Authorization Updates. Changes will go into effect 60 days from this Provider Alert.

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

You can access all current Sentara Health Plans Medical Behavioral Health, Durable Medical Equipment, Imaging, Medical, Obstetrics, Pharmacy, and Surgical Policies at sentarahealthplans.com/providers/clinical-reference/medical-policies

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Behavioral Health 18, Intensive In-Home Service for Youth	Housekeeping updates only per DMAS manual update for Medicaid policy. CPT codes H0031, H2012.	• Intensive in-Home Service for Youth Medicaid - BH 18
Behavioral Health 20, Therapeutic Day Treatment (TDT) for Youth Medicaid	Medicaid DMAS Document only. Updated Service Requirements. Housekeeping updates throughout relating to DMAS manual updates dated 6/14/2023 and 5/17/2024. CPT Codes H0032, H2016.	• Therapeutic Day Treatment (TDT) for Youth Medicaid - BH 20
Behavioral Health 21, Psychosocial Rehabilitation Medicaid	Medicaid DMAS Document only. Update Description of Service, and Exceptions and Limitations language per DMAS manual update of 6/14/2023. CPT Code H0032, H2017.	• Psychosocial Rehabilitation Medicaid - BH 21
Behavioral Health 24, Mental Health Skill-Building (MHSS)	Housekeeping updates only per DMAS manual update for Medicaid policy. CPT codes H0032, H0046.	• Mental Health Skill-Building (MHSS) Medicaid - BH 24
Behavioral Health 27, Sensory Weighted Vest	No change to policy for Commercial, Medicaid and Medicare. CPT Code A9900.	• Sensory - Weighted Vest Commercial - BH 27 • Sensory - Weighted Vest Medicaid - BH 27 • Sensory - Weighted Vest Medicare - BH 27

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Behavioral Health 28, Assertive Community Treatment (ACT)	No change to Medicaid policy. CPT Codes 90791, 90792, H0040.	• Assertive Community Treatment (ACT) Medicaid - BH 28
Behavioral Health 29, Mental Health Intensive Outpatient Services (MH-IOP)	No change to Medicaid policy. CPT Codes 90791, 90792, 90839, 90840, H0024.	• Mental Health Intensive Outpatient Services (MH-IOP) Medicaid - BH 29
Behavioral Health 30, Mental Health Partial Hospitalization Program (MH-PHP) Medicaid	Medicaid DMAS Document only. No criteria updates. CPT Codes 90791, 90792, 90839, H0024, H0025, H0035.	• Mental Health Partial Hospitalization Program (MH-PHP) Medicaid - BH 30
Behavioral Health 31, Mobile Crisis Response Medicaid	Medicaid DMAS Document only. Housekeeping updates only. DMAS manual updated 8/21/2023. CPT Code H2011.	• Mobile Crisis Response Medicaid - BH 31
Behavioral Health 32, Community Stabilization Medicaid	Medicaid DMAS Document only. Updated admission criteria per DMAS manual update 8/21/2023. CPT Codes 90791, 90792, S9482.	• Community Stabilization Medicaid - BH 32
Behavioral Health 33, 23-Hour Crisis Stabilization Medicaid	Medicaid DMAS Document only. No criteria updates. CPT codes 90791, 90792, S9485.	• 23-Hour Crisis Stabilization Medicaid - BH 33
Behavioral Health 34, Residential Crisis Stabilization Unit (RCSU) Medicaid	Medicaid DMAS Document only. Housekeeping updates only. DMAS manual updated 8/21/2023. CPT Codes 90971, 90972, H2018.	• Residential Crisis Stabilization Unit (RCSU) Medicaid - BH 34
Behavioral Health 37, Applied Behavioral Analysis Medicaid	Medicaid DMAS Document only. Updated Authorization Requirements, Description of Service, Exceptions & Limitations, and Clinical Indications for Procedures to reflect updated language from DMAS manual revision dated 5/15/2024. CPT Codes 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T.	• Applied Behavioral Analysis Medicaid - BH 37

