

Summer 2024 Authorization Updates

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

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.

The policy changes below will go live 8.1.2024		
Provider Alert issued 5.29.2024		
POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Behavioral Health 19, Mental Health Peer Support	No changes to Medicaid criteria. CPT codes H0025.	<ul style="list-style-type: none"> • Mental Health Peer Support Medicaid - BH 19
Behavioral Health 23, Mental Health Case Management	No changes to Medicaid criteria. CPT codes H0023.	<ul style="list-style-type: none"> • Mental Health Case Management Medicaid - BH 22
Behavioral Health 23, Mental Health Family Support Partners	No changes to Medicaid criteria. CPT codes H0024.	<ul style="list-style-type: none"> • Mental Health Family Support Medicaid - BH 23
Behavioral Health 35, Multisystemic Therapy	No changes to Medicaid criteria. CPT codes 90791, 90792, H2033.	<ul style="list-style-type: none"> • Multisystemic Therapy Medicaid - BH 35
Behavioral Health 36, Functional Family Therapy	No changes to Medicaid criteria. CPT codes 90791, 90792, H0036.	<ul style="list-style-type: none"> • Functional Family Therapy Medicaid - BH 36
Carlson MBM will be expanding its UM management for EBRT when diagnosis is Prostate Cancer (ICD C61) and perform	2D/3D conformal (EBRT) – UM management for EBRT will now include Prostate Cancer. Hypo Fractionation review will now include Prostate Cancer.	

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<p>hypofractionation review of IMRT and EBRT for prostate cancer.</p>	<p>Intensity modulated radiation therapy (IMRT) – Hypo Fractionation review will now include Prostate Cancer.</p> <p>Guideline Changes: EBRT and IMRT Prostate Cancer hypo fractionation quantities have been revised in the Radiation Therapy Clinical Appropriateness Guidelines as outlined below and will be posted to Carelon’s website</p>	
<p>DME 40, Ambulatory Devices</p>	<p>Modifying criteria for both Commercial and Medicaid. CPT codes E0118, E0144, E0147, E8000, E8001, E8002, E0117, E0144, E1399.</p>	<ul style="list-style-type: none"> • Ambulatory Devices Commercial - DME 40 • Ambulatory Devices Medicaid - DME 40
<p>DME 03, Hospital Beds and Accessories</p>	<p>Added all codes and criteria on types of pressure relief mattresses and overlays for both Commercial and Medicaid policies. CPT codes E0183, E0193, E0194, E0250, E0251, E0255, E0256, E0260, E0261, E0271, E0272, E0280, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E000, E0301, E0302, E0303, E0304, E0305, E0310, E0315, E0316, E0328, E0329, E0910, E0911, E0912, E0940, E0265, E0266, E0270, E0273, E0274.</p>	<ul style="list-style-type: none"> • Hospital Beds and Accessories Commercial - DME 03 • Hospital Beds and Accessories Medicaid - DME 03
<p>DME 11, External Insulin Infusion Pump</p>	<p>Added compatibility statement to align with Continuous Glucose Monitoring System for Commercial and Medicaid. CPT codes A4224, A4225, A4226, A4230, A4231, A9274, E0784, K0552.</p>	<ul style="list-style-type: none"> • External Insulin Infusion Pump Commercial - DME 11 • External Insulin Infusion Pump Medicaid - DME 11
<p>DME 222, Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome</p>	<p>Updated coverage for Commercial, Medicaid and Medicare. CPT codes 21085, D7880.</p>	<ul style="list-style-type: none"> • Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Commercial - DME 222 • Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Medicaid - DME 222

