

## **Authorization Updates. Changes will go into effect 60 days from this Provider Notification.**

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Provider News:

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 policies. You can access this at [sentarahealthplans.com/providers/clinical-reference/medical-policies](https://sentarahealthplans.com/providers/clinical-reference/medical-policies)

POLICY	DETERMINATION/COVERAGE
<b>Cosmetic and Reconstructive Surgery, Surgical 03</b>	Medicare: Utilizes NCD/LCD: LCD Cosmetic and Reconstructive Surgery (L33428) Revision 21. LCD: L33428R021 (MCR), NCD Treatment of Actinic Keratosis (250.4) Version 1. NCD: N250.4v1 (MCR). Medicaid and Commercial: Add more specific criteria to dermabrasion. 12011, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 11950, 11952, 11954, 15769, 15771, 15772, 15773, 15774, 15819, 15824, 15825, 15826, 15828, 15829, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 69300
<b>Oxygen for Home Use, DME 29</b>	Medicare - Continue to use NCD/LCD Medicaid - Archive SHP Policy and use MCG - Oxygen Therapy, Continuous and Noncontinuous: Home (A-0343) Commercial - Archive SHP Policy and use MCG - Oxygen Therapy, Continuous and Noncontinuous: Home (A-0343). E0424, E0425, E0430, E0431, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0447, E1390, E1391, E1392

POLICY	DETERMINATION/COVERAGE
<b>Purchase of Oxygen Equipment, DME 54</b>	Archive DME 54, Purchase of Oxygen Equipment. E0445, E1356, E1356, E1356, E1356, E1390, E1392, E1392, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399, E1399
<b>Automated Nerve Conduction Testing, Medical 250</b>	Medicare - NCD/LCD: Archived and currently use NCD/LCD. 95905
<b>Equestrian therapy (e.g., hippotherapy), Medical 268</b>	<p>Medicare - Archive – Not a covered benefit – code not allowed per PAL list.</p> <p>Medicaid - I would recommend that this policy that hippotherapy is not medically necessary as it has not been shown to be superior to standard of care with other physical and occupational therapies.</p> <p>Given the disclaimer for EPSDT, this would leave us open to consider special cases or for other BH indication.</p> <p>Commercial - Archive – Excluded in benefits. S8940</p>
<b>Wound management therapies and treatments, Medical 177</b>	<p>Medicare currently uses NCD</p> <p>Medicaid Archive SHP policy and utilize MCG</p> <p>Commercial Archive SHP policy utilize MCG 97610, 0598T, 0599T, A6000, E0231, E0232, 0640T</p>
<b>Cryoablation, Surgical 82</b>	<p>Medicare - NCD/LCD: Remove Barrett Esophagus indication and use LCD 34434 and NCD 100.2</p> <p>Medicaid &amp; Commercial - Literature and regionals remain the same. There is some literature to support use in early-stage esophageal cancer. Recommend removing from exceptions and adding to criteria for early-stage esophageal cancer. Leave rest of policy unchanged</p> <p>20983, 31641, 32994, 43229, 47371, 47381, 47383, 50593, 55873, 0440T, 0441T, 0442T, 0581T, 30117, 30999, 31299, 67229</p>
<b>Gender Affirming Surgery, Surgical 108</b>	Commercial only - Review of “Standards of Care for the Health of Transgender and Gender

POLICY	DETERMINATION/COVERAGE
	<p>Diverse People, Version 8" these procedures should be covered.</p> <p>All regionals cover breast augmentation for male to female affirmation, and all but Cigna cover facial feminization or masculinization.</p> <p>17380, 19318, 19325, 19340, 19342, 19350, 21120, 21121, 21122, 21123, 21137, 21138, 21139, 21208, 21209, 21210, 30400, 30410, 30420, 30430, 30435, 30450, 31899, 53430, 54125, 54400, 54401, 54405, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, C1813, C2622, J9202, J9217, J9218, J9219, S0189, 11920, 11921, 11922, 11950, 11951, 11952, 11954, 15771, 15772, 15773, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17110, 17111, 17380, 17999, 19303, 19316, 19340, 19342, 19350, 19357, 19364, 19380, 21087, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450, 31599, 31750, 53420, 53425, 53430, 55866, 55899, 56620, 57296, 57426</p>
<b>Corneal Cross-Linking, Medical 264</b>	<p>Medicare – NCD/LCD: Archive SHP policy and use MCG Corneal Cross-Linking, A-1040, Medicare as there is NO LCD/NCD.</p> <p>Medicaid – Archive SHP policy and use MCG Corneal Cross-Linking, A-1040</p> <p>Commercial – Archive SHP policy and use MCG Corneal Cross-Linking, A-1040 0402T</p>
<b>Heartsbreath Test, Medical 257</b>	<p>Medicare – NCD/LCD: utilize Heartsbreath Test for Heart Transplant Rejection NCD 260.10 after</p>

