Medical Policy Manual and Prior Authorization Guide

2024 Summary of Updates

PRESBYTERIAN

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The 2024 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, click here to view updates from 2022 and click here to view updates from 2023.

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.

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

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Effective Date	Policy	Updated Information	Requires PA?
5/1/2024	Application and Use of Tissue-Engineered/Bioengineered Skin Substitutes, MPM 35.0	New Healthcare Common Procedure Coding System (HCPCS) codes added to policy and now require PA: A2022. A2024, Q4279, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303 and Q4304.	Yes
5/1/2024	Autism Spectrum Disorders: Diagnosis and Treatment, MPM 1.4	For Medicaid only, codes 0373T and 97153 were added and will require PA. The guideline language was removed from the policy and the weblinks to navigate to the 8.321.2.12 NMAC, Applied Behavior Analysis (ABA), coverage is provided.	Yes
5/1/2024	Blepharoplasty Ptosis Surgery, MPM 2.7	Code 67912 was added to the policy and will require PA.	Yes
5/1/2024	Breast Surgical Procedures, MPM 27.0	CPT code 19318 continues to not require a PA for all product lines. Configuration was updated in the claims system for this code to map to ICD-10 codes found in Novitas Local Coverage Article LCA A56587 - Group 4 and WPS LCA A58774 - Group 2 & Group 3. **Breast Reconstruction Following Mastectomy**: Changed to Breast Reconstruction Surgery. Breast Reconstruction Surgery will follow NCD 140.2 and Women's Health and Cancer Rights Act of 1998 for all product lines.	Yes

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		• Clarifying language from Women's Health and Cancer Rights Act of 1998 (WHCRA) was added to include:
		  ○ "Breast reconstruction surgery includes prostheses and treatment of physical complications in all stages of mastectomy including lymphedema; surgery and reconstruction of the other breast to produce a symmetrical appearance; and included examples on the type of disease such as fibrocystic breast."
		  ○ "Autologous fat transplantation (grafting) is not only for cancer related breast reconstruction but can be used as a replacement for implants for breast repair, or to fill defects after medically necessary breast surgery."
		• Removed PA requirement for tissue expander codes 11970 and 11971, since the primary surgical codes do not require PA
		• Removed PA requirement for S2066, S2067 and S2068
		Biological Skin and Soft Tissue Substitutes of the Breast: The following products will continue to be considered medically necessary when used in association with medically necessary breast reconstruction: Alloderm; Cortiva (formerly known as AlloMax, NeoForm); DermACELL; DermaMatrix: and FlexHD.
		• Change: Added the following skin substitute products names to the policy that are considered unproven, investigational	

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		and/or experimental (not an all-inclusive list) when used in association with a covered and medically necessary breast reconstruction procedure: ARTIA; Avance Nerve Graft; BellaDerm Acellular Hydrated Dermis; Biodesign Nipple Reconstruction Cylinder; GalaFLEX® Scaffold; GalaFLEX 3DR Scaffold (formerly known as GalaFORM 3D); GalaFLEX 3D Scaffold (formerly known as GalaSHAPE 3D), hMatrix; Juvederm; OviTex, PermacolTM, Phasix Mesh; Renuva Allograft	
5/1/2024	Capsule Endoscopy, MPM 24.0	Coverage has been expanded to commercial and Medicaid product lines for Colon Capsule Endoscopy (code 91113), which will follow LCD L38807. Clarifying language added on the use of Wireless Capsule Endoscopy and Colon Capsule Endoscopy for colorectal cancer screening is considered experimental for all product lines. Added LCA A58414 to coding resource table.	Yes
5/1/2024	Cancer Clinical Trials Routine Patient Care Costs- Coverage for Medicaid, MPM 3.7	Removed criteria found in section (P)(3)(a-c)-Experimental or Investigational Interventions of the 8.310.2.12 NMAC from the policy. The policy title changed to remove commercial product lines. The policy is specific to Medicaid only. See MPM 3.6 for commercial.	Yes
5/1/2024	Clinical Trials Coverage for Routine Patient Care Costs for Medicare, MPM 3.8	Presbyterian will continue to follow NCD 310.0. Added criteria for Investigational Device Exemption (IDE) and Coverage with Evidence Development (CED) to policy. PA requirement has been lifted for	Yes/No