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		<ul style="list-style-type: none"> • Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Medicare - DME 222
<p>DME 241, Negative Pressure Wound Vac, (Formerly known as Single Use Negative Pressure Wound Therapy System)</p>	<p>Will stop using MCG and rename policies for both Commercial and Medicaid. Expanding coverage for single use and incorporating standard vacs into one policy. CPT codes 97605, 97606, 97607, 97608, A9272.</p>	<ul style="list-style-type: none"> • Single Use Negative Pressure Wound Therapy System Commercial - DME 241 • Single Use Negative Pressure Wound Therapy System Medicaid - DME 241
<p>DME 246, Diapers and Underpads</p>	<p>Archiving Commercial not a covered benefit. Expanded Medicaid coverage. CPT codes A4335, A4554, T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4538, T4539, T4540, T4541, T4542, T4543, T4544, T4545.</p>	<ul style="list-style-type: none"> • Diapers and Underpads Commercial - DME 246 • Diapers and Underpads Medicaid - DME 246
<p>DME 55, Low-Intensity Therapeutic Ultrasound (LITUS) Devices</p>	<p>Archive Medicare, use NCD 150.5. No changes to criteria for Commercial and Medicaid policies. CPT code E1399.</p>	<ul style="list-style-type: none"> • Low-Intensity Therapeutic Ultrasound (LITUS) Devices Commercial - DME 55 • Low-Intensity Therapeutic Ultrasound (LITUS) Devices Medicaid - DME 55 • Low-Intensity Therapeutic Ultrasound (LITUS) Devices Medicare - DME 55
<p>DME 56, Specialized Supportive Seating and Medical Car Seats</p>	<p>Combined Postural Support Seat, DME 56 and Medical Car Seats, DME 58 for Commercial and Medicaid. And renaming policy to Specialized Supportive Seating and Medical Car Seats. CPT codes E0190, E1399, T5001.</p>	<ul style="list-style-type: none"> • Postural Support Seat Commercial - DME 56 • Postural Support Seat Medicaid - DME 56 • Postural Support Seat Medicare - DME 56

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Imaging 16, Iron Quantification with Magnetic Resonance Imaging	Archiving both Commercial and Medicaid in favor of utilizing National Imaging Associates (NIA) Clinical Guidelines. CPT codes 0648T, 0649T, 0697T, 0698T, 76498.	<ul style="list-style-type: none"> • Iron Quantification w/ Magnetic Resonance Imaging Commercial - Imaging 16 • Iron Quantification w/ Magnetic Resonance Imaging Medicaid - Imaging 16
Imaging 26, Paranasal Sinus Ultrasound	Archive Medicaid and Medicare policies. No change to Commercial criteria. CPT codes 76536, S9024.	<ul style="list-style-type: none"> • Paranasal Sinus Ultrasound Commercial - Imaging 26
Medical 10, Continuous Glucose Monitoring System	Expanded coverage for Commercial and Medicaid. CPT codes 0446T, 0447T, 0448T, A4238, A9276, A9277, A9278, A9279, E2102, K0553, K0554.	<ul style="list-style-type: none"> • Continuous Glucose Monitoring System Commercial - DME 10 • Continuous Glucose Monitoring System Medicaid - DME 10
Medical 03, Keratoconus Lenses and Interventions - Piggyback Contact Lenses	No changes to criteria for Commercial and Medicaid policies. CPT codes 65785, 92072, V2510, V2511, V2512, V2513, V2530, V2531, V2520, V2521, V2522, V2523.	<ul style="list-style-type: none"> • Keratoconus Lenses and Interventions - Piggyback Contact Lenses Commercial - Medical 03 • Keratoconus Lenses and Interventions - Piggyback Contact Lenses Medicaid - Medical 03
Medical 101, Proton Beam Radiation Therapy (PBRT)	Updated criteria for Commercial and Medicaid policies. CPT codes 77520, 77522, 77523, 77525.	<ul style="list-style-type: none"> • Proton Beam Radiation Therapy Commercial - Medical 101 • Proton Beam Radiation Therapy Medicaid - Medical 101
Medical 105, Ambulance Transport Services	No changes to Commercial. Archive current SHP Medicaid policy, Medical 105 and create new SHP policy for Medicaid, titled "Nonemergent Air and Water Ambulance Services, Medical 346. CPT codes A0425, A0426, A0428, A0430, A0431, A0432, A0434, A0435, A0436, A0998.	<ul style="list-style-type: none"> • Ambulance Transport Services Commercial - Medical 105 • Ambulance Transport Services Medicaid - Medical 105
Medical 112, Mobile Cardiac Telemetry	No changes to criteria for both Commercial and Medicaid policies. CPT codes 93228, 93229, 93799.	<ul style="list-style-type: none"> • Mobile Cardiac Telemetry Commercial - Medical 112

