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

2024 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
11/1/2024	Acupuncture for Chronic Lower Back Pain, (Dry Needling)	**For Medicare:** Continue to follow CMS Acupuncture for Chronic Lower Back Pain (cLBP), NCD 30.3.3. **For Medicaid**: Continue coverage for Acupuncture for Self-Directed Community Benefit (SDCB) [NMAC (8.308.12.18(N)(1)] for CPT code 97810. For criteria, Presbyterian follows NCD 30.3.3. **For Medicaid:** Presbyterian will follow NCD 30.3.3 for criteria for dry needling (codes 20560 and 20561). **For Commercial**: The policy will continue with language stating that coverage for acupuncture is dependent on the benefit plan and that no criteria will be stated since the benefit description is unknown for each benefit plan. However, Presbyterian has added language stating that dry needling for Commercial product lines is considered experimental. **Configuration**: For Medicare and Medicaid, CPT codes 97810 (SDCB), 97811, 97813, 97814, 20560 and 20561 will be configured to pay for ICD-10 codes listed in Transmittal 11584, CR12822, dated Aug. 31, 2022, of NCD 30.3.3.	No

Effective Date	Policy	Updated Information	Requires PA?
11/1/2024	Application and Use of Tissue-Engineered-Bioengineered Skin Substitutes	Continue to follow Novitas LCD (L35041) for the application of bioengineered skin substitute material to diabetic foot ulcers and venous leg ulcers of the lower extremities when standard or conservative measures have failed. Criteria was added to supplement and/or expand coverage for burn wounds, diabetic foot ulcers, and venous leg ulcers. The policy update provides guidance for medically necessary skin substitute products and the products that are investigational and experimental for any indication. **Removed code Q0491 from the PA grid**. This is not a skin substitute. **Newly released codes for July 2024 will require PA for all product lines:** Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332 and Q4333. Codes Q4331 and Q4332 are listed under products that are considered investigational and experimental. **PA will be required for the medically necessary codes**: Q4151, A2012, C9363, C9399, Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4121, Q4122, Q4124, Q4128, Q4132, Q4133, Q4151, Q4168, Q4182, Q4186 and Q4203. Codes C9399 and Q4168 are added on this review. **PA is required for all product lines for remaining experimental codes that were listed previously:** A2011, A2013, A2015, A2016, A2017, A2018, A2020, Q4103, Q4111,	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Q4115, Q4117, Q4123, Q4127, Q4134, Q4135, Q4136, Q4137, Q4138, Q4140, Q4141, Q4143, Q4146, Q4147, Q4148, Q4150, Q4152, Q4153, Q4154, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4163, Q4164, Q4165, Q4166, Q4167, Q4169, Q4170, Q4173, Q4175, Q4176, Q4178, Q4179, Q4180, Q4181, Q4183, Q4184, Q4187, Q4188, Q4190, Q4191, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4204, Q4205, Q4208, Q4209, Q4211, Q4214, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, Q4232, Q4234, Q4235, Q4237, Q4238, Q4239, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261 and Q4273. **PA is required for all product lines for remaining codes previously listed without coverage or investigational and experimental indications:** A4100 and Q4116. **PA is required for the added codes on this review for all product lines.** These codes are listed under the investigation and experimental section: A2004, A2014, A2019, A2021, A6010, C1718, C1762, C1763, C1768, C1781, C1832, C9352, C9353, C9354, C9355, C9356, C9358, C9360, C9361, C9364, J3590, Q4112, Q4113, Q4114, Q4118, Q4125, Q4130, Q4139, Q4142, Q4149, Q4155, Q4162, Q4171, Q4174, Q4177, Q4185, Q4189, Q4192, Q4202, Q4206, Q4212, Q4213, Q4215, Q4230, Q4231, Q4233, Q4236, Q4240, Q4241, Q4242, Q4244, Q4245, Q4262, Q4263 and Q4264.	