POLICY	DETERMINATION/COVERAGE
	<p>4.1.2024 pending Provider Notice. (Already in notice)</p> <p>Medicaid &amp; Commercial – Archive SHP policy Medical 257 – Add Heartsbreath testing to SHP Policy Transplant Rejection Testing Medical 99 under exceptions.</p> <p>84999</p>
<p><b>Agile Patency System, Medical 131</b></p>	<p>Medicare – Archive Medicare Medical 131, Agile Patency System; Medical 81 Capsule Endoscopy; and Medical 212, SmartPill Wireless Motility Capsule. Utilize (LCD) Colon Capsule Endoscopy (CCE) L38571, (LCD) Wireless Capsule Endoscopy L33774, (LCD) Endoscopy by Capsule L34081 and (LCD) Wireless Gastrointestinal Motility Monitoring System L33455</p> <p>Medicaid &amp; Commercial – Archive Medical 131, Agile Patency System and Medical 212, SmartPill Wireless Motility Capsule, and combine criteria into Medical 81, Capsule Endoscopy. Rename combined policy Medical 81 Gastrointestinal Capsule Endoscopy.</p> <p>91113, 91299</p>
<p><b>Capsule Endoscopy, Medical 81</b></p>	<p>Medicare – Archive Medicare Medical 131, Agile Patency System; Medical 81 Capsule Endoscopy; and Medical 212, SmartPill Wireless Motility Capsule. Utilize (LCD) Colon Capsule Endoscopy (CCE) L38571, (LCD) Wireless Capsule Endoscopy L33774, (LCD) Endoscopy by Capsule L34081 and (LCD) Wireless Gastrointestinal Motility Monitoring System L33455</p> <p>Medicaid &amp; Commercial – Archive Medical 131, Agile Patency System and Medical 212, SmartPill Wireless Motility Capsule, and combine criteria into Medical 81, Capsule Endoscopy. Rename combined policy Medical 81 Gastrointestinal Capsule Endoscopy.</p> <p>91113, 91299</p>
<p><b>SmartPill Wireless Motility Capsule, Medical 212</b></p>	<p>Medicare – Archive Medicare Medical 131, Agile Patency System; Medical 81 Capsule Endoscopy; and Medical 212, SmartPill Wireless Motility Capsule. Utilize (LCD) Colon Capsule Endoscopy (CCE) L38571, (LCD) Wireless</p>

POLICY	DETERMINATION/COVERAGE
	<p>Capsule Endoscopy L33774, (LCD) Endoscopy by Capsule L34081 and (LCD) Wireless Gastrointestinal Motility Monitoring System L33455</p> <p>Medicaid &amp; Commercial – Archive Medical 131, Agile Patency System and Medical 212, SmartPill Wireless Motility Capsule, and combine criteria into Medical 81, Capsule Endoscopy. Rename combined policy Medical 81 Gastrointestinal Capsule Endoscopy. 91113, 91299</p>
<b>Subacute Care Medicaid Medical 346</b>	Medicaid – Create new policy, Subacute Care Medicaid Medical 346
<b>Panniculectomy, Surgical 14</b>	<p>Medicare – SHP policy has been archived. Continue to use Cosmetic and Reconstructive Surgery L33428, Billing and Coding: Cosmetic and Reconstructive Surgery A56658</p> <p>Medicaid &amp; Commercial – Continue with policy but do housekeeping to criteria for easier reading 15830, 15847, 15877</p>
<b>Hyperhidrosis Treatments, Surgical 107</b>	<p>Medicare, Medicaid &amp; Commercial - New literature or guidelines IHS, ASDS and Uptodate, (NCD) Diathermy Treatment 150.5 – SUPPORTS Diathermy Treatment with criteria. Reword, inclusion of defining excision by adding the types of removal covered, add MiraDry to the List of Medical necessary treatment and take off the MNM list and add to exceptions as NMN 32664, 64804, 64809, 64818, 64999, 17999.</p>
<b>Endometrial Ablation, Surgical 15</b>	<p>Medicare, Medicaid &amp; Commercial - Add to criteria with names of procedures and exceptions and add codes applicable. 58353, 58356, 58563, 58579, 58999</p>
<b>Bronchial Thermoplasty for the Treatment of Asthma, Medical 285</b>	<p>Medicare, Medicaid &amp; Commercial - Fully adopt MCG 31660, 31661</p>
<b>Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition, Medical 13</b>	<p>Medicare – SHP policy has been archived and we use NCD/LCDs.</p> <p>Medicaid – SHP policy follows DMAS criteria, updated with revisions if applicable.</p> <p>Commercial - Add definitions and add criteria</p>