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		Medicare product lines for participation in a Medicare-qualified clinical trial. However, PA is required for non-qualified clinical trials.	
5/1/2024	Clinical Trials, Routine Patient Care Costs for Commercial, MPM 3.6	***New Policy** Clinical Trial coverage for commercial product lines was separated from Medicaid (MPM 3.7) since it was specific to cancer clinical trial only. Commercial members will now follow §300gg–8 coverage for individuals participating in approved clinical trials of the Patient Protection and Affordable Care Act (PPACA) for approved cancer or other life-threatening illness clinical trials. PA requirement will continue to be required for both In-network and out-of-network.	Yes/No
5/1/2024	Durable Medical Equipment, Miscellaneous, MPM 4.5	Sphygmomanometer Systems: This item was removed from the policy due to low utilization. Coverage was for Medicaid only. There will continue to be no PA requirement for A4660, A4663 and A4670. Removed wheelchair tray (code E0950); this code is managed under MPM 4.2 Removed bath aid related codes from policy. These codes are managed under MPM 48.0: E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248 and E0950. Added coverage language of seat elevation (power-operated) in section for Attachment A.	Yes

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		Added the following newly updated language: “Effective with respect to items classified as DME after Jan. 1, 2012, has an expected life of at least 3 years“ in the section for DME equipment definition.	
	Durable Medical Equipment: Orthotics and Prosthetics, MPM 4.6	Policy updated to correspond with the required standardized language from House Bill (HB) 131 regarding medical necessity and nondiscriminatory standards for coverage of prosthetics or orthotics of the upper limb.	Yes/No
	Durable Medical Equipment: Positive Airway Pressure (PAP) and Oral Appliances for Treatment of Obstructive Sleep Apnea, MPM 49.1	PA removed for patients aged 1 to 17. Presbyterian reconsidered the conflict on the scoring rules for Apnea-Hypopnea Index (AHI) between the recommendations of the American Academy of Sleep Medicine (AASM) and Medicare. The AHI criteria were updated for Medicaid and commercial to follow AASM AHI criteria. Medicare product lines will continue to follow Medicare-recommended AHI.	Yes/No
	Durable Medical Equipment: Rehabilitation and Mobility Devices, MPM 4.2	Removed PA requirement for A9900.	Yes/No
5/1/2024	Durable Medical Equipment, Respiratory Devices, MPM 4.3	**Home Oxygen and Oxygen Equipment**: All product lines continue to follow LCD L33797 and A52514.	Yes/No

Effective Date	Policy	Updated Information	Requires PA?
		• Added: Medicaid was included to follow LCD L33797. Medicaid also follows 8.324.5 13.D.(2g) NMAC. • Added: Presbyterian follows NCD 240.2.1 for Home Use of Oxygen in approved Clinical Trial. **Oxygen for Cluster Type Migraine Headaches:** Removed criteria to follow MCG A-0343 for treatment cluster headaches therapy. As indicated in the retired NCD Manual 240.2.2 Home Oxygen Use to Treat Cluster Head, effective Sept. 27, 2021, CMS has ended CED. The coverage determinations will be allowed as described in Chapter 1, Section 240.2 (Home Use of Oxygen), Subsection D, of Publication 100-03 of the NCD Manual. All product lines will now follow NCD-240.2, Subsection D. **Respiratory Assist Devices:** Continue to follow LCD L33800, Respiratory Assist Devices, and related article LCA A52517 for all product lines. Added language pertaining to listing of conditions found in LCD, "RAD (E0470, E0471) is covered for one of the following clinical disorders: restrictive thoracic disorders (i.e., neuromuscular diseases or severe thoracic cage abnormalities), severe chronic obstructive pulmonary disease [COPD], CSA or CompSA, or hypoventilation syndrome" as described within LCDs L33800. Added exclusion language found in LCD for E0471 when billed for primary condition of OSA and referenced LCD L33718. Language added regarding PA regarding separating the devices from accessories; RAD devices E0470 and E0471 require PA. Added the related accessory codes that do not require PA.	