Effective Date	Policy	Updated Information	Requires PA?
		The following products and HCPCS codes are considered medically necessary for the condition(s) listed: **For Venous Stasis Ulcers**: AmnioBand (Q4151/Q4168), Apligraf (Q4101), EpiFix Amniotic Membrane (Q4186), Grafix Core and GrafixPL Core (Q4132), Grafix PRIME and GrafixPL PRIME (Q4133), Oasis Wound Matrix (Q4102), Oasis Ultra Tri-Layer Matrix (Q4124), PriMatrix (Q4110) and TheraSkin (Q4121). **For Diabetic Foot Ulcers:** AlloPatch Pliable (Q4128), AmnioBand (Q4151/Q4168), Dermagraft (Q4106), Apligraf (Q4101), DermACELL AWM (Q4122), EpiFix Amniotic Membrane (Q4186), Geistlich Derma-Gide Advanced Wound Matrix (Q4203), Grafix Core and GrafixPL Core (Q4132), Grafix PRIME and GrafixPL PRIME (Q4133), GraftJacket NOW (formerly GraftJacket) Regenerative Tissue Matrix (Q4107), Integra Dermal Regeneration Template or Integra Omnigraft Dermal Regeneration Matrix (Q4105), Oasis Wound Matrix (Q4102), Oasis Ultra Tri-Layer Matrix (Q4124), PriMatrix (Q4110) and TheraSkin (Q4121). **For Burn Wounds:** Biobrane, Biobrane-L, or Epicel (Q4100/C9399), Integra Meshed Bilayer Wound Matrix (C9363), Integra Bilayer Matrix Wound Dressing (Q4104), Integra Dermal Regeneration Template or Integra Omnigraft Dermal Regeneration Matrix (Q4105), Integra Matrix Wound Dressing (Q4108), Suprathel (A2012) and Transcyte (Q4182).	

Effective Date	Policy	Updated Information	Requires PA?
11/1/2024	Autologous Chondrocyte Implantation	Policy retried. PA requirement removed for codes 27412 and J7330.	No
11/1/2024	Bariatric Surgery (Weight Loss Surgery), Non-Medicare	The policy will now allow vertical banded gastroplasty, open adjustable gastric banding and open sleeve gastrectomy (codes 43842 and 43843) for non-Medicare product lines. Additional criteria for body mass index (BMI) for patients of Asian descent were added.	Yes
11/1/2024	Durable Medical Equipment: Orthotics and Prosthetics, MPM 4.6	Added code L5999 to require PA.	Yes
11/1/2024	Durable Medical Equipment: Respiratory Devices	Repair for nonroutine service for durable medical equipment will not require PA. Removed PA for code K0739 for all product lines.	Yes
11/1/2024	Facet Interventions for Pain Management	Policy was updated to follow LCD L34892 and related LCA A56670 (which was previously retired but has now been reinstated) for all product lines.	No
11/1/2024	Genetic Testing for Cutaneous Melanoma for Medicare	**MyPath Melanoma (0090U) changes are as follows:** **Medicare:** Will continue to allow following criteria from Novitas genetic testing for oncology, LCD L39365 and related article LCA A59125.	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Medicaid and Commercial: Changed to non-covered. Per NCCN, UpToDate MCG gene expression profiling (GEP) is considered investigational or unproven and therefore is not covered. CPT code 0090U will be configured as investigational and experimental for Medicaid and Commercial product lines and continue PA requirements for all product lines. **DecisionDx DiffDx - Melanoma (0314U), new test added:** **Medicare:** Will allow following criteria from Novitas genetic testing for oncology, LCD L39365 and related article LCA (A59125). **Medicaid and Commercial:** Changed to non-covered. Per NCCN, UpToDate MCG GEP is considered investigational or unproven and therefore is not covered. CPT code 0314U will be configured as experimental for Medicaid and Commercial product lines and require PA for all product lines. **Pigmented Lesion Assay by DermTech (0089U), new test added:** Informational listing only. See Investigative & New Technology Assessment List (Non-Covered Services), MPM 36.0.	
11/1/2024	Genetic Testing for Prostate Cancer	For Progensa (PCA3), Presbyterian will follow Novitas LCD L35396 and LCA A52986 for all product lines.	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Myprostatescore has been moved from covered to non-covered.	
11/1/2024	Hypoglossal Nerve Stimulator	A correction was made to criteria for all ages on product lines. For adults, BMI was changed from "less than or equal 40" to "less than 40". For pediatrics, BMI changed from "less than or equal to the 95th percentile" to "less than the 95th percentile". Continue to require PA for codes 64582, 64583 and 64584 for all product lines on both adults and pediatrics.	Yes
11/1/2024	Meniscal Allograft Transplant	Policy retried. PA requirement removed for code 29868.	No
11/1/2024	Radiation Oncology: Proton Beam Therapy	Proton beam therapy for prostate cancer is considered investigational and experimental and should only be performed within the context of a clinical trial or registry per NCCN guidelines. This policy will continue to follow LCD L36658 for all other guidance. CPT codes 77520, 77522, 77523 and 77525 will continue to require PA.	Yes
11/1/2024	Thoracic Spinal Surgeries	Policy retired and all PA requirements removed.	No
11/1/2024	Unicompartmental Knee Replacement	Policy retired and all PA requirements removed.	No
10/1/2024	Epidural Corticosteroids Injections	Code 62320 was added to the policy and will not require PA.	Yes