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<p>Medical 13, Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition</p>	<p>Expanded coverage for Commercial and Medicaid. CPT codes 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, B5200, B9002, B9004, B9006, B9998, B9999, S9341, S9342, S9343, S9364, S9365, S9366, S9367, S9368, S9432, S9433, S9434, S9435.</p>	<ul style="list-style-type: none"> • Mobile Cardiac Telemetry Medicaid - Medical 112 • Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Commercial - Medical 13 • Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Medicaid - Medical 13
<p>Medical 145, Early Inpatient Admission</p>	<p>No changes to criteria for both Commercial and Medicaid policies. CPT codes 99221, 99222, 99223.</p>	<ul style="list-style-type: none"> • Early Inpatient Admission Commercial - Medical 145 • Early Inpatient Admission Medicaid - Medical 145
<p>Medical 160, Telemonitoring Services</p>	<p>No changes to criteria for all lines of business. CPT codes S9110, 99453, 99454, 99457, 99458, 99091, 98975, 98976, 98977, 98980, 98981, 99473, 99474.</p>	<ul style="list-style-type: none"> • Telemonitoring Services Medicaid - Medical 160 • Telemonitoring Services Commercial - Medical 160 • Telemonitoring Services Medicare - Medical 160
<p>Medical 169, Lodging and Meal Reimbursement</p>	<p>No changes to criteria for both the Medicaid and Medicare policies.</p>	<ul style="list-style-type: none"> • Lodging and Meal Reimbursement Medicaid - Medical 169 • Lodging and Meal Reimbursement Medicare - Medical 169
<p>Medical 171, Photodynamic Therapy with Verteporfin</p>	<p>Archiving both Commercial and Medicaid and using MCG A-0202. CPT codes 67221, 67225, J3396.</p>	<ul style="list-style-type: none"> • Photodynamic Therapy with Verteporfin Commercial - Medical 171

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		<ul style="list-style-type: none"> • Photodynamic Therapy with Verteporfin Medicaid - Medical 171
Medical 173, Dry Needling	No changes to criteria for both Commercial and Medicaid policies. CPT codes 20560, 20561.	<ul style="list-style-type: none"> • Dry Needling Commercial - Medical 173 • Dry Needling Medicaid - Medical 173
Medical 174, Vestibular Evoked Myogenic Potential (VEMP)	No changes to criteria for both Commercial and Medicaid policies. CPT codes 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547.	<ul style="list-style-type: none"> • Vestibular Function Testing Commercial - Medical 174 • Vestibular Function Testing Medicaid - Medical 174
Medical 256, Transjugular Intrahepatic Portosystemic Shunt (TIPSS)	No changes to criteria for Commercial, Medicaid, and Medicare policies. CPT codes 37182, 37183.	<ul style="list-style-type: none"> • Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Commercial - Medical 256 • Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Medicaid - Medical 256 • Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Medicare - Medical 256
Medical 267, Dry Hydrotherapy,	No changes to criteria for Commercial and Medicaid policies. CPT code 97039.	<ul style="list-style-type: none"> • Dry Hydrotherapy Commercial - Medical 267 • Dry Hydrotherapy Medicaid - Medical 267
Medical 281, Optical Endomicroscopy	Archive Commercial policy 10.1.2024 and pay upon request. CPT codes 0397T, 43206, 43252, 43499, 43999, 44799, 45999, 88375.	<ul style="list-style-type: none"> • Optical Endomicroscopy Commercial - Medical 281
Medical 286, Exhaled Breath Condensate (EBC ph)	Archive Medicare and use LCD L36241. No changes to criteria for Commercial and Medicaid policies. CPT code 83987.	<ul style="list-style-type: none"> • Exhaled Breath Condensate (EBC ph) Commercial - Medical 286 • Exhaled Breath Condensate (EBC ph) Medicaid - Medical 286

