

Spring 2025 Policy 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 (DME), imaging, medical, obstetrics, pharmacy, and surgical policies at sentarahealthplans.com

Provider Alert Issued 1/31/2025 Go Live Was 4/1/2025		
POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy, Surgical 117	Updated criteria for Commercial and Medicaid for Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy, Surgical 117. Codes: 20930, 20931, 20932, 20933, 20934, 20936, 20937, 20938, 20939, 22548, 22551, 22552, 22554, 22590, 22595, 22600, 22614, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22853, 22854, 22856, 22858, 22859, 22861, 22864, 63001, 63015, 63020, 63035, 63040, 63043, 63045, 63048, 63075, 63076, 63270, 63280, 63285	• 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
Automated Nerve Conduction Testing, Medical 250	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L35048. Codes: 95905, 95907.	• Automated Nerve Conduction Testing Commercial - Medical 250 • Automated Nerve Conduction Testing Medicaid - Medical 250
Breast Procedures, Surgical 10	Updated criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 140.2 and LCD L33428. Codes: 11920, 11921, 11922, 15771, 15772, 15777, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19325, 19328, 19330, 19340, 19342,	• Breast Procedures Commercial - Surgical 10 • Breast Procedures Medicaid - Surgical 10

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, C9358, C9360, Q4100, Q4116, Q4122, Q4128, Q4130, 15877, 64912, 64913.	
Chemotherapy Administration, Medical 316	Update Medical Necessity criteria. Rename policy SHP Medical 316, Chemotherapy and Supportive Care. Codes: 96401, 96402, 96405, 96406, 96409, 96411, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96542, 96549	• Chemotherapy Administration Commercial - Medical 316 • Chemotherapy Administration Commercial - Medical 316
Compression Stockings, Garments and Devices, DME 04	Updated criteria for Commercial and Medicaid. For Medicare continue to utilize LCD L33829. Codes: A4465, A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6545, A6549, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6610, E0678, E0679, E0680, E0681, E0682, K1024, K1025, K1031, K1032, K1033	• Compression Stockings and Garments Commercial - DME 04 • Compression Stockings and Garments Medicaid -
Cranial Electrotherapy Stimulation (CES), DME 59	No changes to all Commercial, Medicaid and Medicare. Codes: E0732, 0720T, A4596, K1002, K1016, K1017.	• Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator) Commercial - DME 59

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		• Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator) Medicaid - DME 59 • Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator) Medicare - DME 59
Cryoablation, Surgical 82	Expanded criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 230.9. Codes: 31641, 32994, 43229, 47371, 47381, 47383, 50593, 55873, 20983, 0440T, 0441T, 0442T, 0581T, 30117, 30999, 31299, 67229	• Cryoablation Commercial - Surgical 82 • Cryoablation Medicaid - Surgical 82
Cytoreductive Surgery (Tumor Debulking), Surgical 02	No change to criteria for Commercial, Medicaid and Medicare. Many code updates. Codes: 49203, 49204, 49205, 96547, 96548.	• Cytoreductive Surgery (Tumor Debulking) Commercial - Surgical 02 • Cytoreductive Surgery (Tumor Debulking) Medicaid - Surgical 02 • Cytoreductive Surgery (Tumor Debulking) Medicare - Surgical 02
Ellipsys Vascular Access System, Medical 318	Policy will archive on 4.1.2025 for Commercial, Medicaid and Medicare.	• Policy will archive 4.1.2025
Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition, Medical 13	Updated codes. No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L38955. 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,	• Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Commercial - Medical 13 • Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Medicaid - Medical 13