Effective Date	Policy	Updated Information	Requires PA?
10/1/2024	Extracorporeal Photopheresis	Removed ICD-10 codes Z48.21, Z48.280 and Z48.29. For Medicare only, added ICD-10 J44.9 and J44.1. For all product lines, added ICD-10 Z94.1, Z94.2, Z94.3, Z94.81, D89.810, J42, J44.81, T86.30, T86.31, T86.31, T86.33, T86.39, T86.810, T86.811, T86.18, T86.819, Z94.1, Z94.2, Z94.3 and Z94.81.	No
10/1/2024	Genetic and Genomic Testing	PA and CPT code update only: Added codes 0440U, 0444U, 0448U, 0449U, 0291U, 0292U and 0293U to the policy and PA will be required. Removed codes 0392U, 0423U and 0345U and moved them to MPM 30.0. Removed code 0388U and moved it to MPM 39.1. Removed codes 81257, 0449U, 81171, 81172, 81243, 81244, 81329, 81336, 81337, 81220, 81221, 81222, 81223, and 81224 and moved them to MPM 7.13.	Yes
10/1/2024	Genetic Testing for Carrier Testing and Prenatal Diagnosis	***New Policy** Prenatal Genetic Screening for all product lines. No PA required for Fragile X (CPT codes 81243, 81244, 81171, 81172); Spinal muscular atrophy (CPT codes 81336, 81337, 81329); Cystic fibrosis (CPT codes 81220, 81221, 81222, 81223, 81224); Huntington's disease (CPT code 81274); Muscular dystrophies	Yes

Effective Date	Policy	Updated Information	Requires PA?
		(CPT codes 81312, 81234 and 81239); or Hemoglobinopathies (CPT Codes: 81257, 81259 and 81361). However, carrier screening CPT codes 0121U, 0122U, 0218U and 0449U require PA for all product lines.	
10/1/2024	Genetic Testing for Whole Exome Sequencing	Presbyterian considers whole exome sequencing medically necessary when the patient has been diagnosed before the age of 18 with the conditions outlined in the policy.	Yes
10/1/2024	Genetic Testing: InvisionFirst Liquid Biopsy for Lung Cancer	Added InvisionFirst Genetic Testing code 0388U.	Yes
10/1/2024	Genetic Testing: Next Generation Sequencing	Removed CPT codes and added 81479, 81455, 81457, 81458, 81459, 0391U and 0379U to policy, which will continue to require PA.	Yes
10/1/2024	Hysterectomy and Radiofrequency Ablation for Uterine Fibroid, formerly Hysterectomy	Acessa will now be covered, and Presbyterian will follow MCG A-0718. CPT code 58674 will require PA for all product lines.	Yes
10/1/2024	Investigative & New Technology Assessment List (Non-Covered Services)	**Acessa System**: Acessa will be a covered benefit for all product lines; the covered information was moved to Hysterectomy and Radiofrequency Ablation for Uterine Fibroid, MPM 8.9. PA will be required for 58674 for all product lines.	No/Yes