POLICY	DETERMINATION/COVERAGE
	B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4100, B4102, B4103, B4104, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9002, B9004, B9006, B9998, B9999, S9341, S9342, S9343, S9364, S9365, S9366, S9367, S9368
<b>Ophthalmic Procedures, Surgical 60</b>	Medicare – SHP policy has been archived and we use NCD/LCDs. Medicaid & Commercial– Canaloplasty (ab interno) - OMNI, iTrack, Ellex, ABiC is covered with criteria. Provide refined criteria (from LCA) for Implantable miniature telescope (IMT) 0308T covered with criteria. Use MCG instead of importing criteria. 0100T, 0198T, 0207T, 0253T, 0308T, 0329T, 0330T, 0449T, 0450T, 0464T, 0465T, 0472T, 0473T, 0474T, 0507T, 0563T, 0616T, 0617T, 0618T, 0621T, 0622T, 0671T, 0730T, 65855, 66150, 66155, 66160, 66170, 66172, 66174, 66175, 66179, 66180, 66183, 66184, 66185, 66710, 66711, 66820, 66821, 66825, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66987, 66988, 66989, 66991, 66999, 68841, 92499
<b>Quantitative Sensory Testing (QST), Medical 127</b>	Medicare – Continue to use L35048/ NCD 160.23 Medicaid & Commercial – Archive SHP policy and place T codes in the SHP Cat III policy 0106T, 0107T, 0108T, 0109T, 0110T, G0255
<b>Static and Dynamic Mechanical Stretching Devices, DME 31</b>	Medicare – There is not a specific LCD/NCD for use. Recommend archiving policy and using MCG Static Joint Extension and Flexion Devices, A-0889 and Dynamic Joint Extension and Flexion Devices, A-0882. Medicaid & Commercial – Recommend archiving policy and using MCG Static Joint Extension and Flexion Devices, A-0889 and Dynamic Joint Extension and Flexion Devices, A-0882.

POLICY	DETERMINATION/COVERAGE
	E1800, E180, E1802, E1805, E1806, E1810, E181, E1812, E1815, E1816, E1818, E1821, E1825, E1830, E1831, E1840, E1841.
<b>Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories, DME 28</b>	<p>Medicare – SHP was archived use NCD and LCDs</p> <p>Medicaid &amp; Commercial – No changes in guidelines or criteria. Literature does discuss uses for seating elevation lifts and new indoor outdoor powered mobility devices for future. Continue with current criteria with no changes. Remains no new literature, support or emerging technology guidance for the use of the high- lo activity chair at this time</p> <p>A9270, E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0968, E0969, E0970, E0971, E0973, E0974, E0978, E0980, E0981, E0982, E0983, E0984, E0985, E0986, E0988, E0990, E0992, E0994, E0995, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1014, E1015, E1016, E1017, E1018, E1020, E1028, E1029, E1030, E1037, E1038, E1039, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1225, E1226, E1227, E1228, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, E1399, E2201, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2210, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E2231, E2291, E2292, E2293, E2294, E2295, E2300, E2301, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368, E2369, E2370,</p>

POLICY	DETERMINATION/COVERAGE
	E2371, E2372, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2398, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2019, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0015, K0017, K0018, K0019, K0020, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077, K0098, K0108, K0195, K0733, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
<b>Autologous myoblast and muscle cell injection, Medical 262</b>	Medicare – Archive SHP Medicare and use NCD Cellular Therapy, 30.8 Medicaid & Commercial – There has been no change in literature. Continue to keep as not medically necessary for all indications. 53899
<b>Laparoscopic Uterosacral Nerve Ablation (LUNA) and Presacral Neurectomy (PSN), Surgical 84</b>	Medicare – Not currently addressed in LCD/NCD. Archive SHP and use MCG A-0284, Laparoscopic Uterosacral Nerve Ablation (LUNA) and A-0236, Presacral Neurectomy Medicaid & Commercial – Archive SHP and use MCG A-0284, Laparoscopic Uterosacral Nerve Ablation (LUNA) and A-0236, Presacral Neurectomy



