

**Authorization Updates. This is a quarterly summary of changes implemented 60 days from the provider alerts listed below.**

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

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.

You can access all current Sentara Health Plans medical behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical policies via [sentarahealthplans.com/providers/clinical-reference/medical-policies](https://sentarahealthplans.com/providers/clinical-reference/medical-policies).

| <b>June Provider Alert<br/>GO LIVE 9.1.2024<br/>DETERMINATION/COVERAGE</b> |  |  |
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| <b>POLICY</b>  |  | <b>CURRENT POLICY URLS</b>   |
| <b>Doula Services, OB 13</b>   | Updated Medicaid policy. Codes   | <ul style="list-style-type: none"> <li>• <a href="#">Doula Services Medicaid - Obstetrics 13</a></li> </ul>  |
| <b>Elective Termination of Pregnancy, OB 01</b>                            | Updated criteria for both Commercial and Medicaid. Continue to use Medicare and utilizing NCD 140.1. Codes | <ul style="list-style-type: none"> <li>• <a href="#">Elective Termination of Pregnancy Commercial - Obstetrics 01</a></li> <li>• <a href="#">Elective Termination of Pregnancy Medicaid - Obstetrics 01</a></li> </ul>   |
| <b>Fetal Magnetic Cardiac Signal, Medical 297</b>                          | Codes updated for all lines of business. Codes   | <ul style="list-style-type: none"> <li>• <a href="#">Fetal Magnetic Cardiac Signal Commercial - Medical 297</a></li> <li>• <a href="#">Fetal Magnetic Cardiac Signal Medicaid - Medical 297</a></li> <li>• <a href="#">Fetal Magnetic Cardiac Signal Medicare - Medical 297</a></li> </ul> |

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| <b>Heart-Lung Transplantation, Surgical 28</b>  | Updated criteria for Commercial and Medicaid. Continue using Medicare utilizing NCD 260.9. Codes   | <ul style="list-style-type: none"> <li>• <a href="#">Heart-Lung Transplantation Commercial - Surgical 28</a></li> <li>• <a href="#">Heart-Lung Transplantation Medicaid - Surgical 28</a></li> </ul>  |
| <b>Home Visual Field Monitoring Device, DME 62</b>  | No changes to all lines of business. Codes   | <ul style="list-style-type: none"> <li>• <a href="#">Home Visual Field Monitoring Device Commercial - DME 62</a></li> <li>• <a href="#">Home Visual Field Monitoring Device Medicaid - DME 62</a></li> <li>• <a href="#">Home Visual Field Monitoring Device Medicare - DME 62</a></li> </ul> |
| <b>Near-Infrared Spectroscopy, Medical 330</b>  | No changes to Commercial and Medicaid. Continue to use Medicare utilizing LCD L39385. Codes  | <ul style="list-style-type: none"> <li>• <a href="#">Near-infrared Spectroscopy Commercial - Medical 330</a></li> <li>• <a href="#">Near-infrared Spectroscopy Medicaid - Medical 330</a></li> </ul>  |
| <b>Open Treatment of Rib Fracture with Internal Fixation, Surgical 217</b>  | No change to Commercial and Medicaid. For Medicare continue using A53931. Codes  | <ul style="list-style-type: none"> <li>• <a href="#">Open Treatment of Rib Fracture with Internal Fixation Commercial - Surgical 217</a></li> <li>• <a href="#">Open Treatment of Rib Fracture with Internal Fixation Medicaid - Surgical 217</a></li> </ul>                                  |
| <b>Titanium Rib Implant Device, Surgical 75</b>   | No changes to all lines of business. Codes   | <ul style="list-style-type: none"> <li>• <a href="#">Titanium Rib Implant-Device Commercial - Surgical 75</a></li> <li>• <a href="#">Titanium Rib Implant-Device Medicaid - Surgical 75</a></li> <li>• <a href="#">Titanium Rib Implant-Device Medicare - Surgical 75</a></li> </ul>          |
| <b>July Provider Alert<br/>GO LIVE 10.1.2024</b>  |  |   |
| <b>POLICY</b>   | <b>DETERMINATION/COVERAGE</b>  | <b>CURRENT POLICY URLS</b>  |
| <b>(NEW NAME Treatment for Varicose Veins) Varicose Vein Treatments-Vulvar and Scrotal Varicosity Treatments, Surgical 04</b> | Archived and use MCG (A-0170, A-1025, A-0174, A-0425, A-1024, A-0171, A-0172, A-0735). Continue to use Medicare and utilizing NCD/LCD. Codes 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, <b>37500</b> , 37700, 37718, 37722, <b>37735, 37760, 37761</b> , 37765, 37766, 37780, 37785, 37799, 49185, 0524T | <ul style="list-style-type: none"> <li>• <a href="#">Varicose Vein Treatments - Vulvar and Scrotal Varicosity Treatments Commercial - Surgical 04</a></li> <li>• <a href="#">Varicose Vein Treatments - Vulvar and Scrotal Varicosity Treatments Medicaid - Surgical 04</a></li> </ul>        |