Effective Date	Policy	Updated Information	Requires PA?
		Sonata: Removed code 0404T. It was replaced with 58580 on 1/1/2024. Configured new code 58580 as experimental for all product lines. Added language to the policy to follow MCG A-1039 for all product lines. **Iovera Cryonerve Block**: Added new code 0441T and code 64640. Code 64640 will require PA. **Stem Cell Therapy for Orthopedic Application**: Removed code 38240 since it does not pertain to autologous but to allogeneic. **Whole Breast Ultrasound, Semi-Automatic:** Removed ABUS from this policy. See MPM 24.1. **Interspinous Process Decompression (IPD):** Added codes 22867 and 22868 since IPD can also be done as an open approach. Codes 22867 and 22868 will be configured as investigational for all product lines. **Intervertebral Differential Dynamics Therapy (IDD):** Removed to follow LCD L33823. For Medicare, Presbyterian follows NCD 160.16 for VAX-D. For Commercial and Medicaid, Presbyterian follows MCG A-0345. Added to policy the types of VAX-D. **Spine Traction Therapy/Device:** (New item) Spine Traction is unproven and not medically necessary for treating low back and	

Effective Date	Policy	Updated Information	Requires PA?
		neck disorders with or without radiculopathy due to insufficient evidence of efficacy for Commercial, Medicaid and Medicare. Cervical traction is covered by Medicare only for codes E0840, E0849, E0850, E0855 and E0860 that follow either LCD L33823 or NCD 280.1. Codes E0840 and E0850 to pay for Medicare. Configured codes E0849, E0855, E0856, E0860, E0870, E0880, E0890 and E0900 as experimental for Commercial and Medicaid. Configured E0856, E0870, E0880, E0890 and E0900 as investigational for Medicare. **Bioimpedance Spectroscopy (BIS) for the Assessment of Lymphedema**: Code 93702 has been moved to Lymphedema and Lipedema Surgical Treatment, MPM 62.0 as a covered service. **Bioelectrical Impedance Analysis (BIA) for Body Composition**: (New item) Code 0358T for BIA is considered experimental and will follow MCG A-0667. BIA is a noninvasive test that has been proposed as a method for whole body composition assessment (percentage of bone, fat, muscle and water) or body fat composition assessment (proportion of fat and fat-free mass). **External Upper Limb Stimulators, Tremor Stimulator:** Item moved to Peripheral Nerve Stimulation, MPM 53.0. Non-coverage will continue to apply to Commercial and Medicaid only. Medicare has released a new Local Coverage	