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	B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9002, B9004, B9006, B9998, B9999, S9341, S9342, S9343, S9364, S9365, S9366, S9367, S9368, S9432, S9433, S9435, T2101.	
Equestrian therapy (e.g., hippotherapy), Medical 268	Archiving Medicaid. Code: S8940.	• <u>Policy will archive for Medicaid 4.1.2025</u>
Eustachian tube balloon dilation (ETBD)/ Tuboplasty, Medical 328	No changes to criteria. Commercial, Medicaid and Medicare. Code auth changes: 69705, 69706, 69799.	• <u>Eustachian tube balloon dilation (ETBD) Tuboplasty Commercial - Medical 328</u> • <u>Eustachian tube balloon dilation (ETBD) Tuboplasty Medicaid - Medical 328</u> • <u>Eustachian tube balloon dilation (ETBD) Tuboplasty Medicare - Medical 328</u>
Fetal Surgeries in Utero, OB 10	Expanded criteria for Commercial, Medicaid and Medicare. Codes: 59076, 59897, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411, 59072, 59074.	• <u>Fetal Surgeries in Utero Commercial - Obstetrics 10</u> • <u>Fetal Surgeries in Utero Medicaid - Obstetrics 10</u>
Gastrointestinal Capsule Endoscopy, Medical 81	No changes for Commercial and Medicaid. For Medicare continue to utilize LCD L33455, L36427, and L38755. Codes: 91110, 91111, 91112, 0651T, 91113, 0977T.	• <u>Gastrointestinal Capsule Endoscopy Commercial - Medical 81</u> • <u>Gastrointestinal Capsule Endoscopy Medicaid - Medical 81</u>
Gender Affirming Surgery, Surgical 108	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 140.9 and LCA A53793. Codes: 11920, 11921, 11922, 11950, 11951, 11952, 11954, 15771, 15772, 15773, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821,	• <u>Gender Affirming Surgery Commercial - Surgical 108</u> • <u>Gender Affirming Surgery Medicaid - Surgical 108</u>

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	15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17110, 17111, 17380, 17999, 19303, 19316, 19318, 19325, 19340, 19342, 19350, 19357, 19364, 19380, 21087, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450, 31599, 31750, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55866, 55899, 55970, 55980, 56620, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940.	
Genicular Nerve Ablation, Surgical 110	Policy will archive 4.1.2025 for all Commercial, Medicaid and Medicare. Code: 64454	• Policy will archive 4.1.2025
Intra-arterial (IA) Chemotherapy, Medical 254	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 280.14 and LCD L33461. Codes: 36260, 61650, 96422, 96423, 96425.	• Intra-arterial (IA) Chemotherapy Commercial - Medical 254 • Intra-arterial (IA) Chemotherapy - Medical 254
Needleless Injection, DME 26	No change to Commercial and Medicaid. For Medicare continue to utilize NCD 40.4 and 40.2 and LCD L33822. Codes: A4210, E1399, A4257, E0620.	• Needleless Injection Commercial - DME 26 • Needleless Injection Medicaid - DME 26

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
New Tech Review – Hemorrhoid Artery Embolization (HAE)	For Commercial, Medicaid and Medicare added to Non-Oncology Embolization, Medical 342 exceptions. Codes: 37244, 36247, 36248, 76937, 75726.	
New Tech Review – Transpupillary Thermotherapy (TTT)	Add to Commercial and Medicaid added to Ophthalmic Procedures, Surgical 60. For Medicare misc. code use Head and Neck Surgery or Procedure GRG (SG-HNS). Add Codes: 67299, 92499.	• Ophthalmic Procedures Commercial - Surgical 60 • Ophthalmic Procedures Medicaid - Surgical 60
New Tech: Genetic Panel for Hypophosphatasia and Hypophosphatemic Rickets Panel	For Commercial and Medicaid added to Molecular and Genetic Testing, Medical 34. For Medicare continue to utilize LCD L35025. Codes: 81404, 81406, 81479.	
New Tech: Nasal Septal Perforation Repair	For Commercial and Medicaid – will remove PA. For Medicare continue to utilize LCD L33428. Codes: 30630	• Nasal Implants Commercial - Surgical 230 • Nasal Implants Medicaid - Surgical 230
New Tech: Pain Management/Nerve Blocks	For Commercial and Medicaid update Surgical 119 and change name to "Spinal and Other Pain Management Procedures". Update format. Expanded policy to include multiple types of pain management / nerve blocks. See codes. Archive Surgical 110, Genicular Nerve Ablation and add to Surgical 119. For Medicare continue to utilize LCD L37641, L37642, L33933, L36850. Codes: 64454, 64400, 64405, 64415, 64416, 64417, 64418, 64420, 64421, 64445, 64446, 64447, 64448, 64449, 64450, 64466, 64467, 64468, 64469, 64486, 64487, 64488, 64489, 64490, 64491, 64492, 64493, 64494, 64495, 64530, 64633, 64634, 64635, 64636, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 62263, 62264, 62280, 62281, 62282, 62320, 62321,	

