



Authorization Updates (changes will go into effect 60 days from provider notification)

Sentara Health Plans would like to notify you of the following authorization updates:

In keeping with CMS final rule 4201F, Sentara Health Plans will be archiving applicable Medicare policies in favor of utilizing the NCD/LCD when appropriate.

Sentara Health Plans has a new medical policy weblink available to access all current behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical polices. You can access this at sentarahealthplans.com/providers/clinical-reference/medical-policies.

POLICY	DETERMINATION/COVERAGE
Friedreich Ataxia - FXN Gene, Medical 34C	Added coverage for Friedreich Ataxia - FXN Gene to Medical 34C – Cardioneurovascular and Developmental Diagnosis. Codes 81284, 81285, 81286, 81289, 0233U
YAG Laser surgery severing of vitreous strands, Ophthalmic Procedures, Surgical 60	Added to Ophthalmic Procedures - Surgical 60 as Not Medically Necessary due to lack of proven clinical utility. Code 67031
Skin and Tissue Substitutes, Surgical 73	For Medicare, Utilize NCD/LCD: National Coverage Determination (NCD) Porcine SKIN and Gradient Pressure Dressings - 270.5. For Commercial and Medicaid many housekeeping and format updates. Codes 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 17999, A2001, A2011, A2013, A6021, C9250, G0428, Q2042, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168,

POLICY	DETERMINATION/COVERAGE
	Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264
MyPath Melanoma – Medical 34 A	For Medicare use LCD MolDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma, L39345 for criteria. For Commercial and Medicaid, added to Medical 34A – Genetic Testing Cancer Prevention, Diagnosis and Treatment. Code 0090U
Ingestion Challenge Test or Double Blind Food Challenge (Medical 140)	Unarchived coverage policy for LOBs 244 and 245. Codes 95076, 95079.
Long-Term Care Hospital Services (LTACH), Medical 337	Will no longer use MCG for coverage. Long-Term Care Hospital Services (LTACH), Medical 337 policy created. No associated codes.
Gait Analysis and Surface Electromyography, Medical 345	Created new coverage policy for Commercial, Medicaid and Medicare. Codes 96002, 96004, 9600, 96001, 96003
Wound Treatments, Medical 343	Created new policy. Will cover NEXOBRID®. MuGard will be excluded. Codes J7353, A1956
Nasal Implants, Surgical 230	Expanded coverage. Codes 30468,30999,L8699,S1091
Ingestible Devices, Medical 344	Created new non-coverage policy for devices such as the Vibrant System. Codes A9268, A9269
OSA Oral Devices, DME 250	Created new Not Medically Necessary policy to include eXciteOSA. Codes E0490, E4091