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| <b>Accelerated Partial Breast Irradiation, Medical 207</b>                                       | No change for Commercial and Medicaid. Codes 19296, 19297   | <ul style="list-style-type: none"> <li>• <a href="#">Accelerated Partial Breast Irradiation Commercial - Medical 207</a></li> <li>• <a href="#">Accelerated Partial Breast Irradiation Medicaid - Medical 207</a></li> </ul>   |
| <b>Category III Codes, Medical 336</b>   | New Tech Review – Cardiac Contractility Modulation Therapy. Add codes to policy. Codes 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T for Commercial and Medicaid.   | <ul style="list-style-type: none"> <li>• <a href="#">Category III Codes Commercial - Medical 336</a></li> <li>• <a href="#">Category III Codes Medicaid - Medical 336</a></li> </ul>   |
| <b>Coccygectomy, Surgical 114</b>  | No change to Commercial, Medicaid and Medicare policy. Code 27080.  | <ul style="list-style-type: none"> <li>• <a href="#">Coccygectomy Commercial - Surgical 114</a></li> <li>• <a href="#">Coccygectomy Medicaid - Surgical 114</a></li> <li>• <a href="#">Coccygectomy Medicare - Surgical 114</a></li> </ul>   |
| <b>Continuous Passive Motion, DME 27</b>   | Archive and use MCG Continuous Passive Motion (CPM) ACG: A-0335 (AC) for Commercial and Medicaid. Codes E0935, E0936. A9900, E1399  | <ul style="list-style-type: none"> <li>• <a href="#">Continuous Passive Motion Commercial - DME 27</a></li> <li>• <a href="#">Compression Stockings and Garments Medicaid - DME 27</a></li> </ul>  |
| <b>Corneal Remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis, Surgical 55</b> | <b>Rename “Corneal Treatments and Procedures.”</b> Housekeeping updates. Expanding coverage and adding exceptions 65760, 65765, 66999. Codes 65756, 65757, 65772, 65775, S0810, S0812, 65710, 65730, 65750, 65755, 66999, 58353, 65770, L8609 | <ul style="list-style-type: none"> <li>• <a href="#">Corneal remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis Commercial - Surgical 55</a></li> <li>• <a href="#">Corneal remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis Medicaid - Surgical 55</a></li> </ul> |
| <b>Injectable Hormone Pellets, Medical 157</b>   | No change for Commercial and Medicaid. Code 11980   | <ul style="list-style-type: none"> <li>• <a href="#">Injectable Hormone Pellets Commercial - Medical 157</a></li> <li>• <a href="#">Injectable Hormone Pellets Medicaid - Medical 157</a></li> </ul>   |
| <b>Intraoperative Neurophysiological Monitoring, Surgical 40</b>                                 | Adding PA to Codes 95940,95941, G0453 for Commercial and Medicaid.  | <ul style="list-style-type: none"> <li>• <a href="#">Intraoperative Neurophysiological Monitoring Commercial - Surgical 40</a></li> <li>• <a href="#">Intraoperative Neurophysiological Monitoring Medicaid - Surgical 40</a></li> </ul>   |
| <b>Leadless Cardiac Pacemaker, Surgical 126</b>  | Adding coverage with criteria for Commercial and Medicaid. Codes 33274, 33275, C1605, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T   | <ul style="list-style-type: none"> <li>• <a href="#">Leadless Cardiac Pacemaker Commercial - Surgical 126</a></li> <li>• <a href="#">Leadless Cardiac Pacemaker Medicaid - Surgical 126</a></li> </ul>   |

