Winter 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 9.30.2024 Go Live Was 12.1.2024		
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	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L39773. 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
Autologous Serum Tears, Medical 244	No changes for all lines of business. Codes 92499.	• Autologous Serum Tears Commercial - Medical 244 • Autologous Serum Tears Medicaid - Medical 244 • Autologous Serum Tears Medicare - Medical 244

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POLICY	Provider Alert Issued 9.30.2024 Go Live Was 12.1.2024 DETERMINATION/COVERAGE	CURRENT POLICY URLS
Bone Scaffolding, Medical 02	No changes for Commercial and Medicaid. Codes 0869T.	• Bone Scaffolding Commercial - Medical 02 • Bone Scaffolding Medicaid - Medical 02
Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy, Surgical 117	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L39773. 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
Autologous Serum Tears, Medical 244	No changes for all lines of business. Codes 92499.	• Autologous Serum Tears Commercial - Medical 244 • Autologous Serum Tears Medicaid - Medical 244 • Autologous Serum Tears Medicare - Medical 244
Bone Scaffolding, Medical 02	No changes for Commercial and Medicaid. Codes 0869T.	• Bone Scaffolding Commercial - Medical 02

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POLICY	Provider Alert Issued 9.30.2024 Go Live Was 12.1.2024 DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Bone Scaffolding Medicaid - Medical 02
Breast Procedures, Surgical 10	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 140.2 and LCD L33428. Codes 11920, 11921, 11922, 15771, 15772, 15777, 15877, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19325, 19328, 19330, 19340,19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 64912, 64913 HCPCS: C9358, C9360, Q4100, Q4116, Q4122, Q4128, Q4130.	• Breast Procedures Commercial - Surgical 10 • Breast Procedures Medicaid - Surgical 10
Injectable Fillers and bulking agents (Formerly: Bulking Agents for vocal cord insufficiency), Medical 153	Updated criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 250.5. Codes 31513, 31570, 31571, 31574, L8607, Q2026, Q4112, 31591.	• Bulking Agents for Vocal Cord Insufficiency Commercial - Medical 153 • Bulking Agents for Vocal Cord Insufficiency Medicaid - Medical 153
Capsular Plication of the Hip, Surgical 232	Archiving all lines of business. Codes 27299, 29999.	• Policy Archived
Chiropractic Services, Medical 182	Updated Commercial policy. Codes 97010, 97012, 97014, 97022, 97024, 97026, 97032, 97035, 97039, 97110, 97113, 97124, 97140, 97161, 97530, 97533, 97750, 97760, 98940, 98941, 98942, 98943, E0730, E0855, G0283, L0626, L0627, L0631, L0637, L0650, 20561, 97016, 97150, 97802, 97803, 97810, 97811, 97813, 97814.	• Chiropractic Services Commercial - Medical 182
Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder, Surgical 214	No changes to all lines of business. Codes 23929, 24999, 27599, 27899.	• Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder Commercial - Surgical 214

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POLICY	Provider Alert Issued 9.30.2024 Go Live Was 12.1.2024 DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder Medicaid - Surgical 214 • Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder Medicare - Surgical 214 •
Dermal Fillers, Medical 201	Archived all lines of business and added to Bulking Agents for vocal cord insufficiency policy Medical 153. Codes G0429, Q2028, Q2026.	• Policy Archived
ESOGAURD GENETIC LAB TEST	Added to exceptions for Medical 34A, Cancer Prevention Diagnosis and Treatment for Commercial and Medicaid. Utilize LCD l39256 for Medicare. Codes 0114U, 0386U.	• Genetic Testing-Cancer Prevention, Diagnosis and Treatment Commercial - Medical 34A • Genetic Testing-Cancer Prevention, Diagnosis and Treatment Medicaid - Medical 34A • Genetic Testing-Cancer Prevention, Diagnosis and Treatment Medicare - Medical 34A