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Behavioral Health 40, Addiction and Recovery Treatment Services (ARTS) Peer Support Services Medicaid	Medicaid DMAS Document only. Updated language per DMAS manual update 12/29/2023. CPT Code T1012.	• ARTS Peer Support Services
Behavioral Health 41, Addiction and Recovery Treatment Services (ARTS) Family Support Partners Medicaid	Medicaid DMAS Document only. Updated language per DMAS manual update 12/29/2023. CPT Code S9445.	• ARTS Family Support Partners Medicaid - BH 41
DME 04, Compression Stockings and Garments	Rename policy to DME 04, Compression Stockings, Garments and Devices for Commercial and Medicaid. Update criteria and add criteria for pumps. Add Lymphedema Compression Codes CPT Codes A4465, A6507 - A6513, A6520 - A6541, A6544, A6545, A6549, A6552 – A6589, A6593 – A6610, E0650, E0651, E0652, E0655, E0660, E0665 - E0682, K1024, K1025, K1031, K1032, K1033.	• Compression Stockings and Garments Commercial - DME 04 • Compression Stockings and Garments Medicaid -
DME 09, Electric and Electromagnetic and Ultrasonic Bone Growth Stimulation	Separate criteria between electrical and ultrasonic for Commercial and Medicaid. CPT Codes 20974, 20975, 20979, E0747, E0748, E0749, E0760.	• Electric and Electromagnetic and Ultrasonic Bone Growth Stimulation Commercial - DME 09 • Electric and Electromagnetic and Ultrasonic Bone Growth Stimulation Medicaid - DME 09
DME 21, Prosthetic Devices	Add Misha Knee System to Commercial, Medicaid and Medicare policy as an exception. CPT Codes 27599, L8699.	• Prosthetic Devices Commercial - DME 21 • Prosthetic Devices Medicaid - DME 21
DME 21, Prosthetic Devices	Adding MISHA Knee system, Calypso Knee System, KineSpring, Non-Surgical Eyelid Weights, Osseointegrated external prosthetic connector to exceptions. Expand coverage for repair and replacement, and non-myoelectric upper extremity. CPT Codes L2006, L5000, L5010, L5000, L5010, L5020,	• Prosthetic Devices Commercial - DME 21 • Prosthetic Devices Medicaid - DME 21

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6026, L6621, L6638, L6646, L6647,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L6648, L6677, L6697, L6698, L6880, L6881, L6882, L6883, L6884, L6885, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7510, L7520, L7600, L8041, L8042, L8043, L8044, L8045, L8046, L8499, L8701, L8702.	
DME 23, Home Spirometry	Add CPT Codes E0487, S8096 to policy for Commercial and Medicaid. Current CPT Codes 94014, 94015, 94016.	• Home Spirometry Commercial - DME 23 • Home Spirometry Medicaid - DME 23
DME 244, Spinal Braces, Orthotics and Garments	Update criteria for Medicaid per DMAS manual. Add Pregnancy Belt to exceptions for Medicaid. Update description and criteria for Commercial. Add CPT Codes L0468, L1310 to list. CPT Codes L0450, L0452, L0454, L0455, L0457, L0458, L0462, L0466, L0467, L0469, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0622, L0623, L0624, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0639, L0640, L0641, L0642, L0643, L0648, L0649, L0650, L0651, L0972, L1499, L2999.	• Spinal Braces, Orthotics and Garments Commercial - DME 244 • Spinal Braces, Orthotics and Garments Medicaid - DME 244
DME 245, Lymphedema Pump for Head and Neck	Archive policy for Commercial and Medicaid. Add criteria to DME 04, Compression Stockings, Garments and Pumps. CPT Code E0652.	• Lymphedema Pump for Head and Neck Commercial - DME 245 • Lymphedema Pump for Head and Neck Medicaid - DME 245