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| <b>Muscle Pain Detector, Medical 247</b>                                 | Archive Medicare policy and use NCD 280.1. No change for Commercial and Medicaid. Code E1399  | <ul style="list-style-type: none"> <li>• <a href="#">Muscle Pain Detector Commercial - Medical 247</a></li> <li>• <a href="#">Muscle Pain Detector Medicaid - Medical 247</a></li> <li>• <a href="#">Muscle Pain Detector Medicare - Medical 247</a></li> </ul> |
| <b>Pancreas and Islet Cell Transplants, Surgical 27</b>                  | Medicaid only. Per DMAS manual guidance, adding coverage will be provided only for FAMIS children and Cardinal members under 21 years to Pancreas Transplant Alone (PTA), Simultaneous kidney-pancreas transplants (SPKT) and Pancreas after Kidney Transplant (PAK). Codes 48160, 48554, 0584T, 0585T, 0586T | <ul style="list-style-type: none"> <li>• <a href="#">Pancreas and Islet Cell Transplants Medicaid - Surgical 27</a></li> </ul>  |
| <b>Penile Prosthesis Surgery, Surgical 23</b>                            | No change for Commercial policy. Codes 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417   | <ul style="list-style-type: none"> <li>• <a href="#">Penile Prosthesis Surgery Commercial - Surgical 23</a></li> </ul>  |
| <b>Percutaneous Spinal Augmentation, Surgical 231</b>                    | Update criteria to include not more than 3 levels performed at once for Commercial and Medicaid. Codes 0200T, 0201T, 22510, 22511, 22512, 22513, 22514, 22515   | <ul style="list-style-type: none"> <li>• <a href="#">Percutaneous Spinal Augmentation Commercial - Surgical 231</a></li> <li>• <a href="#">Percutaneous Spinal Augmentation Medicaid - Surgical 231</a></li> </ul>  |
| <b>Platelet Rich Plasma, Medical 246</b>                                 | No change to Commercial and Medicaid policies. Continue to use Medicare and utilizing LCD L39071 and NCD 270.3. Codes G0460, P9020, S0157, S9055, 0232T   | <ul style="list-style-type: none"> <li>• <a href="#">Platelet Rich-Plasma Commercial - Medical 246</a></li> <li>• <a href="#">Platelet Rich-Plasma Medicaid - Medical 246</a></li> </ul>  |
| <b>Sacroiliac Fusion, Open and Percutaneous, Surgical 116</b>            | No change for Commercial and Medicaid. Codes 27278, 27279, 27280  | <ul style="list-style-type: none"> <li>• <a href="#">Sacroiliac Fusion, Open and Percutaneous Commercial - Surgical 116</a></li> <li>• <a href="#">Sacroiliac Fusion, Open and Percutaneous Medicaid - Surgical 116</a></li> </ul>                              |
| <b>Subcutaneous Implantable Cardioverter Defibrillator, Surgical 106</b> | No change for Commercial and Medicaid. Codes 33270, 33271, 33272, 33273   | <ul style="list-style-type: none"> <li>• <a href="#">Subcutaneous Implantable Cardioverter Defibrillator Commercial - Surgical 106</a></li> <li>• <a href="#">Subcutaneous Implantable Cardioverter Defibrillator Medicaid - Surgical 106</a></li> </ul>        |