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POLICY	Provider Alert Issued 9.30.2024 Go Live Was 12.1.2024 DETERMINATION/COVERAGE	CURRENT POLICY URLS
Facet Joint Procedures, Surgical 119	Rename "Spinal Pain Management Procedures" for Commercial and Medicaid. Remove Procedures and Codes 0202T, 0219T through 0222T, 0719T and place these four procedures in Surgical 35 policy. Remove RFA (radiofrequency ablation) from the uncovered list as this is covered with criteria. Codes 64490, 64491, 64492, 64493, 64494, 64495,64633, 64634, 64635, 64636, 0213T, 2014T, 0215T, 2016T, 0218T, 62263, 62264, 62280, 62282	• Facet Joint Procedures Commercial - Surgical 119 • Facet Joint Procedures Medicaid - Surgical 119
Fecal Incontinence, Medical 300	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 30.1 and LCD L36267. Codes 46999, 64566, 90901, 90912, 90913, A4337, A4453, A4458, A4459, A4563, L8605.	• Fecal Incontinence Treatment Commercial - Medical 300 • Fecal Incontinence Treatments Medicaid - Medical 300
Gait analysis and surface electromyography (SEMG), Medical 345	No changes to all lines of business. Codes 96000, 96001, 96002, 96004, 64999.	• Gait Analysis and Surface Electromyography Commercial - Medical 345 • Gait Analysis and Surface Electromyography Medicaid - Medical 345 • Gait Analysis and Surface Electromyography Medicare - Medical 345
Gastric Pacemakers or Gastric Electrical Stimulators, Surgical 95	Archive all lines of business and utilize MCG A-0395. Codes 43647, 43881, 64590.	• Policy Archived

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POLICY	Provider Alert Issued 9.30.2024 Go Live Was 12.1.2024 DETERMINATION/COVERAGE	CURRENT POLICY URLS
Hereditary Hyperparathyroidism Panel	Added to exceptions for Medical 34C, Cardioneurovascular and Developmental Diagnosis for all lines of business. Codes 81404, 81405, 81406, 81479.	• 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 •
Home Health Aide, Medical 144	No changes for all lines of business. Diabetic Medicare members who are blind will continue to utilize NCD 290.1. Codes G0156, S9122, T1021.	• Home Health Aide Commercial - Medical 144 • Home Health Aide Medicaid - Medical 144 • Home Health Aide Medicare - Medical 144
Home Traction Devices, DME 35	No changes to Commercial. Updated criteria for Medicaid. For Medicare continue to utilize NCD 280.1 and LCD L33823. Codes E0830, E0840, E0849, E0850, E0855, E0856, E0941.	• Home Traction Devices Commercial - DME 35 • Home Traction Devices Medicaid - DME 35

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POLICY	Provider Alert Issued 9.30.2024 Go Live Was 12.1.2024 DETERMINATION/COVERAGE	CURRENT POLICY URLS
Infrared Light Therapy and Low-Level Laser Therapy, Medical 109	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 140.5 and 270.6. Codes 0552T, 97037, 97026, E1399, S8948.	• Infrared Light Therapy and Low-Level Laser Therapy Commercial - Medical 109 • Infrared Light Therapy and Low-Level Laser Therapy Medicaid - Medical 109
Ingestion Challenge Test, Medical 140	Archive Medical 140 – Ingestion Challenge Test for Commercial. Codes 95076, 95079.	• Policy Archived
Iontophoresis Treatment for Hyperhidrosis, DME 32	No changes for all lines of business. Codes E1399.	• Iontophoresis Treatment for Hyperhidrosis Commercial - DME 32 • Iontophoresis Treatment for Hyperhidrosis Medicaid - DME 32 • Iontophoresis Treatment for Hyperhidrosis Medicare - DME 32
Lodging and Meal Reimbursement, Medical 169	Archiving Medicaid and Medicare policies.	• Policy Archived
Mastectomy Garments, DME 240	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33317. Codes L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8033, L8035, L8039.	• Mastectomy Garments Commercial - DME 240 • Mastectomy Garments Medicaid - DME 240
Miscellaneous Assistive Devices for Home Use, DME 34	Removing criteria for commode chair and utilize MCG A-0874 for Commercial and Medicaid. Updated criteria for Medicaid. For Medicare continue to utilize NCD 280.1 and LCD L33825 and	• Miscellaneous Assistive Devices for Home Use Commercial - DME 34