POLICY	DETERMINATION/COVERAGE
Vertebral Body Tethering, Surgical 123 v2	Expanding coverage for Commercial and Medicaid to include Medical Director review on a case-by-case basis. Codes 0656T, 0657T, 22899
Urinary Incontinence Treatments, SHP Medical 130	Utilize NCD / LCD for members with Medicare. For Commercial and Medicaid, remove criteria indications for Artificial urinary sphincter and Percutaneous tibial nerve stimulation (PTNS) and use MCG. Added Leva Pelvic Health System to exceptions. Codes 53860, 90901, 90912, 90913, A4336, A4356, L8603, L8604, L8606, 53451, 53452, 52353, 53454, 97026
Computer Assisted Navigation for Surgical Procedures, Surgical 233	Created new coverage policy. Codes 61781, 61783, 0054T, 0055T, 20985
Cervical Laminectomy, Surgical 122	Expanded coverage. Codes 0274T, 63001, 63015, 63045, 63050, 63051, 63081, 63082, 63085, 63190, 63191, 63250, 63265, 63270, 63275, 63280, 63285, 63300, 63304
Lumbar disc arthroplasty, Surgical 124	Medicare will utilize LCD Lumbar Artificial Disc Replacement L37826. Commercial and Medicaid with updated criteria. Codes 0163T, 0165T, 0202T, 22857, 22862
Lumbar Laminectomy, Surgical 121 v2	Modified coverage criteria. Codes 63005, 63012, 63017, 63047, 63048, 63056, 63057, 63087, 63088, 63090, 63102, 63103, 63170, 63185, 63190, 63200, 63252, 63267, 63272, 63277, 63282, 63287, 63290, 93091, 0275T
Aortopathy Comprehensive Genetic Panel, Medical 34C	Modifying Codes 81410 and 81411 from non-covered to Prior Authorization required.
Vision Therapy, Medical 324	Adding code and coverage for 92066
Gender Affirming Surgery, Surgical 108	Commercial. Adding criteria for breast augmentation, nipple reconstruction and facial bone reconstruction. Effected Codes 19350, 19325, 21208, 21209
Compression Stockings and Garments, DME 04	Updating exceptions for Commercial and Medicaid. Codes K1024, K1025, K1031, K1032, K1033. Medicare will utilize L33831 /L34821
Diabetic Shoes, DME 20	Archive policy and utilize MCG for Commercial and Medicaid. Medicare will utilize NCD/LCD L33641/ L33686 . Codes A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5510, A5512, A5513, A5514, A5508

POLICY	DETERMINATION/COVERAGE
Electrical Bioimpedance, Medical 118	Archive Commercial and Medicaid policy and utilize MCG. Codes 93701, 0358T, 93702
Anti- Phospholipid Antibody Testing, Medical 287	Archive policy and pay upon request. Codes 86146, 86147, 86148
Gait Analysis and Surface Electromyography (SEMG), Medical 343	New policy for Commercial, Medicaid and Medicare. Codes 96002, 96004, 96000, 96001, 96003
Transvenous Phrenic Nerve Stimulation for Central Sleep Apnea, Surgical 134	Archive Commercial and Medicaid policy and utilize MCG. Codes 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 04354T, 0436T
Knee Arthroscopy, Surgical 135	Archive policy for Commercial and Medicaid and utilize MCG. Archive policy for Medicare and use NCD 150.9. Codes 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29889, G0289
CT Face and Sinuses, Imaging 05	Archive Commercial policy and utilize MCG criteria.
CT and MR Enterography, Imaging 12	Archive Commercial policy and utilize MCG criteria.
MRI/Multiparametric MRI of the Prostate, Imaging 14	Archive Commercial policy and utilize MCG criteria.
MR Neurography, Imaging 19	Archive Commercial policy and utilize MCG criteria.
MR Defecography, Imaging 20	Archive Commercial policy and utilize MCG criteria.
MR Venography, Imaging 21	Archive Commercial policy and utilize MCG criteria.
Myocardial Sympathetic Innervation Imaging, Imaging 25	Archive Commercial and Medicaid policies and add codes to Category III policy, Medical 336. Medicare will utilize LCD L35490. Codes 0331T, 0332T.
Computer-Aided Detection Non-breast indications, Imaging 27	Archive Commercial and Medicaid policies and add codes to Category III policy, Medical 336. Medicare will utilize LCD L35490. Codes 0174T, 0175T
Cone-beam CT Systems, Imaging 28	Archive Commercial, Medicaid and Medicare policies and utilize MCG criteria.