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
DME 251, Miscellaneous Orthotics and Braces	Create new coverage with criteria policy for Commercial. Add Pregnancy Belt to exceptions. CPT Codes E1399, L2106, L2108, L2112, L2116, L2126, L2128, L2132, L2134, L2136, L3763, L3764, L3905, L1681, L1685, L1686, L1907, L2034, L2387, L3760, L3765, L3961, L3967, L3971, L3973, L3975, L3976, L3977 L3978.	
DME 60, Ultraviolet Light Therapy System for Home Use	No change for Commercial and Medicaid. CPT codes E0691, E0692, E0693, E0694.	• Ultraviolet Light Therapy System for Home Use Commercial - DME 60 • Ultraviolet Light Therapy System for Home Use Medicaid - DME 60
DME 61, Non-Surgical Eyelid Weights	Archive policy for Commercial, Medicaid and Medicare and add to DME 21, Prosthetic Devices as an exception. CPT Code L8499.	• Non-Surgical Eyelid Weights Commercial - DME 61 • Non-Surgical Eyelid Weights Medicaid - DME 61 • Non-Surgical Eyelid Weights Medicare - DME 61
DME 62, Home Visual Field Monitoring Device	No change for Commercial, Medicaid and Medicare. Category III Codes. CPT Codes 0378T, 0379T.	• Home Visual Field Monitoring Device Commercial - DME 62 • Home Visual Field Monitoring Device Medicaid - DME 62 • Home Visual Field Monitoring Device Medicare - DME 62
Evolent Health, Inc., otherwise known as National Imaging Associates, Inc. (NIA), updates	Removed language from Chest CT, Low Does CT to align with American Cancer Society. Added conservative care language to Cervical Spine CT and MRI, Lumbar Spine CT and MRI, Thoracic Spine CPT and MRI.	
Imaging 24, Scintimammography and Breast Specific Gamma Imaging	No change to Commercial and Medicaid. Medicare's LCD L33910 has retired. Will bring Medicare policy out of archive. CPT Codes 78800, 78801, 78803, S8080.	• Iron Quantification w/ Magnetic Resonance Imaging Commercial - Imaging 16 • Iron Quantification w/ Magnetic Resonance Imaging Medicaid - Imaging 16

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Imaging 24, Scintimammography and Breast Specific Gamma Imaging	LCD L33910 retired. Unarchive Medicare policy. CPT Codes 78800, 78801, 78803,S8080.	• Scintimammography and Breast Specific Gamma Imaging Commercial - Imaging 24 • Scintimammography and Breast Specific Gamma Imaging Medicaid - Imaging 24
Medical 128, Apheresis	No change for Commercial and Medicaid. CPT Codes 36511, 36512, 36513, 36514, 36516.	• Apheresis Commercial - Medical 128 • Apheresis Medicaid -Medical 128
Medical 178, Colonic Lavage Therapy	Archive for Commercial and Medicaid, and add to Medical 336, Category III Codes. CPT Code 0736T.	• Colonic Lavage Therapy Commercial - Medical 178 • Colonic Lavage Therapy Medicaid - Medical 178
Medical 297, Fetal Magnetic Cardiac Signal	No change for Commercial, Medicaid, and Medicare. CPT Codes 0475T, 0476T, 0477T, 0478T, 93799.	• Fetal Magnetic Cardiac Signal Commercial - Medical 297 • Fetal Magnetic Cardiac Signal Medicaid - Medical 297 • Fetal Magnetic Cardiac Signal Medicare - Medical 297
Medical 303, Apixaban (Eliquis) Drug Level	No change for Commercial, Medicaid and Medicare. CPT Code 80299.	• Apixaban (Eliquis) Drug Level Commercial - Medical 303 • Apixaban (Eliquis) Drug Level Medicaid - Medical 303 • Apixaban (Eliquis) Drug Level Medicare - Medical 303
Medical 304, Galectin 3 (LGALS3)	Update description of service for Commercial, Medicaid, and Medicare. CPT Code 82777.	• Galectin 3 (LGALS3) Commercial - Medical 304 • Galectin 3 (LGALS3) Medicaid - Medical 304 • Galectin 3 (LGALS3) Medicare - Medical 304
Medical 310, Cell Enumeration	No change to Commercial and Medicaid policy. CPT Codes 86152, 86153, 0091U.	• Cell Enumeration Commercial - Medical 310 • Cell Enumeration Medicaid - Medical 310
Medical 316, Chemotherapy Administration	No change to policy for Commercial, Medicaid and Medicare. CPT Codes 96401, 96402, 96405, 96406, 96409,	• Chemotherapy Administration Commercial - Medical 316 • Cell Enumeration Medicaid - Medical 310