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	L33736. Codes A4265, A4639, E0163, E0167, E0168, E0175, E0221, E0235, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E1300, E1310.	• Miscellaneous Assistive Devices for Home Use Medicaid - DME 33
Neuromuscular Electrical Stimulator and Functional Electrical Stimulators, DME 17	Updated criteria for Commercial and Medicaid. For Medicare continue to utilize NCD's 160.12, 160.13 and 160.7. Codes A4556, A4558, E0731, E0745, E0763, E0770, 64555.	• Neuromuscular Electrical Stimulator and Functional Electrical Stimulators Commercial - DME 17 • Neuromuscular Electrical Stimulator and Functional Electrical Stimulators Medicaid - DME 17
Percutaneous Transluminal Coronary Lithotripsy, Surgical 132	No changes to all lines of business. Codes 92972.	• Percutaneous Transluminal Coronary Lithotripsy Commercial - Surgical 132 • Percutaneous Transluminal Coronary Lithotripsy Medicaid - Surgical 132 • Percutaneous Transluminal Coronary Lithotripsy Medicare - Surgical 132
Pneumatic Compression of the Chest or Trunk, DME 53	Archiving all lines of business and adding codes to DME 04 Compression Stockings, Garments and Devices. Codes E0656, E0657.	• Policy Archived

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Sepsis and Other Febrile Illness, without Focal Infection, Medical 346	Updated MCG's criteria to reflect Sepsis 2.5.	
Surgical Assisted Liposuction, Surgical 131	Updated criteria to include coverage for lipedema for all lines of business. Codes 15832, 15833, 15834, 15835, 15836, 15837, 15839, 15877, 15878, 15879.	• Surgical Assisted Liposuction for Lymphedema Post-mastectomy Commercial - Surgical 131 • Surgical Assisted Liposuction for Lymphedema Post-mastectomy Medicaid - Surgical 131 • Surgical Assisted Liposuction for Lymphedema Post-mastectomy Medicare - Surgical 131
Surgical Treatment for Obstructive Sleep Apnea (OSA), Surgical 18	Updated criteria for Commercial and Medicaid. For Medicare continue to utilize LCD L38276 and L34526. Codes 0466T, 0467T, 0468T, 21031, 21198, 21199, 21206, 21685, 42145, 42975, 61886, 61888, 64568, 64569, 64570, 64582, 64583, 64584, L8679, L8680, L8681, L8682, L8683, L8685, L8686, L8688, 41512, 41530, 41599, 42140, 42160, 42299, S2080.	• Surgical Treatments for Obstructive Sleep Apnea (OSA) Commercial - Surgical 18 • Surgical Treatments for Obstructive Sleep Apnea (OSA) Medicaid - Surgical 18
Transanal Endoscopic Microsurgery (TEM), Surgical 41	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L38551. Codes 0184T.	• Intraoperative Neurophysiological Monitoring and EMG Larynx Commercial - Surgical 40

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		• Intraoperative Neurophysiological Monitoring and EMG Larynx Medicaid - Surgical 40
Vertebral Body Tethering, Surgical 123	No changes for all lines of business. Codes 0656T, 0657T, 22899, 0790T.	• Vertebral Body Tethering Commercial - Surgical 123 • Vertebral Body Tethering Medicaid - Surgical 123 • Vertebral Body Tethering Medicare - Surgical 123
Vestibular Rehabilitation, Medical 91	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33942. Codes 95992, 97110, 97112, 97116, S9476.	• Vestibular Rehabilitation Commercial - Medical 91 • Vestibular Rehabilitation Medicaid - Medical 91
Whole Body Imaging (CT and MRI), Imaging 53	Updated criteria for Commercial Codes 76497, 76498.	• Whole Body Imaging (Magnetic Resonance Imaging and Computed Tomography) Commercial - Imaging 53
Inpatient language updates	Updating Surgical Procedure Policies to add inpatient language to Surgical 10, Breast Procedures (with the exception of Complete Mastectomy with Tissue Flap Reconstruction), Surgical 116, Sacroiliac Fusion, Open and Percutaneous, Surgical 117, Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy, Surgical 118, Lumbar Fusion, Surgical 119, Facet Joint Procedures / rename Spinal Pain Management	