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| <b>Substernal Implantable Cardioverter-Defibrillator System, Surgical 130</b>   | No change for Commercial and Medicaid. Codes 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0614T  | <ul style="list-style-type: none"> <li>• <a href="#">Substernal Implantable Cardioverter-Defibrillator System Commercial - Surgical 130</a></li> <li>• <a href="#">Substernal Implantable Cardioverter-Defibrillator System Medicaid - Surgical 130</a></li> </ul>  |
| <b>Thermal Intradiscal Procedures, Surgical 79</b>                              | No change for Commercial and Medicaid. Codes 22526, 22527, 22899, S2348   | <ul style="list-style-type: none"> <li>• <a href="#">Thermal Intradiscal Procedures (TIP) Commercial - Surgical 79</a></li> <li>• <a href="#">Thermal Intradiscal Procedures (TIP) Medicaid - Surgical 79</a></li> </ul>  |
| <b>Tissue Transplantation of the Knee, Ankle and Talus, Surgical 39</b>         | Expand coverage for Commercial to include AOFAS. Re institute policy for Medicare except for Collagen Meniscus Implants as there is NCD 150.12 for that procedure, and Medicaid policy unchanged. Codes 27412, 27415, 27416, 28446, 29866, 29867, 29868, 29891, G0428, J7330, S2112 | <ul style="list-style-type: none"> <li>• <a href="#">Tissue Transplantation of the Knee, Ankle and Talus Commercial - Surgical 39</a></li> <li>• <a href="#">Tissue Transplantation of the Knee, Ankle and Talus Medicaid - Surgical 39</a></li> </ul>  |
| <b>Vitrectomy Face-Down Positioning System, DME 33</b>                          | Archive Medicare policy and use NCD 280.1. No change for Commercial and Medicaid. Code E1399  | <ul style="list-style-type: none"> <li>• <a href="#">Vitrectomy Face-Down Positioning System Commercial - DME 33</a></li> <li>• <a href="#">Vitrectomy Face-Down Positioning System Medicaid - DME 33</a></li> <li>• <a href="#">Vitrectomy Face-Down Positioning System Medicare - DME 33</a></li> </ul>                               |
| <b>Wearable External Cardioverter Defibrillators, DME 24</b>                    | No change for Commercial and Medicaid. Codes 93292, 93745, K0606, K0607, K0608, K0609   | <ul style="list-style-type: none"> <li>• <a href="#">Wearable External Cardioverter Defibrillators Commercial - DME 24</a></li> <li>• <a href="#">Wearable External Cardioverter Defibrillators Medicaid - DME 24</a></li> </ul>  |
| <b>August Provider Alert<br/>GO LIVE 11.1.2024</b>                              |   |   |
| <b>POLICY</b>   | <b>DETERMINATION/COVERAGE</b>   | <b>CURRENT POLICY URLS</b>  |
| <b>Athletic Pubalgia Surgery (Formerly: Sports Hernia Repair), Surgical 127</b> | No changes for all lines of business. 27299, 49659  | <ul style="list-style-type: none"> <li>• <a href="#">Sports Hernia Repair (Athletic Pubalgia Surgery) Commercial - Surgical 127</a></li> <li>• <a href="#">Sports Hernia Repair (Athletic Pubalgia Surgery) Medicaid</a></li> <li>• <a href="#">Sports Hernia Repair (Athletic Pubalgia Surgery) Medicare - Surgical 127</a></li> </ul> |