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	62322, 62323, 64408, 64425, 64430, 64451, 64454, 64479, 64480 , 64483, 64484, 64488, 64505, 64510, 64517, 64520, 64999, 64615	
New Tech: Pecto-Intercostal Fascial plane nerve block	For Commercial and Medicaid add to Policy Surgical 119 and change name to "Spinal and Other Pain Management Procedures". For Medicare continue to utilize LCD L37641, L37642, L33933, L36850. Codes: 64999, 64466, 64467, 64468, 64469, 64473, 64474.	
New Tech: Plantar Fasciitis Embolization (PFE)	Archive listed policies and combined this and all of the following policies into one New Surgical policy "Non-Oncology Embolization" – Surgical 235 for Commercial, Medicaid and Medicare. • New Tech - Plantar Fasciitis Embolization (PFE) add for all Commercial, Medicaid and Medicare • Medical 342 - Genicular Artery Embolization (GAE) for Commercial, Medicaid and Medicare • Surgical 202 - Ovarian Vein Embolization for Commercial and Medicaid • Surgical 209 - Varicocele Embolization for Commercial and Medicaid Codes: 37241, 37242, 28899, 75894.	
Paranasal Sinus Ultrasound, Imaging 26	No changes for Commercial. Medicaid and Medicare utilize Evolent. Codes: 76536, S9024.	• Paranasal Sinus Ultrasound Commercial - Imaging 26
Pectus Surgery and Devices, Surgical 05	No change to Commercial, Medicaid and Medicare. Codes: 21740, 21742, 21743, L9900, L1320.	• Pectus Surgery and Devices Commercial - Surgical 05 PDF, 233 KB Last Updated: 05/29/2024 (sitecorecontenthub.cloud)

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Pectus Surgery and Devices Medicaid - Surgical 05 PDF, 259 KB Last Updated: 09/04/2024 (sitecorecontenthub.cloud) • Pectus Surgery and Devices Medicare - Surgical 05 PDF, 273 KB Last Updated: 06/27/2024 (sitecorecontenthub.cloud)
Physical Therapy for Treating Obesity, Medical 252	No changes to Commercial, Medicaid and Medicare. No associated code.	• Physical Therapy for Treating Obesity Commercial - Medical 252 • Physical Therapy for Treating Obesity Medicaid - Medical 252 • Physical Therapy for Treating Obesity Medicare - Medical 252
Platelet Rich Plasma, Medical 246	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 270.3 and LCD L38745. Codes: G0460, S0157, S9055, 0232T.	• Platelet Rich-Plasma Commercial - Medical 246 • Platelet Rich-Plasma Medicaid - Medical 246
Prosthetic Devices, DME 21	Add criteria and Code for Wigs to Medicaid policy. Add Code A9282	
Scintimammography and Breast Specific Gamma, Imaging 24	No changes to Commercial, Medicaid and Medicare. Codes: 78800, 78801, 78803, S8080.	• Scintimammography and Breast Specific Gamma Imaging Commercial - Imaging 24 • Scintimammography and Breast Specific Gamma Imaging Medicaid - Imaging 24 • Scintimammography and Breast Specific Gamma Imaging Medicare - Imaging 24 PDF, 220 KB Last Updated: 08/30/2024 (sitecorecontenthub.cloud)

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Screening for Fetal Aneuploidy (formerly Fetal Congenital Abnormalities Risk Score Medical 165), OB 14	Archiving Commercial and Medicaid. Codes managed by Avalon. For Medicare continue to utilize LCD L35025. Codes: 81420, 81508, 51509, 51510, 81511, 81512	Policy will archive 4.1.2025
Shoulder/Elbow Joint Resurfacing Arthroplasty with Allograft Tissue, Surgical 111	No change to Commercial, Medicaid and Medicare. Codes: 24370, 24371, 23473, 23474, 23929, 24999.	Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue Commercial - Surgical 111 Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue Medicaid - Surgical 111 Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue Medicare - Surgical 111
Skin/Lesions/Keloids/Warts/Dermoscopy and Biopsies, Surgical 09	Expanding criteria for Commercial Skin/Lesions/Keloids/Warts/Dermoscopy and Biopsies, Surgical 09. Adding Codes: 11104, 11105.	Skin Lesions-Keloids-Warts-Dermoscopy Commercial - Surgical 09 Skin Lesions-Keloids-Warts-Dermoscopy Medicaid - Surgical 09
Thermal Capsulorrhaphy, Surgical 86	No changes for Commercial and Medicaid. For Medicare continue to utilize Thermal Capsulorrhaphy A53435 - Palmetto (Not a covered service). Codes: 29999, S2300.	Thermal Capsulorrhaphy - Surgical 86 Thermal Capsulorrhaphy Medicaid - Surgical 86
Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE), Medical 139	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 20.28. Codes: 36260, 37241, 37242, 37243, 37244, 75894, C9797.	Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE) Commercial - Medical 139 Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE) Medicaid - Medical 139
Whole Body Imaging (Magnetic Resonance Imaging and Computed Tomography), Imaging 53	Updating Commercial. Codes: 76497, S8092, 76498.	Whole Body Imaging (Magnetic Resonance Imaging and Computed Tomography) Commercial - Imaging 53