POLICY	DETERMINATION/COVERAGE
	49329, 58578.
<b>Varicose Vein Treatments-Vulvar and Scrotal Varicosity Treatments, Surgical 04</b>	<p>Medicare – Archive SHP policy for Medicare and use NCD/LCDs</p> <p>Medicaid &amp; Commercial – Rename “Treatments for Varicose Veins” and use MCG</p> <p>36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 49185, 0524T</p>
<b>Left Atrial Appendage Occlusion, Surgical 102</b>	<p>Medicare – Archive SHP policy and utilize NCD Percutaneous Left Atrial Appendage Closure (LAAC) (20.34) - for CPT 33340</p> <p>Medicaid &amp; Commercial – Rewriting criteria. 33267, 33268, 33269, 33340</p>
<b>Neutron Beam Therapy (NBT), Medical 202</b>	<p>Medicare, Medicaid &amp; Commercial – Archive Policy and recheck utilization in one year. If we ever get a request, we will handle on a case-by-case basis.</p> <p>77423</p>
<b>Tumor Treating Fields Therapy, Medical 166</b>	<p>Medicare - Archived and uses (LCD) Tumor Treatment Field Therapy (TTFT) L34823.</p> <p>Medicaid &amp; Commercial – Updated exceptions A4555, E0766, 77299</p>
<b>Ambulance Transport Services, Medical 105</b>	<p>Medicare - Medicare policy will archive in favor of utilizing L34549</p> <p>Medicaid &amp; Commercial – Change Verbiage and reorganize entire SHP policy</p> <p>A0425, A0426, A0428, A0430, A043, A0432, A0434, A0435, A0436, A0998</p>
<b>Electrical Stimulation, DME 07</b>	<p>Medicare - Policy will archive and all appropriate NCD/LCDs</p> <p>Medicaid &amp; Commercial – There has been little change in literature. A request from UM concerning the removal and replacement of a device is not addressed in our current policy. Recommend adding criteria</p> <p>64575, 64585, 64590, 64595, 64999, A4595, E0720, E0730, E0731, E1399, L8680, L8682, L8683, L8685, L8686, L8687, L8688, 0278T,</p>

POLICY	DETERMINATION/COVERAGE
	0766T, 0767T, 0768T, 0769T, 0783T, E0745, E0762, S8130, S8131, S8930.
<b>Vestibular Functioning Test, Medical 174</b>	Continue Medical 174, Vestibular Functioning Test, as a NMN policy for Commercial and Medicaid policies. Rename "Vestibular evoked myogenic potential (VEMP)" 92537, 92538, 92540, 92541, 92544, 92545, 92546, 92547, 92517, 92518, 92519, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547, 92700
<b>DONSON Gene testing</b>	Medicare - There are no NCD/LCDs that address any genetic testing for microencephaly. Add gene to exceptions in 34C – Cardioneurovascular and Developmental Diagnosis. Medicaid & Commercial – Per the Hospital provider manual - The result of the test will directly impact the treatment being delivered to the member. Literature doesn't identify if outcomes will change based on genetic determination. Add to gene to exceptions in 34C – Cardioneurovascular and Developmental Diagnosis. 81479
<b>Genomic Unity® Movement Disorders Analysis</b>	Medicare, Medicaid & Commercial - recommend add to Panel name Genomic Unity Movement Disorder to exceptions in 34C – Cardioneurovascular and Developmental Diagnosis - Medical 34C 81443
<b>ReActive8 Restorative Neurostimulation</b>	Add additional criteria for all LOBs 64555, 64590, 64596, 64597.
<b>GENETIC TEST INVITAE SINGLE GENE PIGG TEST</b>	Medicare – not medically necessary, refer to the LCD. Medicaid & Commercial - Consider to be NMN and not enough literature and zero guidelines. Place under exceptions in 34C and 34D 81479, 81419, 81443.
<b>Genomic Unity® Movement Disorders Analysis</b>	Medicare, Medicaid & Commercial - The Plan considers large panels for genetic testing as NMN due to lack of proven clinical unless each and every gene included in the panel are found to have sufficient clinical utility.

POLICY		DETERMINATION/COVERAGE	
		81443	
Surgical Treatments for OSA, Surgical 18		Adding codes to policy. L8679, L8680, L8681, L8682, L8683, L8685, L8686, L8688	
CODE UPDATES			
Remove prior auth will pay upon request		91040	
Codes updates change from not a covered benefit to an adding prior auth.		K1002, K1016, K1017, S2300, 0581T, 97610, A6000, E0231, E0232, 0640T, 0641T, 0642T, 31660, 31661, 91112, K1002, K1016, K1017, 36468, 36482, 0524T, E2120, E0762, S8130, S8131, S8930, 36468, 36482, 0524T, E2120, E0762, S8130, S8131, S8930	