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Medical 298, Movement Disorder Analysis	Archive all lines of business and add all T codes in Category III policy, Medical 336. CPT codes 0533T, 0534T, 0535T, 0536T.	<ul style="list-style-type: none"> • Exhaled Breath Condensate (EBC ph) Medicare - Medical 286 • Movement Disorder Analysis Commercial - Medical 298 • Movement Disorder Analysis Medicaid - Medical 298 • Movement Disorder Analysis Medicare - Medical 298
Medical 334, Non-invasive assessment of the vasculature for Cardiovascular Risk	No changes to criteria for both Commercial and Medicaid policies. CPT codes 0716T, 93050, 93799, 93895, 93998.	<ul style="list-style-type: none"> • Non-invasive assessment of the vasculature for Cardiovascular Risk Commercial - Medical 334 • Non-invasive assessment of the vasculature for Cardiovascular Risk Medicaid - Medical 334
Medical 336, Category III Codes	Archive Medicare and use LCD L35490. Adding CPT codes 0598T, 0599T, 0106T, 0110T, 0533T, 0536T, 0615T, 0778T, 0174T, 0175T, 0398T, 0071T, 0072T, 0331T, 0332T, 0541T, 0542T for Commercial and Medicaid.	<ul style="list-style-type: none"> • Category III Codes Commercial - Medical 336 • Category III Codes Medicaid - Medical 336
Medical 337, Long-Term Care Hospital Services (LTACH)	Updated criteria for both Medicaid and Medicare.	<ul style="list-style-type: none"> • Long-Term Care Hospital Services (LTACH) Medicaid - Medical 337 • Long-Term Care Hospital Services (LTACH) Medicare - Medical 337
Medical 51, Phase II Cardiac Rehabilitation	Expanded coverage for Commercial and Medicaid. CPT codes 93797, 93798.	<ul style="list-style-type: none"> • Phase II Cardiac Rehabilitation Commercial - Medical 51 • Phase II Cardiac Rehabilitation Medicaid - Medical 51
Medical 52, Intensive Cardiac Rehabilitation Programs	Expanded coverage for Commercial and Medicaid. CPT codes G0422, G0423, S9472.	<ul style="list-style-type: none"> • Intensive Cardiac Rehabilitation Programs Commercial - Medical 52

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		<ul style="list-style-type: none"> • Intensive Cardiac Rehabilitation Programs Medicaid - Medical 52
Medical 71, Brachytherapy	Expanded coverage for Commercial and Medicaid. CPT codes 19298, 20555, 41019, 55875, 55920, 57156, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77790, 77799, 0394T, 0395T.	<ul style="list-style-type: none"> • Brachytherapy Commercial - Medical 71 • Brachytherapy Medicaid - Medical 71
Medical 77, Photodynamic Therapy for Oncologic and Dermatologic Conditions	No changes to criteria for Commercial and Medicaid policies. CPT codes 31641, 43229, 96567, 96570, 96571, 96573, 96574.	<ul style="list-style-type: none"> • Photodynamic Therapy for Oncologic and Dermatologic Conditions Commercial - Medical 77 • Photodynamic Therapy for Oncologic and Dermatologic Conditions Medicaid - Medical 77
Medical 99, Transplant Rejection Testing	No changes to criteria for Commercial and Medicaid policies. CPT codes 81595, 81599, 0055U, 0087U, 0088U, 0118U, 81479.	<ul style="list-style-type: none"> • Transplant Rejection Testing Commercial - Medical 99 • Transplant Rejection Testing Medicaid - Medical 99
OB 14, Screening for Fetal Aneuploidy	No changes to criteria for all lines of business. CPT codes 81420, 81508, 81509, 81510, 81511, 81512.	<ul style="list-style-type: none"> • Screening for Fetal Aneuploidy Commercial - OB 14 • Screening for Fetal Aneuploidy Medicaid - OB 14 • Screening for Fetal Aneuploidy Medicare - OB 14
Surgical 08, Autologous Hematopoietic Stem Cell Transplantation (HSCT)	Combined Autologous Hematopoietic Stem Cell Transplantation and Allogenic Hematopoietic Stem Cell Transplantation policies (Surgical 08 and Surgical 213) and rename policy Hematopoietic Stem Cell Transplantation,	<ul style="list-style-type: none"> • Autologous Hematopoietic Stem Cell Transplantation (HSCT) Commercial - Surgical 08

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	Surgical 08 for Commercial and Medicaid. Expanded coverage. CPT codes 38240, 38241.	<ul style="list-style-type: none"> • Autologous Hematopoietic Stem Cell Transplantation (HSCT) Medicaid - Surgical 08
Surgical 103, Headaches treatments	No changes to criteria for Commercial and Medicaid policies. CPT codes 64400, 64405, 64505, 64633, 64634, 64744, K1023.	<ul style="list-style-type: none"> • Headache Treatments Commercial - Surgical 103 • Headache Treatments Medicaid - Surgical 103
Surgical 108, Gender Affirming Surgery	No changes to criteria for both Commercial and Medicaid policies. CPT codes 17380, 19318, 19325, 19340, 19342, 19350, 21120, 21121, 21122, 21123, 21137, 21138, 211139, 21208, 21209, 21210, 30400, 30410, 30420, 30430, 30435, 30450, 31899, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 5680, 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, C1813, C2622, J9202, J9217, J9218, J9219, S0189, 11950, 11951, 11952, 11954, 15200, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 19316, 21087, 21125, 21127, 21193, 21194, 21195, 21196, 21210, 21270, 67900, 92507, 92508, G0153, S9128	<ul style="list-style-type: none"> • Gender Affirming Surgery Commercial - Surgical 108 • Gender Affirming Surgery Medicaid - Surgical 108
Surgical 128, Medical Dental Surgery	No change to Commercial criteria. CPT codes 41899, 40840, 40842, 40843, 40844, 40845, 41820, 41870, 41872, 41874.	<ul style="list-style-type: none"> • Medical Dental Surgery Commercial - Surgical 128