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	96411, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96542, 96549.	
Medical 324, Vision Therapy for Convergence Insufficiency	Unarchive Medicare policy. Continue Commercial and Medicaid policy without change. CPT Codes 96401, 96402, 96405, 96406, 96409, 96411, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96542, 96549.	• Vision Therapy for Convergence Insufficiency Commercial - Medical 324 • Vision Therapy for Convergence Insufficiency Medicaid - Medical 324
Medical 330, Near-Infrared Spectroscopy	No change for Commercial and Medicaid. CPT Codes 0493T, 0640T, 0641T, 0642T, 76499.	• Near-infrared Spectroscopy Commercial - Medical 330 • Near-infrared Spectroscopy Medicaid - Medical 330
Medical 34A , Genetic Testing - Cancer Prevention Diagnosis and Treatment	Adding coverage with criteria for tumor testing or liquid biopsy (IE: FoundationOne CDx, FoundationOne Liquid CDx, Guardant, Caris, Tempus by Foundation Medicine) for Commercial, Medicaid and Medicare. CPT codes 0239U, 0037U, 81455.	• Genetic Testing-Cancer Prevention, Diagnosis and Treatment Commercial - Medical 34A • Genetic Testing-Cancer Prevention, Diagnosis and Treatment Medicaid - Medical 34A • Genetic Testing-Cancer Prevention, Diagnosis and Treatment Medicare - Medical 34A
Medical 34C, Cardioneurovascular and Developmental Diagnosis Testing	Add Natera Renasight Genetic Panel, Skeletal Disorders Panel, and Vascular Anomalies Panel to policy as an exception for Commercial, Medicaid and Medicare. CPT codes 51479, 81403, 81404, 81405, 81406, 81407, 81408.	• Genetic Testing - Cardioneurovascular and Developmental Diagnosis Commercial - Medical 34C • Genetic Testing - Cardioneurovascular and Developmental Diagnosis Medicaid - Medical 34C • Genetic Testing - Cardioneurovascular and Developmental Diagnosis Medicare - Medical 34C
Medical 34E, Pharmacogenetic Testing	Remove ARSA and Dystrophic epidermolysis bullosa (DEB) from exceptions and add to covered with criteria when on certain medications. CPT Codes 81405, 81479.	• Genetic Testing - Pharmacogenetic Testing Commercial - Medical 34E • Genetic Testing - Pharmacogenetic Testing Medicaid - Medical 34E • Genetic Testing - Pharmacogenetic Testing Medicaid - Medical 34E

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
OB 01, Elective Termination of Pregnancy	No change for Commercial. Update Medicaid statement per DMAS manual update 8/28/2023. CPT Codes 59840, 59841,59850, 59851, 59852, 59855, 59856, 59857, 59866, S0199.	• Elective Termination of Pregnancy Commercial - Obstetrics 01 • Elective Termination of Pregnancy Medicaid - Obstetrics 01
OB 11, Transabdominal Cerclage	No change to Commercial, Medicaid or Medicare policy. CPT Codes 59325, 59898.	• Transabdominal Cerclage Commercial - Obstetrics 11 • Transabdominal Cerclage Medicaid - Obstetrics 11 • Transabdominal Cerclage Medicare - Obstetrics 11
OB 12, Testing of Premature Rupture of Membrane in Pregnancy	No change to Commercial, Medicaid or Medicare policy. CPT Code 84112.	• Testing of Premature Rupture of Membrane in Pregnancy Commercial - Obstetrics 12 • Testing of Premature Rupture of Membrane in Pregnancy Medicaid - Obstetrics 12 • Testing of Premature Rupture of Membrane in Pregnancy Medicare - Obstetrics 12
OB 13, Doula Services Medicaid	Update Authorization Requirements, Coverage Statement and Description of Service per DMAS Manual amendment 10/29/2021 for Medicaid. CPT Codes 59409HD, 59425HD, 59430HD, 59514HD, 99600HD, 99199HD.	• Doula Services Medicaid - Obstetrics 13
Surgical 08, Hematopoietic Stem Cell Transplantation	Adding CPT Code 38242 to policy with criteria for Commercial and Medicaid.	• Autologous Hematopoietic Stem Cell Transplantation (HSCT) Commercial - Surgical 08 • Autologous Hematopoietic Stem Cell Transplantation (HSCT) Medicaid - Surgical 08
Surgical 09, Skin Lesions/ Keloids/ Warts/ Dermoscopy	Add criteria from Surgical 58 to for Commercial and Medicaid policy. CPT Codes 11200, 11201, 11300, 11301, 11302, 11303,11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442,	• Skin Lesions-Keloids-Warts-Dermoscopy Commercial - Surgical 09 • Skin Lesions-Keloids-Warts-Dermoscopy Medicaid - Surgical 09