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POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Wound Treatments, Medical 343	For Commercial and Medicaid added MIST Therapy/ Noncontact Normothermic Wound Therapy (NNWT) to Wound Treatments, Medical 343. Medicare utilizes NCD 270 and LCD billing article A54555. Code: 97610	• Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Commercial - Medical 343 • Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Medicaid - Medical 343 • Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Medicare - Medical 343
Remove Prior Authorization for the following codes	• Relax for Commercial: Codes 67221, 67225 • Commercial Code 83521 will run through Avalon. • Relax for Commercial, Medicaid and Medicare. Codes: 92537, 92538, 92540, 92541, 92544, 92545, 92546, 92547	

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Provider Alert Issued 2/28/2025 Go Live 5/1/2025		
POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Actigraphy, Medical 259	For Commercial and Medicaid change name to “Wearable Monitoring Device” and no changes to criteria. For Medicare archive policy on May 1, 2025 and utilize LCD L36593. Codes: 95803.	• Actigraphy Commercial - Medical 259 • Actigraphy Medicaid - Medical 259
Ambulance Transport Services / Nonemergent Air and Water Ambulance Services, Medical 105	For Commercial and Medicaid renamed policy to “Nonemergent Ambulance Services” and update criteria for Medicaid. Codes: A0425, A0426, A0428, A0430, A0431, A0432, A0434, A0435, A0436, A0998, A0426, A0428, A0432, A0434, A0435, A0436, A0998.	• Nonemergent Air and Water Ambulance Services
Autologous Myoblast and Muscle Cell Injection, Medical 262	No change to Commercial and Medicaid. For Medicare continue to utilize NCD 30.8. Codes: 53899.	• Autologous Myoblast and Muscle Cell Injection Commercial - Medical 262 • Autologous Myoblast and Muscle Cell Injection Commercial - Medical 262
Chromoendoscopy, Medical 283	Archive policy for all Commercial, Medicaid and Medicare. Codes: 44799, 45399, 45999, 78299.	• Archive policy on May 1, 2025.
Corneal Hysteresis Measurement, Medical 265	Archive and added to Ophthalmic Procedure, Surgical 60 for Commercial and Medicaid. For Medicare will archive on May 1, 2025 and utilize LCD L38026. Codes: 0198T, 92145.	• Archive policy on May 1, 2025

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Cytoreductive Surgery (Tumor Debulking), Surgical 02	No changes to Commercial and Medicare. Medicaid criteria updated. Codes: 49203, 49204, 49205, 96547, 96548.	• Cytoreductive Surgery (Tumor Debulking) Commercial - Surgical 02 • Cytoreductive Surgery (Tumor Debulking) Medicaid - Surgical 02 • Cytoreductive Surgery (Tumor Debulking) Medicare - Surgical 02
Diapers and Underpads Medicaid DMAS CRITERIA, DME 246	No changes to policy. 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.	• Diapers and Underpads Medicaid - DME 246
Dry Hydrotherapy, Medical 267	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 150.8 and LCD L34428. Codes: 97039.	• Dry Hydrotherapy Commercial - Medical 267 • Dry Hydrotherapy Medicaid - Medical 267
Early Inpatient Admission, Medical 145	No change to Commercial and Medicaid. For Medicare continue to utilize LCD L34552. Codes: 99221, 99222, 99223.	• Early Inpatient Admission Commercial - Medical 145 • Early Inpatient Admission Medicaid - Medical 145
Electrical Stimulation, DME 07	Archiving Cranial Electrotherapy Stimulation, DME 59 and adding it to Electrical Stimulation, DME 07 for Commercial and Medicaid on May 1, 2025. Updating criteria for Commercial and Medicaid. Codes: 0278T, 0766T, 0767T, 0768T, 0769T, 0783T, 64575, 64585, 64590, 64595, 64999, A4595, E0720, E0730, E0731, E0745, E0762, E1399, L8680, L8682, L8683, L8685, L8686, L8687, L8688, S8130, S8131, S8930.	• Electrical Stimulation Commercial - DME 07 • Electrical Stimulation Medicaid - DME 07

