was changed to 45 years and older for Cologuard (code 81528) for Medicare members, per NCD 210.3.	No

2023 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
11/1/2023	Genetic Testing for Cutaneous Melanoma for Medicare, MPM 7.7	<p>Based on Novitas, code 81529 that follows LCD L29364 and LCA A59125 will be considered investigational for all product lines.</p> <p>The MyPath test was added to the policy. It will follow Novitas Genetic Testing for Oncology, LCD L39365 and LCA A59125. Code 0090U will be require PA for all product lines.</p>	Yes
11/1/2023	Genetic Testing for Prostate Cancer, MPM 7.8	<p>The following tests and codes were changed:</p> <ul style="list-style-type: none"> • 4kscore: Removed code 81539 from the policy and removed PA requirement. • Progenesa PCA3: Removed codes 81321, 81322, 81323 and 81479 from the PCA3 section. These codes will continue to require PA. • BRCA 1/2: Follows Novitas LCD L36715, with related article LCA A56542 for Medicare members. There is no change for commercial and Medicaid product lines. • Removed the following codes not specifically related to prostate testing: 0102U, 0103U, 0129U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0157U, 0158U, 0159U, 0160U, 0161U and 0162U. 	Yes

2023 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> • IsoPSA: Removed the test from policy. PA requirement for code 0359U will be removed. • Myprostatescore (MPS): This test is now covered for all product lines and follows Novitas LCD L39365 and LCA A59125. Code 0113U will require PA for all product lines. 	
11/1/2023	Investigative & New Technology Assessment List (Non-Covered Services)	The Intracept procedure was presented to TAC on April 4, 2023. It was concluded that the thermal destruction (i.e., ablation) of the intraosseous Basivertebral Nerve (BVN) to treat low back pain is investigational for all product lines. CPT codes 64628 and 64629 are considered investigational for all product lines. No PA is required, and claims will be denied.	No
11/1/2023	Mobile Cardiac Outpatient Telemetry™ (MCOT™) and Real-time Continuous Attended Cardiac Monitoring Systems, MPM 13.2	Updated to follow LCD L39490 and LCA A59268.	Yes
11/1/2023	Multi-biomarker (Vectra™ DA) test for Rheumatoid Arthritis, MPM 42.0	<p>The policy was updated with new criteria to follow Novitas LCA A56541 and LCD L35062. Continues to be covered for Medicare members only and investigational for commercial and Medicaid products.</p> <p>There is a PA requirement for code 81490 for Medicare.</p>	Yes

2023 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
11/1/2023	Thoracic Spinal Surgeries	<p>*New Policy</p> <p>Thoracic spinal surgeries will be covered for all product lines. Codes 63003, 63016, 63049, 63055, 63077, 63078, 63085, 63089, 22532, 22556 and 22610 are directly related to thoracic surgeries and will not require PA.</p> <p>Codes 63057, 22534, 22585, 22614 and 63048 cross over to other spinal regions and will continue to require PA. If the surgery only involves the cervical or lumbar spine, NIA will complete the review. If there is any cross over into the thoracic spine, Presbyterian will review the entire surgery.</p>	Yes