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| <b>Augmentative Communication and Speech Generating Systems, DME 30</b>                                      | Updated criteria for Commercial and Medicaid. Continue to use Medicare and utilize NCD 50.1 and LCD L33739. E1399, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599 | <ul style="list-style-type: none"> <li>• <a href="#">Augmentative Communication and Speech Generating Systems Commercial - DME 30</a></li> <li>• <a href="#">Augmentative Communication and Speech Generating Systems Medicaid - DME 30</a></li> </ul>  |
| <b>Automated External Defibrillators, DME 63</b>   | No changes to Commercial and Medicaid. Continue to use Medicare and utilizing LCD L33690. E0617  | <ul style="list-style-type: none"> <li>• <a href="#">Automated External Defibrillators (AED) Commercial - DME 63</a></li> <li>• <a href="#">Automated External Defibrillators (AED) Medicaid - DME 63</a></li> </ul>  |
| <b>Genicular Artery Embolization (GAE), Medical 342</b>  | No changes to Commercial and Medicaid. Continue to use Medicare and utilizing NCD 20.28. 37242, 37244  | <ul style="list-style-type: none"> <li>• <a href="#">Genicular Artery Embolization (GAE) Commercial - Medical 342</a></li> <li>• <a href="#">Genicular Artery Embolization (GAE) Medicaid - Medical 342</a></li> </ul>  |
| <b>High Frequency Chest Wall Compression, DME 14</b>   | No changes to Commercial and Medicaid. Continue to use Medicare and utilizing LCD L33785. A7025, A7026, E0483, E0481, E1399  | <ul style="list-style-type: none"> <li>• <a href="#">High Frequency Chest Wall Compression Commercial - DME 14</a></li> <li>• <a href="#">High Frequency Chest Wall Compression Medicaid - DME 14</a></li> </ul>  |
| <b>Home Music Therapy, BH 38</b>   | No changes for all lines of business. G0176  | <ul style="list-style-type: none"> <li>• <a href="#">Home Music Therapy Commercial - BH 38</a></li> <li>• <a href="#">Home Music Therapy Medicaid - BH 38</a></li> <li>• <a href="#">Home Music Therapy Medicare - BH 38</a></li> </ul>   |
| <b>Implantable Hemodynamic Monitoring for Heart Failure, Medical 317</b>                                     | Expanded criteria for all lines of business. 33289, 0933T, 0934T   | <ul style="list-style-type: none"> <li>• <a href="#">Implantable Hemodynamic Monitoring for Heart Failure Commercial - Medical 317</a></li> <li>• <a href="#">Implantable Hemodynamic Monitoring for Heart Failure Medicaid - Medical 317</a></li> <li>• <a href="#">Implantable Hemodynamic Monitoring for Heart Failure Medicare - Medical 317</a></li> </ul> |
| <b>Infant Home Apnea Monitor, DME 22</b>   | No changes for Commercial and Medicaid. E0618, E0619   | <ul style="list-style-type: none"> <li>• <a href="#">Infant Home Apnea Monitor Commercial – DME 22</a></li> <li>• <a href="#">Infant Home Apnea Monitor Medicaid - DME 22</a></li> </ul>  |
| <b>Intestinal Transplant with or without combined Liver Transplant or other Visceral Organs, Surgical 92</b> | No changes for Commercial and Medicaid. Continue to use Medicare NCD 260.5. CPT 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, S2053, S2054, S2055                      | <ul style="list-style-type: none"> <li>• <a href="#">Intestinal Transplant with or without Combined Liver Transplant or Other Visceral Organs Commercial - Surgical 92</a></li> </ul>   |