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Surgical 13, Eyelid Procedures and Brow lift (Formerly known as Blepharoplasty)	Combined Blepharoptosis Repair, Surgical 211 and Brow lift, Surgical 212 into Surgical 13 for both Commercial and Medicaid policies. CPT codes 15820, 15821, 15822, 15823, 67916, 67917, 67923, 67924.	<ul style="list-style-type: none"> • Blepharoplasty Commercial - Surgical 13 • Blepharoplasty Medicaid - Surgical 13
Surgical 18, Surgical Treatments for Obstructive Sleep Apnea	Adding codes for Commercial and Medicaid. CPT codes L8679, L8680, L8681, L8682, L8683, L8685, L8686, L8688.	<ul style="list-style-type: none"> • Surgical Treatments for Obstructive Sleep Apnea (OSA) Commercial - Surgical 18 • Surgical Treatments for Obstructive Sleep Apnea (OSA) Medicaid - Surgical 18
Surgical 19, Accidental Dental Services	No change to Commercial criteria. CPT codes 41899, D7270, 40840, 40842, 40843, 40844, 40845, 41820, 41870, 41872, 41874.	<ul style="list-style-type: none"> • Accidental Dental Services Commercial - Surgical 19
Surgical 205, Gastrointestinal Procedures	Updating coverage for both Commercial and Medicaid. CPT codes 43284, 43285, 43497, 43499, 43210, 43257.	<ul style="list-style-type: none"> • Gastrointestinal Procedures Commercial - Surgical 205 • Gastrointestinal Procedures Medicaid - Surgical 205
Surgical 211, Blepharoptosis Repair	Archive both Commercial and Medicaid policies. Will be combined with Surgical 13. CPT codes 67901, 67902, 67903, 67904, 67906, 67908, 67909.	<ul style="list-style-type: none"> • Blepharoptosis Repair Commercial - Surgical 211 • Blepharoptosis Repair Medicaid - Surgical 211
Surgical 212, Brow Lift	Archive both Commercial and Medicaid policies will be combined with Surgical 13, Eyelid Procedures and Brow lift. CPT code 67900.	<ul style="list-style-type: none"> • Brow Lift Commercial - Surgical 212 • Brow Lift Medicaid - Surgical 212
Surgical 213, Allogeneic Hematopoietic Stem Cell Transplantation (Formerly Surgical 08)	Combined Autologous Hematopoietic Stem Cell Transplantation and Allogeneic Hematopoietic Stem Cell Transplantation policies (Surgical 08 and Surgical 213) and rename policy Hematopoietic Stem Cell Transplantation, Surgical 08 for Commercial and Medicaid. CPT codes 38240, 38241.	<ul style="list-style-type: none"> • Allogeneic Hematopoietic Stem Cell Transplantation Commercial - Surgical 213 • Allogeneic Hematopoietic Stem Cell Transplantation Medicaid - Surgical 213

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Surgical 27, Pancreas and Islet Cell Transplants	Expanded coverage for Commercial and Medicaid. CPT codes 48160, 48554, 0584T, 0585T, 0586T.	<ul style="list-style-type: none"> • Pancreas and Islet Cell Transplants Commercial - Surgical 27 • Pancreas and Islet Cell Transplants Medicaid - Surgical 27
Surgical 32, Bariatric Services	Expanded coverage for both Commercial and Medicaid policies. CPT codes 43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 47000, 47001, S2083, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T.	<ul style="list-style-type: none"> • Bariatric Services Commercial - Surgical 32 • Bariatric Services Medicaid - Surgical 32
Surgical 40, Intraoperative Neurophysiological Monitoring and EMG Larynx	No changes to criteria for Commercial and Medicaid policies. CPT codes 95940, 95941, G0453.	<ul style="list-style-type: none"> • Intraoperative Neurophysiological Monitoring and EMG Larynx Commercial - Surgical 40 • Intraoperative Neurophysiological Monitoring and EMG Larynx Medicaid - Surgical 40
Surgical 69, Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG))	Expanded coverage for both Commercial and Medicaid policies. CPT codes 63650, 63655, 63685, L8680, L8682, L8683, L8685, L8686, L8687, L8688.	<ul style="list-style-type: none"> • Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)) Commercial - Surgical 69 • Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)) Medicaid - Surgical 69
Surgical 83, Benign Prostatic Hypertrophy BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP)	Modified coverage criteria for Commercial and Medicaid. CPT codes 0421T, 0714T, 52282, 52441, 52442, 52450, 52601, 52647, 52648, 52649, 53850, 53852, 53854, 55873.	<ul style="list-style-type: none"> • BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP) Commercial - Surgical 83 • BPH Treatments as an Alternative to Transurethral Resection of the