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		Added code E0483 to policy, which will follow LCD L33785, High Frequency Chest Wall Oscillation Devices, and the related LCA A52494. This code will continue to require PA. **Home Ventilator with Noninvasive or Invasive Interfaces:** Continue to follow the ventilator section of the LCD L33800, Respiratory Assist Devices, and related LCA A52517 for codes E0465, E0466 and E0467 for all product lines. Removed the incorrect title "Positive Airway Pressure (PAP) Devices for the Treatment of OSA" which was linked erroneously to the related policy article A52517 of LCD L33800. **Concurrent Use of Oxygen with PAP Therapy:** Continue to follow LCD L33797 and LCD L33718 for all product lines. Updated language found in LCD regarding the "simultaneous use of home oxygen and oxygen equipment with a PAP device all requirements found in both LCDs would need to be met."	
5/1/2024	Gastric Electric Stimulation for Treatment of Chronic Gastroparesis, MPM 7.2	Additional coverage criteria was added for permanent gastric pacing for treatment of chronic, intractable or drug-refractory nausea, and vomiting secondary to gastroparesis, which could be caused by diabetes or other unknown (idiopathic) reasons. Only for those members is gastric pacing (e.g., Enterra Therapy) considered medically necessary when provided in accordance with the Humanitarian Device Exemption (HDE) specifications of the U.S. Food and Drug Administration (FDA). Gastric electrical stimulation (GES) or gastric pacing for any other indication is considered	Yes

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		experimental, investigational or unproven. Temporary GES is considered experimental, investigational or unproven.	
5/1/2024	Genetic and Genomic Testing, MPM 7.1	Test TissueCypher (code 0108U) was added to policy. This test is considered experimental and investigational for all plans. Test DecisionDX-SCC (code 0315U) is considered investigational for all product lines. This code will be removed from PA grid and will not require PA as it will not be covered. Removed code 0327U from this policy and moved the code to MPM 20.15. Removed code 0411U from this policy and **moved** the code to MPM 30.0. New CPT codes added to policy, which will require PA for all plans: 0420U, 0422U, 0423U, 0425U, 0426U, 0428U, 0434U, 0437U, 0438U, 81457, 81458, 81459, 81462, 81463, 81464 and 81517.	Yes
5/1/2024	Genetic Testing for Breast Cancer Recurrence and Predictive, MPM 33.0	**EndoPredict:** Medicaid and commercial product lines will now follow NCCN. Medicare will continue to follow EndoPredict Breast Cancer Gene Expression Test LCD L37663, related article A57567. **Prosigna:** Medicaid and commercial product lines will now follow NCCN. Medicare will continue to follow Prosigna, L36811 and A57560.	No

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		Breast Cancer Index (BCI): Medicare will now follow LCD L37913 and LCA A56335. Medicaid and commercial product lines will continue to follow NCCN.	
5/1/2024	Hypoglossal Nerve Stimulator, MPM 46.0	Presbyterian will no longer follow LCD L38385. Presbyterian developed a criterion which is less restrictive than LCD L38385 for adults, and developed a separate criteria for adolescents with Down Syndrome and Obstructive Sleep Apnea (OSA) for all product lines. • **For adults:** Changed age from 22 years old to greater than or equal to 18 years old. Body Mass Index (BMI) changed from 35 to less than or equal to 40 kg/m2. AHI changed from 15 to 65 events per hour to 15 less than or equal to AHI and less than or equal to 100 with less than 25% central apneas. Language added to criteria #6 to include documentation that the patient was intolerant of PAP for a minimum of 12 weeks, despite multiple models of facial masks and nasal pillows, and consultation with a sleep specialist. Added more to absence of conditions, such as severe or restricted obstructive pulmonary disease; neuromuscular disease affecting the respiratory tract; severe valvular heart disease; pregnancy or planned pregnancy; and any other anatomical findings that would compromise performance of the device (e.g., tonsil size 3 or 4 per tonsillar hypertrophy grading scale). Continue PA requirement for all product lines. • **For children:** Added criteria for adolescents aged 13 to 17 that is specific to Downs Syndrome and OSA with BMI less	Yes