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POLICY	Provider Alert Issued 9.30.2024 Go Live Was 12.1.2024 DETERMINATION/COVERAGE	CURRENT POLICY URLS
	Procedures, Surgical 120, Lumbar Discectomy, Surgical 121, Lumbar Laminectomy, Surgical 122, Cervical Laminectomy, Surgical 124, Lumbar disc arthroplasty, Surgical 32, Bariatric Services and Surgical 35, Artificial Disc Replacement and Treatment / rename Spinal Arthroplasty.	

POLICY	Provider Alert Issued 10.31.2024 Go live was 1.1.2025 DETERMINATION/COVERAGE	CURRENT POLICY URLS
Adoption of Evolent 2025 Advanced Imaging Guideline Changes for January 1, 2025	Evolent (Formally NIA) Advanced Imaging Policy updates effective 1.1.2025.	• cms-qa.radmd.com/sites/default/files/2024-09/2025%20Evolent%20Advanced%20Imaging%20Guidelines%20-compressed_0.pdf
Archive Medicare 34 Genetic Policies	Archive SHP Medicare Genetic policies Medical 34A, 34B, 34C, 34D, 34E and 34F, in favor of utilizing NCDs, LCDs and the DexRegistry.	• palmettogba.com/moldx
Cervical Laminectomy, Surgical 122	No changes to all LOBs. Codes: 22845, 22846, 22847, 63001, 63015, 63045, 63050, 63051, 63081, 63082, 63185, 63190, 63191, 63250, 63265, 63270, 63275, 63280, 63285, 63300, 63304, 0274T.	• Cervical Laminectomy Commercial - Surgical 122 • Cervical Laminectomy Medicaid - Surgical 122 • Cervical Laminectomy Medicare - Surgical 122

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Compressions Stockings and Garments, DME 04	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 2850.1 LCD L33831. Codes: A4465, A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6545, A6549, A6520, A6521, A6522, A6523, A6565, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6588, A6595, A6568, A6569, A6584, A6593, A6594, A6596, A6597, A6598, A6599, A6600, A660, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6528, A6529, A6566, A6567, A6570, A6571, A6589.	• Compression Stockings and Garments Commercial - DME 04 • Compression Stockings and Garments Medicaid -
Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition, Medical 13	Updated definitions Commercial. Update definitions for Medicaid and add Donor Breast Milk and code to exceptions for non-hospitalized infant. Codes: T2101, K1005, T2101, K1005.	• Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Commercial - Medical 13 • Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Medicaid - Medical 13
Electrical Stimulation and Electromagnetic Therapy for Wounds, DME 01	No change to Commercial and Medicaid policy. For Medicare continue to utilize NCD 270.1 and LCD L37228. Codes: E0769, G0329, E0761, G0295, G0281, G0282.	• Electrical Stimulation and Electromagnetic Therapy for Wounds Commercial - DME 01 • Electrical Stimulation and Electromagnetic Therapy for Wounds Medicaid - DME 01
Electric Cell-Signaling Energy Waves (EcST and ESI), Medical 179	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L37642. Codes: G0283.	• Electric Cell-Signaling Energy Waves (EcST and ESI) Commercial - Medical 179 • Electric Cell-Signaling Energy Waves (EcST and ESI) Medicaid - Medical 179