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|  |  | <ul style="list-style-type: none"> <li>• <a href="#">Intestinal Transplant with or without Combined Liver Transplant or Other Visceral Organs Medicaid - Surgical 92</a></li> </ul>   |
| <b>Jaw Motion Rehabilitation Systems, DME 43</b>         | No changes for all lines of business. E1700, E1701, E1702  | <ul style="list-style-type: none"> <li>• <a href="#">Jaw Motion Rehabilitation Systems Commercial - DME 43</a></li> <li>• <a href="#">Jaw Motion Rehabilitation Systems Medicaid - DME 43</a></li> <li>• <a href="#">Jaw Motion Rehabilitation Systems Medicare - DME 43</a></li> </ul> |
| <b>New Tech Guardant Reveal</b>                          | Added to Commercial and Medicaid as an exception Medical 34A, Genetic Testing-Cancer Prevention, Diagnosis and Treatment. Utilizing LCD L38779 for Medicare. 81479   | <ul style="list-style-type: none"> <li>• <a href="#">Genetic Testing-Cancer Prevention, Diagnosis and Treatment Commercial - Medical 34A</a></li> <li>• <a href="#">Genetic Testing-Cancer Prevention, Diagnosis and Treatment Medicaid - Medical 34A</a></li> </ul>                    |
| <b>New Tech Review – Robotic arm (assistive device)</b>  | Added codes to Wheelchairs policy as an exception DME 28 for all lines of business. K0108, E1399.  | <ul style="list-style-type: none"> <li>• <a href="#">Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories Commercial - DME 28</a></li> <li>• <a href="#">Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories Medicaid - DME 28</a></li> </ul>  |
| <b>New Tech Review Motus Nova Rehabilitation Devices</b> | Adding to Misc Orthotics and Braces – DME 251 as an exception to both Commercial and Medicaid. Utilize NCD 280.1 for Medicare. E0739, E0738  |   |
| <b>Orthognathic Surgery, Surgical 34</b>                 | No changes for Commercial and Medicaid. Continue to use Medicare LCD L33428. CPT 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, | <ul style="list-style-type: none"> <li>• <a href="#">Orthognathic Surgery Commercial - Surgical 34</a></li> <li>• <a href="#">Orthognathic Surgery Medicaid - Surgical 34</a></li> </ul>  |

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|   | 21244, 21245, 21246, 21247, 21255, 21295, 21296   |  |
| <b>Pads with Circulating Water for Pain Relief, DME 242</b>   | No changes to Commercial and Medicaid. Continue to use Medicare LCD L33784 and LCD L33735. E0217, E0218, E0236, E0249   | <ul style="list-style-type: none"> <li>• <a href="#">Pads with Circulating Liquid for Pain Relief Commercial - DME 242</a></li> <li>• <a href="#">Pads with Circulating Liquid for Pain Relief Medicaid - DME 242</a></li> </ul>   |
| <b>Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation, Surgical 136</b>                               | No changes to all lines of business. 0483T, 0484T   | <ul style="list-style-type: none"> <li>• <a href="#">Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation Commercial - Surgical 136</a></li> <li>• <a href="#">Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation Medicaid - Surgical 136</a></li> <li>• <a href="#">Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation Medicare - Surgical 136</a></li> </ul> |
| <b>Pneumatic Compression of the Chest or Trunk, DME 53</b>  | No changes to Commercial and Medicaid. Continue to use Medicare and utilizing LCD L33829. E0656, E0657  | <ul style="list-style-type: none"> <li>• <a href="#">Pneumatic Compression of the Chest or Trunk Commercial - DME 53</a></li> <li>• <a href="#">Pneumatic Compression of the Chest or Trunk Medicaid - DME 53</a></li> </ul>   |
| <b>Renamed Corneal remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis – Corneal Procedures, Surgical 55</b> | Updated criteria for both Commercial and Medicaid and Renamed policy to Corneal Procedures. Continue to use Medicare and utilizing NCD 80.7. 58353, 65710, 65730, 65750, 65755, 65756, 65757, 65770, 65772, 65775, 66999, L8609, S0810, S0812 | <ul style="list-style-type: none"> <li>• <a href="#">Corneal remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis Commercial - Surgical 55</a></li> <li>• <a href="#">Corneal remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis Medicaid - Surgical 55</a></li> </ul>   |
| <b>Scalp cooling during chemotherapy, DME 249</b>   | No changes to Commercial and Medicaid. Continue to use Medicare and utilizing LCD L39573. 0662T, 0663T  | <ul style="list-style-type: none"> <li>• <a href="#">Scalp Cooling During Chemotherapy Commercial - DME 249</a></li> <li>• <a href="#">Scalp Cooling During Chemotherapy Medicaid - DME 249</a></li> </ul>   |
| <b>Sclerotherapy and Prolotherapy for Joints and Tendons, Medical 108</b>   | No changes to Commercial and Medicaid. Continue to use Medicare and utilizing NCD 150.7. M0076  | <ul style="list-style-type: none"> <li>• <a href="#">Sclerotherapy and Prolotherapy for Joints and Tendons Commercial - Medical 108</a></li> <li>• <a href="#">Sclerotherapy and Prolotherapy for Joints and Tendons Medicaid - Medical 108</a></li> </ul>   |