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		than or equal to the 95th percentile for age; and AHI less than or equal to 10 and less than or equal to 50 with less than 25% central apneas and history of adenotonsillectomy; and have either tracheotomy or ineffectively treated with CPAP due to any of the following: noncompliance, discomfort, undesirable side effects, persistent symptoms despite compliance use, or refusal to use the device; and non-concentric retropalatal obstruction on drug-induced sleep endoscopy. Removed the ICD-10 table as it was not following CMS guidelines.	
5/1/2024	Pharmacogenomics Testing, Behavioral Health for Medicare, MPM 30.0	**Test IDgenetix (code 0411U):** CMS allows for the use of this test for Medicare patients in specific clinical situations. The test is covered for Medicare product lines with PA required. It is still considered experimental and investigational for Medicaid and commercial product lines.	Yes
5/1/2024	Prophylactic, Risk Reduction Surgery, MPM 16.10	Additional codes added to policy (codes 58240, 58545, 58546 and 58700), which will not require PA.	Yes/No
5/1/2024	Restorative, Reconstructive, Cosmetic Surgery and Treatment, MPM 18.5	**Chest Deformity Associated with Poland Syndrome and Pectus Excavatum:** Added language that all product lines will follow criteria. Added pectus excavatum ICD-10 codes (Q67.6 and M95.4). Added the following language: “Prior authorization is not required for 11970 and 11971 when tissue expander is for Poland Syndrome.” Added language that PA is not required for pectus excavatum. Added CPT	Yes

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		codes 11960, 11970, 11971, 15734, 15756, 15777, 19325, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369 and 19380 to policy related to Poland sSndrome surgery. **Excision-Excessive Skin:** Removed from this MPM because item is managed in MPM 16.5. **Maxillofacial and Oral Reconstruction:** Removed PA requirement for 21196 for all product lines.	
5/1/2024	Sleep Studies, Attended (In-Laboratory) Full-Channel Polysomnography, MPM 49.0	Additional criteria was added for when home sleep test is not feasible due to cognitive impairment and/or lack of caregiver to provide assistance.	Yes
5/1/2024	Specialized Specimen Procedures, MPM 60.0	***New Policy** The use of wide-area transepithelial sampling with computer assisted 3-dimensional analysis (WATS-3D) was evaluated by the Technology Assessment Committee on Oct. 17, 2023. For all product lines, the use of WATS-3D biopsy procedure for esophageal assessment may be considered medically necessary as an adjunct to the traditional forceps biopsy (Seattle Biopsy Protocol) for diagnosis and evaluation of Barrett's esophagus, low-grade dysplasia, or high-grade dysplasia screening or surveillance of chronic gastroesophageal reflux. Codes 88104, 88112, 88305, 88312 and 88361 will not require PA.	

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5/1/2024	Tonsillectomy, MPM 20.0	Criteria changed: Removed the qualifying frequency on the number of episodes of recurrent throat infection and the qualifying sign and symptoms. Replaced the criteria with “Parents or provider report several (more than two throat infections in 24 months) episodes of pharyngitis or tonsillitis in the past 24 months.”	Yes, for ages 1-17
5/1/2024	Vagus Nerve Stimulation for Epilepsy and Depression, MPM 22.4	**Refractory Epilepsy:** Medicare and Medicaid product lines will now follow NCD 160.18 for medically refractory partial seizure when surgery is not recommended or when surgery has failed. Commercial product lines will continue to follow MCG A-0424. Added HCPCS code C1827. By directive of CMS, code C1827 should be billed with 64568 under CED. Removed ICD-10 listings and replaced to see weblink for NCD spreadsheets for ICD-10-CM listings.	No