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		Prostate (TURP) Medicaid - Surgical 83

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Provider Alert Issued 6.28.2024

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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Sensory - Weighted Vest Commercial - BH 27 • Sensory - Weighted Vest Medicaid - BH 27 • Sensory - Weighted Vest Medicare - BH 27

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Behavioral Health 28, Assertive Community Treatment (ACT)	No change to Medicaid policy. CPT Codes 90791, 90792, H0040.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Applied Behavioral Analysis Medicaid - BH 37

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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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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	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. Commercial and Medicaid. CPT Codes 27599, L2006, L5000, L5010, L5000, L5010, L5020, 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,	<ul style="list-style-type: none"> • Prosthetic Devices Commercial - DME 21 • Prosthetic Devices Medicaid - DME 21

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	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, 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, L8699, L8701, L8702.	

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
DME 23, Home Spirometry	Add CPT Codes E0487, S8096 to policy for Commercial and Medicaid. Current CPT Codes 94014, 94015, 94016.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Lymphedema Pump for Head and Neck Commercial - DME 245 • Lymphedema Pump for Head and Neck Medicaid - DME 245
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.	<ul style="list-style-type: none"> • Ultraviolet Light Therapy System for Home Use Commercial - DME 60 • Ultraviolet Light Therapy System for Home Use Medicaid - DME 60

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
DME 61, Non-Surgical Eyelid Weights	Archive policy for Commercial, Medicaid and Medicare and add to DME 21, Prosthetic Devices as an exception for Commercial and Medicaid. CPT Code L8499.	<ul style="list-style-type: none"> • Non-Surgical Eyelid Weights Commercial - DME 61 • Non-Surgical Eyelid Weights Medicaid - DME 61 • Non-Surgical Eyelid Weights Medicare - DME 61
Evolut Health, Inc., otherwise known as National Imaging Associates, Inc. (NIA), updates	Removed language from Chest CT, Low Dose 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.	<ul style="list-style-type: none"> • Iron Quantification w/ Magnetic Resonance Imaging Commercial - Imaging 16 • Iron Quantification w/ Magnetic Resonance Imaging Medicaid - Imaging 16
Imaging 24, Scintimammography and Breast Specific Gamma Imaging	LCD L33910 retired. Unarchive Medicare policy. CPT Codes 78800, 78801, 78803, S8080.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Colonic Lavage Therapy Commercial - Medical 178 • Colonic Lavage Therapy Medicaid - Medical 178

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Medical 303, Apixaban (Eliquis) Drug Level	No change for Commercial, Medicaid and Medicare. CPT Code 80299.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Cell Enumeration Commercial - Medical 310 • Cell Enumeration Medicaid - Medical 310
Medical 316, Chemotherapy Administration	No change to policy for Commercial, Medicaid. CPT Codes 96401, 96402, 96405, 96406, 96409, 96411, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96542, 96549.	<ul style="list-style-type: none"> • Chemotherapy Administration Commercial - Medical 316 • Chemotherapy Administration Medicaid - Medical 316
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.	<ul style="list-style-type: none"> • Vision Therapy for Convergence Insufficiency Commercial - Medical 324 • Vision Therapy for Convergence Insufficiency Medicaid - Medical 324
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)	<ul style="list-style-type: none"> • Genetic Testing-Cancer Prevention, Diagnosis and