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Endometrial Ablation, Surgical 15	No changes to all Commercial, Medicaid and Medicare. Codes: 58353, 58356, 58563, 58579, 58999.	• Endometrial Ablation Commercial - Surgical 15 • Endometrial Ablation Medicaid - Surgical 15 • Endometrial Ablation Medicare - Surgical 15
Eustachian tube balloon dilation (ETBD)/ Tuboplasty, Medical 328	Update criteria for all Commercial, Medicaid and Medicare. Codes: 69705, 69706, 69799.	• Eustachian tube balloon dilation (ETBD) Tuboplasty Commercial - Medical 328 • Eustachian tube balloon dilation (ETBD) Tuboplasty Medicaid - Medical 328 • Eustachian tube balloon dilation (ETBD) Tuboplasty Medicare - Medical 328
Eyelid Procedures and Brow Lift, Surgical 13	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize LCD L34411. Codes: 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924.	• Eyelid Procedures and Brow Lift - Surgical 13 PDF, 223 KBLast Updated: 08/05/2024 (sitecorecontenthub.cloud) • Eyelid Procedures and Brow Lift Medicaid - Surgical 13 PDF, 257 KBLast Updated: 08/05/2024 (sitecorecontenthub.cloud)

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Foot Surgeries, Surgical 52	For all Commercial, Medicaid and Medicare rename policy to “Hand and Foot Surgery” and update criteria. Codes: 28291, 28292, 28295, 28296, 28297, 28298, 28299, 0335T, 0510T, 0511T, 20920, 20922, 28899, S2117, L8630.	• Foot Surgeries Commercial - Surgical 52 • Foot Surgeries Medicaid - Surgical 52 • Foot Surgeries Medicare - Surgical 52
Heart-Lung Transplantation, Surgical 28	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 260.9. Codes: 33935.	• Heart-Lung Transplantation Commercial - Surgical 28 • Heart-Lung Transplantation Medicaid - Surgical 28
Hyperhidrosis Treatment, Surgical 107	Criteria updated for all Commercial, Medicaid and Medicare. Codes: 15877, 15878, 32664, 64650, 64653, 64804, 64809, 64818, 64999.	• Hyperhidrosis Treatments Commercial - Surgical 107 • Hyperhidrosis Treatments Medicaid - Surgical 107 • Hyperhidrosis Treatments Medicare - Surgical 107
Left Atrial Appendage Occlusion, Surgical 102	No changes for Commercial and Medicaid. For Medicare continue to utilize NCD 20.34. Codes: 33267, 33268, 33269, 33340.	• Left Atrial Appendage Occlusion Commercial - Surgical 102 • Left Atrial Appendage Occlusion Medicaid - Surgical 102
New Technology Review - BAHA 6 Softband system	Codes: L8692. Will change to pay upon request.	

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Ophthalmic Procedures, Surgical 60	Update criteria for Commercial and Medicaid. For Medicare continue to utilize LCD L34431, L34413, L37531, L37644, L38792, A53047, A53501 and NCD 80.12 and 80.10. Codes: 0100T, 0198T, 0207T, 0253T, 0308T, 0329T, 0330T, 0449T, 0450T, 0464T, 0465T, 0472T, 0473T, 0474T, 0507T, 0563T, 0621T, 0622T, 0671T, 0730T, 65855, 66150, 66155, 66160, 66170, 66172, 66174, 66175, 66179, 66180, 66183, 66184, 66185, 66710, 66711, 66820, 66821, 66825, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66987, 66988, 66989, 66991, 66999, 68841, 92499, 66683, 66825, 92145, L8608, L8610, L8612.	• Ophthalmic Procedures Commercial - Surgical 60 • Ophthalmic Procedures Medicaid - Surgical 60
Penile Prosthesis Surgery, Surgical 23	No changes for Commercial, no policy for Medicaid. For Medicare continue to utilize NCD 230.4. Codes: 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417.	• Penile Prosthesis Surgery Commercial - Surgical 23
Second (Back up) Ventilator, DME 51	No changes for Commercial and Medicaid. For Medicare continue to utilize NCD 280.1 and LCD L33800. Codes: E0465, E0466, E0467, E0468.	• Second Ventilator Commercial - DME 51 • Second Ventilator Medicaid - DME 51