POLICY	DETERMINATION/COVERAGE
Magnetic Resonance Guided Focused Ultrasound (MRgFUS), Imaging 34	Archive Commercial and Medicaid policy and add codes to Category III policy, Medical 336. Medicare will utilize LCD L37761. Codes 0398T, 0071T, 0072T. Code C9734 also in policy.
Myocardial Imaging by Magnetocardiography, Imaging 50	Archive Commercial policy and add codes to Category III policy, Medical 336. Codes 0541T, 0542T
Cardiac Computed Tomography and Angiography (CCTA) and Fractional Flow Reserve Computed Tomography (FFRCT) , Imaging 51	Archive Commercial policy and utilize MCG criteria.
Fast Magnetic Resonance Imaging (MRI)/Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance Imaging (MPRAGE MRI), Imaging 52	Archive Commercial policy.
Contrast-Enhanced Spectral Mammography, Imaging 54	Archive Commercial policy and utilize MCG criteria.
Absolute Quantitation of Myocardial Blood Flow (AQMBF), Positron Emission Tomography (PET), Imaging 55	Archive Commercial policy and utilize MCG criteria.
Quantitative Computed Tomography, Imaging 58	Archive Commercial policy and utilize MCG criteria.
High Intensity Focused Ultrasound (HIFU), Imaging 10	Archive Commercial, Medicaid and Medicare policy and utilize MCG criteria.
Computed Tomography (CT) Lung Cancer Screening, Imaging 04	Archive Commercial policy and utilize MCG criteria.

POLICY	THE FOLLOWING MEDICARE POLICIES WILL ARCHIVE. SEE APPROPRIATE NCD OR LCD FOR COVERAGE DETERMIANTION.
Compressions Stockings and Garments, DME 04	L33831 /L34821
Electrical Stimulation, DME 07	NCD 160.7/ NCD 230.16/ NCD 160.19/ NCD 230.18

POLICY	THE FOLLOWING MEDICARE POLICIES WILL ARCHIVE. SEE APPROPRIATE NCD OR LCD FOR COVERAGE DETERMIANTION.
Electric and Electromagnetic and Ultrasonic Bone Growth Stimulation, DME 09	L33796/ NCD 150.2
Home Spirometry, DME 23	L35434
Single Use Negative Pressure Wound Therapy System, DME 241	L33821
Needleless Injection, DME26	L33822/ NCD 280.1/ NCD 40.2
Continuous Passive Motion, DME 27	NCD 240.2/ NCD 280.1
Ambulatory Devices, DME 40	L33733/ NCD 280.3
Second Ventilator, DME 51	NCD 280.1
Foot Orthotics DME 64 and Diabetic Shoes DME 20	L33641/ L33686
Iron Quantification with Magnetic Resonance Imaging, Imaging 16	L33910
Scintimammography and Breast Specific Gamma Imaging, Imaging 24	L33910
Myocardial Sympathetic Innervation Imaging, Imaging 25	NCD 220.12
Bone Scaffolding, Medical 02	L38765 / L38745
Keratoconus Lenses and Interventions/Piggyback Contact Lenses, Medical 03	L33793
Proton Beam Radiation Therapy (PBRT), Medical 101	L33937/ L35075/ L36658
Ambulance Transport Services, Medical 105	L34549

POLICY	THE FOLLOWING MEDICARE POLICIES WILL ARCHIVE. SEE APPROPRIATE NCD OR LCD FOR COVERAGE DETERMIANTION.
Infrared Light Therapy and Low-Level Laser Therapy, Medical 109	L33942/ L38033/ NCD 270.6
Quantitative Sensory Testing (QST), Medical 127	L35048/ NCD 160.23
Apheresis, Medical 128	NCD 111.14
Urinary Incontinence Treatments, Medical 130	L33443 /L230.10 /NCD 230.10
Agile Patency System, Medical 131	L34081
Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE), Medical 139	NCD 20.28
Early Inpatient Admission, Medical 145	L34552
Injectable Hormone Pellets, Medical 157	L39086
Tumor Treating Fields Therapy, Medical 166	L34823/ NCD 280.1
Miscellaneous Wound Management Therapies, Medical 177	NCD 270.2
Extracorporeal Photopheresis, Medical 237	NCD 110.4
Automated Nerve Conduction Testing, Medical 250	L35048
Intra-arterial (IA) Chemotherapy, Medical 254	L33461/ NCD 280.14
Heartsbreath Test, Medical 257	NCD 260.10
Actigraphy, Medical 259	L36593