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	for Commercial, Medicaid and Medicare. CPT codes 0239U, 0037U, 81455.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Genetic Testing - Pharmacogenetic Testing Commercial - Medical 34E • Genetic Testing - Pharmacogenetic Testing Medicaid - Medical 34E • Genetic Testing - Pharmacogenetic Testing Medicaid - Medical 34E
OB 11, Transabdominal Cerclage	No change to Commercial, Medicaid or Medicare policy. CPT Codes 59325, 59898.	<ul style="list-style-type: none"> • Transabdominal Cerclage Commercial - Obstetrics 11

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		<ul style="list-style-type: none"> • Transabdominal Cerclage Medicaid - Obstetrics 11 • Transabdominal Cerclage Medicare - Obstetrics 11
<p>OB 12, Testing of Premature Rupture of Membrane in Pregnancy</p>	<p>No change to Commercial, Medicaid or Medicare policy. CPT Code 84112.</p>	<ul style="list-style-type: none"> • 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
<p>Surgical 08, Hematopoietic Stem Cell Transplantation</p>	<p>Adding CPT Code 38242 to policy with criteria for Commercial and Medicaid.</p>	<ul style="list-style-type: none"> • Autologous Hematopoietic Stem Cell Transplantation (HSCT) Commercial - Surgical 08 • Autologous Hematopoietic Stem Cell Transplantation (HSCT) Medicaid - Surgical 08
<p>Surgical 09, Skin Lesions/Keloids/Warts/Dermoscopy</p>	<p>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, 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.</p>	<ul style="list-style-type: none"> • Skin Lesions-Keloids-Warts-Dermoscopy Commercial - Surgical 09 • Skin Lesions-Keloids-Warts-Dermoscopy Medicaid - Surgical 09

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Surgical 110, Genicular Nerve Ablation	No change for Commercial, Medicaid and Medicare. CPT Codes 64454, 64624.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Uterus Transplant Commercial - Surgical 125 • Uterus Transplant Medicaid - Surgical 125 • Uterus Transplant Medicare - Surgical 125

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
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.	<ul style="list-style-type: none"> • 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, 40845, 41820, 41870, 41872, 41874, 41899, D7270.	<ul style="list-style-type: none"> • Accidental Dental Services Commercial - Surgical 19
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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Varicocele Embolization Commercial - Surgical 209 • Varicocele Embolization Medicaid - Surgical 209
Surgical 221, Neurolysis and Nerve Re-Implantation for Pelvic Pain	No change for Commercial, Medicaid and Medicare. CPT Codes 64722, 64999.	<ul style="list-style-type: none"> • Neurolysis and Nerve Re-Implantation for Pelvic Pain Commercial - Surgical 221 • Neurolysis and Nerve Re-Implantation for Pelvic Pain Medicaid - Surgical 221

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		<ul style="list-style-type: none"> • Neurolysis and Nerve Re-Implantation for Pelvic Pain Medicare - Surgical 221
<p>Surgical 233, Computer Assisted Navigation for Surgical Procedures</p>	<p>No change to criteria for Commercial, Medicaid and Medicare. CPT Codes 20985, 61781, 61782, 61783, 0054T, 0055T.</p>	<ul style="list-style-type: none"> • Computer Assisted Navigation Commercial - Surgical 233 • Computer Assisted Navigation Medicaid - Surgical 233 • Computer Assisted Navigation Medicare - Surgical 233
<p>Surgical 58, Laser Therapy for Skin Treatments</p>	<p>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.</p>	<ul style="list-style-type: none"> • Laser Therapy for Skin Treatments Commercial - Surgical 58 • Laser Therapy for Skin Treatments Medicaid - Surgical 58
<p>Surgical 74, Deep Brain Stimulation</p>	<p>No change for Commercial and Medicaid. CPT codes 61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888.</p>	<ul style="list-style-type: none"> • Deep Brain Stimulation Commercial - Surgical 74 • Deep Brain Stimulation Medicaid - Surgical 74
<p>Surgical 88, Stereotactic Radiosurgery (SRS) and Stereotactic Body Radio Therapy (SBRT)</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Surgical 96, Total Ankle Replacement	No change for Commercial, Medicaid and Medicare. CPT Codes 27702, 27703, 27704.	<ul style="list-style-type: none">• 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 Density Testing. (Already live). CPT Codes 11104, 11105.	<ul style="list-style-type: none">• Epidermal Nerve Fiber Density Testing Commercial - Surgical 98• Epidermal Nerve Fiber Density Testing Medicaid - Surgical 98• Epidermal Nerve Fiber Density Testing Medicare - Surgical 98