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	11443, 11444, 11446, 15786, 15787, 17000, 17003, 17004, 17110, 17111, 77401, 96904, 96931, 96932, 96933, 96934, 96935, 96936, 96999, 0400T, 0401T, 0419T, 0420T, 0470T, 0471T. Adding CPT Codes from Surgical 58 17106, 17107, 17108, 96920, 96921, 96922, 97039, 0479T, 0480T, S8948.	
Surgical 110, Genicular Nerve Ablation	No change for Commercial, Medicaid and Medicare. CPT Codes 64454, 64624.	• Genicular Nerve Ablation Medicare - Surgical 110 • Genicular Nerve Ablation Medicaid - Surgical 110 • Genicular Nerve Ablation Medicare - Surgical 110
Surgical 117, Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy	Adding CPT code 22614 to policy with criteria for Commercial, Medicaid and Medicare.	• ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Commercial - Surgical 117 • ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Medicaid - Surgical 117 • ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Medicare - Surgical 117
Surgical 118, Lumbar Fusion - Surgical 120, Lumbar Discectomy- Surgical 121, Lumbar Laminectomy- Surgical 122, Cervical Laminectomy	Criteria already in place for Commercial, Medicaid and Medicare. Add CPT Codes 22845, 22846, 22847 to policies.	• https://www.sentarahealthplans.com/providers/clinical-reference/medical-policies
Surgical 125, Uterus Transplant	Archive policy. Medicare will utilize LCD L35490. CPT Codes 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T will be added to Medical 336, Category III Codes policy.	• Uterus Transplant Commercial - Surgical 125 • Uterus Transplant Medicaid - Surgical 125 • Uterus Transplant Medicare - Surgical 125
Surgical 129, Vestibular Implant	Archive policy and add all codes to Medical 336, Category III Codes for Commercial, Medicaid or Medicare. CPT Codes 0725T, 0726T, 0727T, 0728T 0729T.	• Vestibular Implants Commercial - Surgical 129 • Vestibular Implants Medicaid - Surgical 129 • Vestibular Implants Medicare - Surgical 129
Surgical 19, Accidental Dental Services	Updating criteria for Commercial LOBs to align with claims. CPT codes 40840, 40842, 40843, 40844,	• Accidental Dental Services Commercial - Surgical 19