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Specialized Supportive Seating and Medical Car Seats, DME 56	No changes to all Commercial, Medicaid and Medicare. Codes: E0190, T5001.	• Specialized Supportive Seating and Medical Car Seats Commercial - Durable Medical Equipment 56 PDF, 217 KBLast Updated: 09/06/2024 (sitecorecontenthub.cloud) • Specialized Supportive Seating and Medical Car Seats Medicaid - Durable Medical Equipment 56 PDF, 260 KBLast Updated: 09/06/2024 (sitecorecontenthub.cloud) • Specialized Supportive Seating and Medical Car Seats Medicare - Durable Medical Equipment 56 PDF, 224 KBLast Updated: 09/06/2024 (sitecorecontenthub.cloud)
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Telemonitoring Services, Medical 160	Archive Commercial and Medicare. No changes to Medicaid. Codes: 98975, 98976, 98977, 98978, 98980, 98981, 99091, 99453, 99454, 99457, 99458, 99473, 99474, S9110.	• Telemonitoring Services Commercial - Medical 160 PDF, 187 KBLast Updated: 09/03/2024 (sitecorecontenthub.cloud) • Telemonitoring Services Medicaid - Medical 160 • Telemonitoring Services Medicare - Medical 160
Treatments for Varicose Veins, Surgical 04	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize LCD L39121. Codes: 0524T, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 49185.	• Treatment for Varicose Veins Commercial - Surgical 04 PDF, 282 KBLast Updated: 07/01/2024 (sitecorecontenthub.cloud) • Treatment for Varicose Veins Medicaid - Surgical 04 PDF, 334 KBLast Updated: 07/01/2024 (sitecorecontenthub.cloud)
Tumor Treating Fields Therapy, Medical 166	Archive Commerical and Medicaid utilize MCG A-0930 on May 1, 2025. For Medicare continue to utilize LCD L34823. Codes: A4555, E0766, 77299.	• Archive policy on May 1, 2025

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Vertigo, Tinnitus, and Meniere's Diagnosis, Treatment and Devices, DME 225	No changes to all Commercial, Medicaid and Medicare. Codes: E1399, E2120.	• Vertigo, Tinnitus, and Meniere's Diagnosis Treatment Devices Commercial - DME 225 • Vertigo, Tinnitus, and Meniere's Diagnosis Treatment Devices Medicaid - DME 225 • Vertigo, Tinnitus, and Meniere's Diagnosis Treatment Devices Medicare - DME 225
Vestibular Evoked Myogenic Potential (VEMP) Testing, Medical 174	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 160.10 and LCD L34537. Codes: 92517, 92518, 92519.	• Vestibular Evoked Myogenic Potential (VEMP) Commercial - Medical 174 PDF, 223 KBLast Updated: 09/09/2024 (sitecorecontenthub.cloud) • Vestibular Evoked Myogenic Potential (VEMP) Medicaid - Medical 174 PDF, 274 KBLast Updated: 09/09/2024 (sitecorecontenthub.cloud)