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| <b>Second Ventilator, DME 51</b>  | No changes to Commercial and Medicaid. Continue to use Medicare and utilizing NCD 280.1 and LCD L33800. E0465, E0466, E0467  | <ul style="list-style-type: none"> <li>• <a href="#">Second Ventilator Commercial - DME 51</a></li> <li>• <a href="#">Second Ventilator Medicaid - DME 51</a></li> </ul>   |
| <b>Spinal Arthroplasty (Formerly: Artificial Disc Replacement and Treatment), Surgical 35</b> | Expanded criteria for both Commercial and Medicaid. Continue to utilize LCD L38033, L37826 and NCD 150.10 for Medicare. 0095T, 0098T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0719T | <ul style="list-style-type: none"> <li>• <a href="#">Spinal Arthroplasty (Formerly: Artificial Disc Replacement and Treatment) Commercial - Surgical 35</a></li> <li>• <a href="#">Spinal Arthroplasty (Formerly: Artificial Disc Replacement and Treatment) Medicaid - Surgical 35</a></li> </ul>   |
| <b>Surgical Assisted Liposuction for Lymphedema Post-mastectomy, Surgical 131</b>             | No changes for all lines of business. 15878  | <ul style="list-style-type: none"> <li>• <a href="#">Surgical Assisted Liposuction for Lymphedema Post-mastectomy Commercial – Surgical 131</a></li> <li>• <a href="#">Surgical Assisted Liposuction for Lymphedema Post-mastectomy Medicaid – Surgical 131</a></li> <li>• <a href="#">Surgical Assisted Liposuction for Lymphedema Post-mastectomy Medicare – Surgical 131</a></li> </ul> |
| <b>Transanal Double Balloon Enteroscopy, Medical 293</b>                                      | No changes for all lines of business. 44799  | <ul style="list-style-type: none"> <li>• <a href="#">Transanal Double Balloon Enteroscopy Commercial - Medical 293</a></li> <li>• <a href="#">Transanal Double Balloon Enteroscopy Medicaid - Medical 293</a></li> </ul>   |
| <b>Transfer Devices and Lifts, DME 42</b>   | No changes to Commercial and updating criteria for Medicaid. Continue to use Medicare and utilizing NCD 280.4, LCD L33799, L33736, and L33801. E0247, E0248, E0621, E0625, E0635, E0639, E0640, E1035, E1036   | <ul style="list-style-type: none"> <li>• <a href="#">Transfer Devices and Lifts Commercial - DME 42</a></li> <li>• <a href="#">Transfer Devices and Lifts Medicaid - DME 42</a></li> </ul>   |
| <b>Transvenous Implantable Cardioverter Defibrillator, Surgical 133</b>                       | Archiving Commercial and Medicaid and utilizing MCG M-157. Continue to use Medicare and utilizing NCD 20.4. 33216, 33217, 33249  | <ul style="list-style-type: none"> <li>• <a href="#">Transvenous Implantable Cardioverter Defibrillator Commercial - Surgical 133</a></li> <li>• <a href="#">Transvenous Implantable Cardioverter Defibrillator Medicaid - Surgical 133</a></li> </ul>   |