Effective Date	Policy	Updated Information	Requires PA?
		Determination (LCD), effective for services performed on or after 4/7/2024, that lists codes E0734 and A4542 as a covered item in LCD L39591 and LCA A59680. Please see Peripheral Nerve Stimulation, MPM 53.0 for details. **Koya Dayspring System:** Removed deleted code K1024. Added codes E0680, E0681, E0677, E0678, E0679 and E0682, which will be configured as investigational/experimental for all product lines. **Thermal Destruction (i.e., ablation) of the Intraosseous Basivertebral Nerve (BVN) (Intracept ® Procedure):** For all product lines, thermal destruction of intraosseous basivertebral nerve codes 64628 and 64629 are configured as investigational. **Computer-Assisted and Pre-operative Advanced Imaging:** (New item) Computer-assisted navigation, such as MAKO and Da Vinci, and pre-operative advanced imaging are considered unproven and not medically necessary due to insufficient evidence of efficacy for Medicare, Commercial and Medicaid. Evidence suggests no significant difference in function, outcomes or complications in the short term between robotic-assisted and conventional arthroplasty. Configured S2900, 20985, 0054T and 005T as investigational for all product lines.	
10/1/2024	Lymphedema and Lipedema Surgical Treatment	***New Policy**	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Coverage for lipectomy or liposuction when done to address lymphedema or lipedema is allowed for all product lines. Applicable CPT codes are 15832, 15833, 15836, 15837, 15839, 15878 and 15879. These CPT codes require PA. Exclusion: Surgeries for the prevention or treatment of lymphedema that are considered experimental/investigational are: Lymphaticolymphatic bypass, Lymphovenous bypass, Lymphaticovenular anastomosis, Lymphatic-capsular-venous anastomosis (LCVA), Vascularized lymph node transfer and Tissue/Flap transfer. Applicable CPT codes are 37799, 38589, 38999, 49906, 15756 and 38308. These codes require PA. Bioimpedance Spectroscopy (BIS) for the Assessment of Lymphedema (code 93702) will now be covered for all product lines. Presbyterian will follow NCCN, Breast Cancer guidelines (see Survivorship Guideline: Lymphedema). Removed previous non-covered configuration for code 93702 for all product lines. Code does not require PA.	
10/1/2024	Peripheral Nerve Stimulation	Previously, Presbyterian had considered the external upper limb tremor stimulator therapy codes E0734 and A4542, also known as transcutaneous afferent patterned stimulation (TAPS) therapy of the peripheral nerves, as experimental for all product lines. Upon this review, Presbyterian will now allow coverage based on the recently released LCD L39591 and LCA A59680, effective for services performed on or after 4/7/2024 for Medicare only. Codes E0734 and A4542 are configured to pay	Yes

Effective Date	Policy	Updated Information	Requires PA?
		for diagnoses listed in LCA A59680. External upper limb tremor stimulator therapy (codes E0734 and A4542) is still considered experimental for Commercial and Medicaid. Removed code K1018 since it was deleted as of 1/1/2024.	
10/1/2024	Pharmacogenomics Testing, Behavioral Health for Medicare	Coverage for the GeneSight® Psychotropic test from Assurex Health, Inc. and Myriad Genetics (code 0345U) is considered investigational for Medicare, Commercial and Medicaid. IDgenetic 0411U was reviewed and will continue to require review on a case-by-case basis for Medicare and will remain non-covered for non-Medicare. PA and CPT code update: Added PA requirement for 0423U for all product lines. Added codes 81401, 0392U, 0423U, 0345U and 0411U. Removed codes 0289U, 0290U, 0291U, 0292U, 0293U and 0294U, which were erroneously listed.	Yes
10/1/2024	Transcranial Magnetic Stimulation (TMS) for Treatment-Resistant Depression for Medicare and Medicaid	Presbyterian added coverage for Medicaid for Transcranial Magnetic Stimulation (TMS) of the brain. Medicaid will follow Medicare LCD L34998 and LCA A57072. Only severe Major Depressive Disorder (MDD), single or recurrent features, is	PA required for Medicare only

Effective Date	Policy	Updated Information	Requires PA?
		considered medically necessary. No PA will be required for 90867, 90868 and 90869 for Medicaid. Previous configuration as non-covered for Medicaid has been removed, and only MDD severe single/recurrent features (ICD-10 F32.2 and F33.2) will be covered. The Medical Policy Manuals for TMS for Commercial, Medicare and Medicaid will continue to be managed by NIA Magellan. To accommodate this change, the title of the policy changed to Transcranial Magnetic Stimulation (TMS) for Treatment-Resistant Depression for Medicare and Medicaid.	
10/1/2024	Water Vapor Thermal Therapy for LUTS/BPH (Rezūm® System)	The criteria have been removed entirely, with the exception of one per lifetime. PA requirement for code 53854 has also been removed for all product lines. Continue configuration to pay for ICD-10 N40.1 only.	No
8/23/2024	COVID-19 Testing	Removed configuration for 0373U, 0202U, 0223U, 0225U, 0373U and 0202U for all product lines. The medical policy will be retired.	No
8/23/2024	Genetic and Genomic Testing (Disease Specific)	Removed PA requirement for the following CPT codes: 81332, 81376, 81382, 81425, 81426, 81500, 81503, 81535, 81536, 81538, 0006M, 0007M, 0012M, 0013M, 0024U, 0025U, 0002M, 0003M, 0035U, 0038U, 0039U, 0041U, 0042U, 0043U, 0044U, 0069U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0163U,	Yes