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Provider Alert Issued 3/28/2025 Go Live 6.1.2025		
POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Augmentative Communication and Speech Generating Systems, DME 30	Expanding criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 50.1 and 50.4 LCD L33739. Codes: E1399, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, E3000, E2513, L8500, L8501, L8505, L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515, 31611.	• Augmentative Communication and Speech Generating Systems Commercial - DME 30 • Augmentative Communication and Speech Generating Systems Medicaid - DME 30
Benign Prostatic Hypertrophy Treatments - Alternative to Transurethral Resection of the Prostate (TURP), Surgical 83	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 20.28, 230.9, and LCD L38378, L34090, L34090, L38549, L38682, Billing and Coding A56083. Codes: 0421T, 0714T, 52282, 52441, 52442, 52450, 52601, 52647, 52648, 52649, 53850, 53852, 53854, 55873, 37242, 37243, 53855, 53899.	• 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 Prostate (TURP) Medicaid - Surgical 83
Cosmetic and Reconstructive Surgery, Surgical 03	Updating criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 280.3, 280.16, 280.15, LCD L33788, L33792, L33312, L33789. Codes: 11950, 11951, 11952, 11954, 12011, 15769, 15771, 15772, 15773, 15774, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 69300.	• Cosmetic and Reconstructive Surgery Commercial - Surgical 03 • Cosmetic and Reconstructive Surgery Medicaid - Surgical 03

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Gastrointestinal Procedures, Surgical 205	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 100.2, LCD L34434, L34553, L39780, L38747. Codes: 43284, 43285, 43497, 43499, 43210, 43257.	• Gastrointestinal Procedures Commercial - Surgical 205 • Gastrointestinal Procedures Medicaid - Surgical 205
Headache treatments, Surgical 103	Archiving Surgical 103 and adding it to Surgical 119 for both Commercial and Medicaid. For Medicare continue to utilize LCD L38765. Codes: 64400, 64405, 64505, 64633, 64634, 64744.	• Headache Treatments Commercial - Surgical 103 • Headache Treatments Medicaid - Surgical 103
Hematopoietic Stem Cell Transplantation, Surgical 08	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 110.23 and LCD L39270. Codes: 38240, 38241.	• Hematopoietic Stem Cell Transplantation (HSCT) Commercial - Surgical 08 PDF, 259 KBLast Updated: 09/04/2024 (sitecorecontenthub.cloud) • Hematopoietic Stem Cell Transplantation (HSCT) Medicaid, Surgical 08
Hospital Beds and Accessories, DME 03	Expanding criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 280.7, 280.8, LCD L33820, L33642, L33830, L33692. Codes: A4640, E0181, E0182, E0183, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0199, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0271, E0272, E0273, E0274, E0277, E0280, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0305, E0310, E0315, E0316, E0328, E0329, E0371, E0372, E0373, E0910, E0911, E0912, E0940.	• Hospital Beds and Accessories Commercial - DME 03 • Hospital Beds and Accessories Medicaid - DME 03

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Intensive Cardiac Rehabilitation Programs, Medical 52	No changes to Commercial and Medicaid. For Medicaid continue to utilize NCD 20.10.1, 20.31, 20.31.1, 20.31.2, 20.31.3. Codes: G0422, G0423, S9472.	• Intensive Cardiac Rehabilitation Programs Commercial - Medical 52 • Intensive Cardiac Rehabilitation Programs Medicaid - Medical 52
Archiving Intestinal Transplant with or without combining Liver Transplant or other Visceral Organs, Surgical 92, Heart-Lung, Surgical 28 and archiving Pancreas and islet cell, Surgical 27. New: Solid Organ Transplantation, Surgical 236	Archiving Intestinal Transplant with or without combining Liver Transplant or other Visceral Organs, Surgical 92, archiving Heart-Lung, Surgical 28 and archiving Pancreas and islet cell, Surgical 27. Combining all transplant policies into New Solid Organ Transplantation, Surgical 236. Updated criteria for both Commercial and Medical. For Medicare continue to utilize NCD 260.9, 260.3, 260.5. Codes: 33935, 44132, 44133, 44135, 44136, 44137, 48160, 48554, 0584T, 0585T, 0586T, S2102, S2053, S2054, S2055.	
Intraoperative Neurophysiological Monitoring and EMG Larynx, Surgical 40	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 160.10 and LCD L34623. Codes: 95865, 95866, 95940, 95941, G0453.	• Intraoperative Neurophysiological Monitoring Commercial - Surgical 40 • Intraoperative Neurophysiological Monitoring Medicaid - Surgical 40

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Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome, DME 222	No changes to ALL lines of business. Codes: 21085, D7880.	• <u>Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Commercial - DME 222</u> • <u>Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Medicaid - DME 222</u> • <u>Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Medicare - DME 222</u>
Keratoconus Lenses and Interventions-Piggyback Contact Lenses, Medical 03	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 80.1 and LCD L 33793. Codes: 65785, 92325, 92072, V2510, V2511, V2512, V2513, V2530, V2531, V2520, V2521, V2522, V2523.	• <u>Keratoconus Lenses and Interventions - Piggyback Contact Lenses Commercial - Medical 03</u> • <u>Keratoconus Lenses and Interventions - Piggyback Contact Lenses Medicaid - Medical 03</u>