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	40845, 41820, 41870, 41872, 41874, 41899, D7270.	
Surgical 20, Cochlear Implants, Bone Attached Hearing Aid Implants, Auditory Brain Stem Implants	Expanding coverage for partially implantable bone-anchored hearing aids. Updating criteria. For Commercial and Medicaid. CPT codes 69710, 69711, 69714, 69716, 69717, 69719, 69726, 69727, 69728, 69729, 69730, 69930, 92630, 92633, 92640 L8621, L8622, L8623, L8624.	• Cochlear Implants, Bone Attached Hearing Aid Implants and Auditory Brain Stem Implants Commercial - Surgical 20 • Cochlear Implants, Bone Attached Hearing Aid Implants and Auditory Brain Stem Implants Medicaid - Surgical 20
Surgical 202, Ovarian Vein Embolization	No change to Commercial and Medicaid policy. CPT Codes 37241, 75894.	• Ovarian Vein Embolization Commercial - Surgical 202 • Ovarian Vein Embolization Medicaid - Surgical 202
Surgical 209, Varicocele Embolization	No change to Commercial and Medicaid policy. CPT Code 37241.	• Varicocele Embolization Commercial - Surgical 209 • Varicocele Embolization Medicaid - Surgical 209
Surgical 217, Open Treatment of Rib Fracture with Internal Fixation	No change for Commercial and Medicaid. CPT Codes 21881, 21812, 21813.	• Open Treatment of Rib Fracture with Internal Fixation Commercial - Surgical 217 • Open Treatment of Rib Fracture with Internal Fixation Medicaid - Surgical 217
Surgical 221, Neurolysis and Nerve Re-Implantation for Pelvic Pain	No change for Commercial, Medicaid and Medicare. CPT Codes 64722, 64999.	• Neurolysis and Nerve Re-Implantation for Pelvic Pain Commercial - Surgical 221 • Neurolysis and Nerve Re-Implantation for Pelvic Pain Medicaid - Surgical 221 • Neurolysis and Nerve Re-Implantation for Pelvic Pain Medicare - Surgical 221
Surgical 233, Computer Assisted Navigation for Surgical Procedures	No change to criteria for Commercial, Medicaid and Medicare. CPT Codes 20985, 61781, 61782, 61783, 0054T, 0055T.	• Computer Assisted Navigation Commercial - Surgical 233 • Computer Assisted Navigation Medicaid - Surgical 233 • Computer Assisted Navigation Medicare - Surgical 233

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Surgical 28, Heart-Lung Transplantation	Update criteria for Commercial and Medicaid. CPT Code 33935.	• Heart-Lung Transplantation Commercial - Surgical 28 • Heart-Lung Transplantation Medicaid - Surgical 28
Surgical 58, Laser Therapy for Skin Treatments	Archive policy for Commercial and Medicaid, and add criteria to Surgical 09, Skin Lesions/Keloids/Warts/Dermoscopy. CPT Codes 17106, 17107, 17108, 96920, 96921, 96922, 97039, 0479T, 0480T, S8948.	• Laser Therapy for Skin Treatments Commercial - Surgical 58 • Laser Therapy for Skin Treatments Medicaid - Surgical 58
Surgical 74, Deep Brain Stimulation	No change for Commercial and Medicaid. CPT codes 61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888.	• Deep Brain Stimulation Commercial - Surgical 74 • Deep Brain Stimulation Medicaid - Surgical 74
Surgical 75, Titanium Rib Implant	No change for Commercial, Medicaid and Medicare. CPT Code 21899.	• Titanium Rib Implant-Device Commercial - Surgical 75 • Titanium Rib Implant-Device Medicaid - Surgical 75 • Titanium Rib Implant-Device Medicare - Surgical 75
Surgical 88, Stereotactic Radiosurgery (SRS) and Stereotactic Body Radio Therapy (SBRT)	Archive Medicare policy and use LCD L35076.For Commercial and Medicaid, expand criteria to add coverage for spinal cord metastasis. Update criteria for hepatocellular carcinoma. CPT Codes 32701, 61720, 61735, 61760, 61770, 61781, 61782, 61783, 61790, 61791, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, 77432, 77435, G0339, G0340.	• Stereotactic Radiosurgery (SRS) and Stereotactic Body Radio Therapy (SBRT) Commercial - Surgical 88 • Stereotactic Radiosurgery (SRS) and Stereotactic Body Radio Therapy (SBRT) Medicaid - Surgical 88 • Stereotactic Radiosurgery (SRS) and Stereotactic Body Radio Therapy (SBRT) Medicare - Surgical 88
Surgical 96, Total Ankle Replacement	No change for Commercial, Medicaid and Medicare. CPT Codes 27702, 27703, 27704.	• Total Ankle Replacement Commercial - Surgical 96 • Total Ankle Replacement Medicaid - Surgical 96 • Total Ankle Replacement Medicare - Surgical 96
Surgical 98, Epidermal Nerve Fiber Density Testing	Archive policy for Commercial, Medicaid and Medicare and enforce through Avalon policy M2112 – Nerve Fiber	• Epidermal Nerve Fiber Density Testing Commercial - Surgical 98 • Epidermal Nerve Fiber Density Testing Medicaid - Surgical 98

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	Density Testing. (Already live). CPT Codes 11104, 11105.	• Epidermal Nerve Fiber Density Testing Medicare - Surgical 98