POLICY	THE FOLLOWING MEDICARE POLICIES WILL ARCHIVE. SEE APPROPRIATE NCD OR LCD FOR COVERAGE DETERMIANTION.
Corneal Hysteresis Measurement, Medical 265	L38026
Dry Hydrotherapy, Medical 267	L38033/ NCD160.16
Cell Enumeration, Medical 310	L35025
Chemotherapy Administration, Medical 316	L39387 / NCD 110.6/ NCD 110.20
Ellipsys Vascular Access System, Medical 318	NCD 20.7
Vision Therapy for Convergence Insufficiency, Medical 324	NCD 80.9
Non-invasive assessment of the vasculature for Cardiovascular Risk, Medical 334	L34573/ NCD 300.1/ NCD20.27 / NCD 20.24
Quantitative Muscle Testing, Medical 335	L35048/ NCD 160.23
Genicular Artery Embolization (GAE), Medical 342	L35048
Photodynamic Therapy for Oncologic and Dermatologic Conditions, Medical 77	L34434/ NCD 100.2
Transplant Rejection Testing, Medical 99	L38568/ L35028/ L35025
Autologous Hematopoietic Stem Cell Transplantation (HSCT), Surgical 08	NCD 110.23
Skin Lesions/Keloids/Warts/Dermoscopy, Surgical 09	L33445 / NCD: 250.4
Breast Procedures, Surgical 10	L33428 / NCD:140.2
Transanal Endoscopic Microsurgery, Surgical 41	L38551

POLICY	THE FOLLOWING MEDICARE POLICIES WILL ARCHIVE. SEE APPROPRIATE NCD OR LCD FOR COVERAGE DETERMIANTION.
Left Atrial Appendage Occlusion or Ablation, Surgical 102	NCD 20.34
Headaches Treatments, Surgical 103	L33458 / NCD 240.2
Subcutaneous Implantable Cardioverter Defibrillator, Surgical 106	NCD 20.4
Gender Affirming Surgery, Surgical 108	NCD 140.9
Lumbar Fusion, Surgical 118	L37848
Lumbar disc arthroplasty, Surgical 124	LCD L37826
Medical Dental Surgery, Surgical 128	L3457 / NCD 260.6
Ovarian Vein Embolization, Surgical 202	NCD 20.28
Gastrointestinal Procedures, Surgical 205	L38747/ L34434 / NCD 100.2
Varicocele Embolization, Surgical 209	NCD 20.28
Allogeneic Hematopoietic Stem Cell Transplantation, Surgical 213	L39270 / N110.23
Open Treatment of Rib Fracture with Internal Fixation, Surgical 217	LCA/ Palmetto - A53931
Pancreas and Islet Cell Transplants, Surgical 27	NCD 260.3.1
Heart-Lung Transplantation, Surgical 28	NCD 260.9
Bariatric Services, Surgical 32	NCD 100.1

POLICY	THE FOLLOWING MEDICARE POLICIES WILL ARCHIVE. SEE APPROPRIATE NCD OR LCD FOR COVERAGE DETERMIANTION.
Artificial Disc Replacement and Treatment, Surgical 35	L38033
Tissue Transplantation of the Knee, Ankle and Talus, Surgical 39	NCD 150.12
Intraoperative Neurophysiological Monitoring and EMG Larynx, Surgical 40	NCD 160.10
Laser Therapy, Surgical 58	NCD 140.5/ NCD 250.4
Ophthalmic Procedures, Surgical 60	L34431/ L34413/ L37531 / L37644/ L38792/ NCD 80.12/ NCD 80.10
Hip Resurfacing Arthroplasty, Surgical 62	L33456
Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)), Surgical 69	L37632 / NCD: 160.2 / NCD 160.7
Deep Brain Stimulation, Surgical 74	NCD 160.24 / NCD 160.2/ NCD 160.7
Cryoablation, Surgical 82	LCD: L34434 / NCD 100.2
Benign Prostatic Hypertrophy BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP), Surgical 83	NCD 20.28