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Low-Intensity Therapeutic Ultrasound (LITUS) Devices, DME 55	Name changed to “Wearable Monitoring and Treatment Devices”. Updated criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 150.5. Codes: E1399, K1004, K1036.	• 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
Nonemergent Ambulance Services, Medicaid 105	Updating Medicaid, archiving current policy number Medical 346 and unarchiving Medical 105 to align policy numbers across all plans. Codes: A0425, A0426, A0428, A0430, A0431, A0432, A0434, A0435, A0436, A0998.	• Nonemergent Air and Water Ambulance Services
Pectus Surgery and Devices, Surgical 05	Criteria updated for ALL lines of business. Codes: 21740, 21742, 21743, L9900, L1320.	• Pectus Surgery and Devices Commercial - Surgical 05 PDF, 233 KBLast Updated: 05/29/2024 (sitecorecontenthub.cloud) • Pectus Surgery and Devices Medicaid - Surgical 05 PDF, 259 KBLast Updated: 09/04/2024 (sitecorecontenthub.cloud) • Pectus Surgery and Devices Medicare - Surgical 05 PDF, 273 KBLast Updated: 06/27/2024 (sitecorecontenthub.cloud)

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Phase II Cardiac Rehabilitation, Medical 51	No changes to Commercial and Medicaid. For Medicare continue to utilize NCA A53775. Codes: 93797, 93798.	• Phase II Cardiac Rehabilitation Commercial - Medical 51 • Phase II Cardiac Rehabilitation Medicaid - Medical 51
Photodynamic Therapy for Oncologic and Dermatologic Conditions, Medical 77	Archive policy for Commercial and Medicaid. For Medicare continue to utilize NCD 250.4 and LCD L34434. Codes: 31641, 43229, 96567, 96573, 96574, 96570, 96571.	Archiving June 1, 2025
Proton Beam Radiation Therapy (PBRT), Medical 101	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L35075, L36658, and L39553. Codes: 77520, 77522, 77523, 77525.	• Proton Beam Radiation Therapy Commercial - Medical 101 • Proton Beam Radiation Therapy Medicaid - Medical 101
Retire Early Inpatient Admission, Medical 145	Archiving Commercial and Medicaid no policy for Medicare.	Archiving June 1, 2025.
Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)), Surgical 69	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L37632. Codes: 63650, 63655, 63685, L8680, L8682, L8683, L8685, L8686, L8687, L8688.	• 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

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Transjugular Intrahepatic Portosystemic Shunt (TIPSS), Medical 256	No changes to ALL lines of business. Codes: 37182, 37183.	• Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Commercial - Medical 256 • Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Medicaid - Medical 256 • Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Medicare - Medical 256
Transplant Rejection Testing, Medical 99	Archive Medical 99, Transplant Rejection Testing policy. Add information not addressed by MCG to Medical 34 Genetic and Molecular testing for commercial lines of business that have yet to opt in to Avalon.	Archiving June 1, 2025

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Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories, DME 28	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 280.3, 280.16, 280.15 and LCD L33788, L33792, L33312, L33789. Codes: A9270, E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0968, E0969, E0970, E0971, E0973, E0974, E0978, E0980, E0981, E0982, E0983, E0984, E0985, E0986, E0988, E0990, E0992, E0994, E0995, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1014, E1015, E1016, E1017, E1018, E1020, E1028, E1029, E1030, E1037, E1038, E1039, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1225, E1226, E1227, E1228, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, E1399, E2201, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2210, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E2231, E2291, E2292, E2293, E2294, E2295, E2300, E2301, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368, E2369, E2370, E2371, E2372, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2398, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0001, K0002, K0003, K0004, K0005,	• Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories Commercial - DME 28 • Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories Medicaid - DME 28
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	K0006,K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0015, K0017, K0018, K0019, K0020, K0037, K0038, K0039, K0040, K0041, K0042,K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077, K0098, K0108, K0195, K0733, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825,K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851,K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878,K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899.	
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