Effective Date	Policy	Updated Information	Requires PA?
		0164U, 0166U, 0258U, 0278U, 0285U, 0288U, 0289U, 0296U, 0308U, 0309U, 0310U, 0315U, 0320U, 0323U, 0328U, 0331U, 0342U, 0355U, 0358U, 0360U, 0361U, 0362U, 0363U, 0365U, 0366U, 0367U, 0369U, 0370U, 0371U, 0372U, 0374U, 0375U, 0376U, 0378U. 81408, 81470, 81471, 0170U and 0420U. Other codes that were removed from the policy and do not require PA: 0008U, 0014M, 0016M, 0017M, 0050U, 0078U, 0079U, 0087U, 0088U, 0092U, 0105U, 0120U, 0152U, 0154U, 0156U, 0167U, 0174U, 0203U, 0205U, 0216U, 0217U, 0219U, 0220U and 0253U.	
8/23/2024	Genetic Testing: Colorectal Cancer (CRC) Screening	Removed PA for all product lines for codes G0327, 81327 and 81528 and removed configuration as non-covered for Commercial and Medicaid. The medical policy will be retired.	No
8/23/2024	Genetic Testing for Multi-Biomarker (Vectra™ DA) for Rheumatoid Arthritis	Removed PA requirement for all product lines for code 81490. The medical policy will be retired.	No
8/23/2024	Genetic Testing for Non-Invasive Prenatal Testing (NIPT)	Removed PA for all product lines for code 0060U.	Yes
8/23/2024	Pharmacogenomics Testing, Behavioral Health for Medicare	Removed PA requirement for all product lines for codes 81377, 81383, 81408, 0117U, 0173U and 0175U.	Yes

Effective Date	Policy	Updated Information	Requires PA?
5/1/2024	Application and Use of Tissue-Engineered/Bioengineered Skin Substitutes, MPM 35.0	New 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

Effective Date	Policy	Updated Information	Requires PA?
		• 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.	

Effective Date	Policy	Updated Information	Requires PA?
		• Change: Added the following skin substitute products names to the policy that are considered unproven, investigational 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

Effective Date	Policy	Updated Information	Requires PA?
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 Medicare product lines for participation in a Medicare-qualified clinical trial. However, PA is required for non-qualified clinical trials.	Yes/No
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	Yes

Effective Date	Policy	Updated Information	Requires PA?
		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. Added the following newly updated language: “Effective with respect to items classified as durable medical equipment after Jan. 1, 2012, has an expected life of at least 3 years” in the section for DME equipment definition.	
5/1/2024	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
5/1/2024	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

Effective Date	Policy	Updated Information	Requires PA?
	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. • 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	Yes/No

Effective Date	Policy	Updated Information	Requires PA?
		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. 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."	

Effective Date	Policy	Updated Information	Requires PA?
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 experimental, investigational or unproven. Temporary GES is considered experimental, investigational or unproven.	Yes
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,	Yes

Effective Date	Policy	Updated Information	Requires PA?
		0437U, 0438U, 81457, 81458, 81459, 81462, 81463, 81464 and 81517.	
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. **Breast Cancer Index (BCI)**: Medicare will now follow LCD L37913 and LCA A56335. Medicaid and commercial product lines will continue to follow NCCN.	No
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. 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	Yes

Effective Date	Policy	Updated Information	Requires PA?
		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 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.	

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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 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.	Yes

Effective Date	Policy	Updated Information	Requires PA?
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.	
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

Effective Date	Policy	Updated Information	Requires PA?
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