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Extracorporeal Photopheresis, Medical 237	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 110.4. Codes: 36522.	• Extracorporeal Photopheresis Commercial - Medical 237 • Extracorporeal Photopheresis Medicaid - Medical 237
Fecal Bacteriotherapy, Medical 181	No changes to all LOBs. Codes: 44705, G0455, 0780T.	• Fecal Bacteriotherapy Commercial - Medical 181 • Fecal Bacteriotherapy Medicaid - Medical 181 • Fecal Bacteriotherapy Medicare - Medical 181
Foot Orthotics, DME 64	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33641. Codes: A9283, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649.	• Foot Orthotics Commercial - DME 64 • Foot Orthotics Medicaid - DME 64
Ingestible Devices, Medical 344	No changes to all LOBs. Codes: A9268, A9269.	• Ingestible Devices Commercial - Medical 344 • Ingestible Devices Medicaid - Medical 344 • Ingestible Devices Medicare - Medical 344

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Lumbar disc arthroplasty, Surgical 124	Commercial and Medicaid policy will archive 1.1.25 and criteria and exceptions will be added to Spinal Arthroplasty, Surgical 35. For Medicare continue to utilize LCD L38033, L37826 and NCD 150.10.	• Archived on January 1, 2025
Lumbar Discectomy, Surgical 120	No changes to all LOBs. Codes: 22845, 22846, 22847, 62380, 63030, 63035, 63042, 63044.	• Lumbar Discectomy Commercial - Surgical 120 • Lumbar Discectomy Medicaid - Surgical 120 • Lumbar Discectomy Medicare - Surgical 120
Lumbar Fusion, Surgical 118	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33382 and L37848. Codes: 20930, 20931, 20932, 20933, 20934, 20936, 20937, 20938, 20939, 22532, 22533, 22534, 22558, 22585, 22586, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 22849, 22853, 22854, 22859, 63052, 63053, 22867, 22868, 22869, 22870, 22899, 61783.	• Lumbar Fusion Commercial - Surgical 118 • Lumbar Fusion Medicaid - Surgical 118
Lumbar Laminectomy, Surgical 121	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 150.13. Codes: 22845, 22846, 22847, 63005, 63012, 63017, 63047, 63048, 63056, 63057, 63087, 63088, 63090, 63091, 63102, 63103, 63170, 63185, 63190, 63200, 63252, 63267, 63272, 63277, 63282, 63287, 63290, 0275T.	• Lumbar Laminectomy Commercial - Surgical 121 • Lumbar Laminectomy Medicaid - Surgical 121
Mitochondrial Antibody Testing, Medical 180	Archiving all LOBs on 1.1.2025	• Archive on January 1, 2025
Nasal Implants, Surgical 230	Exceptions and coding updated for Commercial and Medicaid. For Medicare continue to utilize LCD L33428. Codes: 30468, 30999, L8699, S1091.	• Nasal Implants Commercial - Surgical 230 • Nasal Implants Medicaid - Surgical 230

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Oral Incontinence Treatments, Surgical 220	Expanded criteria for all LOBs. Codes: 15769, 42440, 42507, 42509, 42510, 42665, 69676.	• Oral Incontinence Treatments Commercial - Surgical 220 • Oral Incontinence Treatments Medicaid - Surgical 220 • Oral Incontinence Treatments Medicare - Surgical 220
OSA oral devices (i.e eXciteOSA), DME 250	No changes to all LOBs. Codes: E0490, E4091, E0492, E0493.	• Obstructive Sleep Apnea Oral Devices Commercial - DME 250 • Obstructive Sleep Apnea Oral Devices Medicaid - DME 250 • Obstructive Sleep Apnea Oral Devices Medicare - DME 250

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Skin and Tissue Substitute, Surgical 73	Product and coding updated for Commercial and Medicaid. For Medicare continue to utilize NCD 270.5 and LCD L36690, L35041, and L36377. Codes: 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 17999, 65778, 65779, 65780, 65781, 65782, A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A2026, A6021, A6022, A6023,A6024, C9250, C9352, C9353, C9354, C9355, C9356, C9358, C9360, C9361, C9362, C9364, G0428, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115,Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148,Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177,Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205,Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235,Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264,Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292,Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, V2790.	• Skin and Tissue Substitutes Commercial - Surgical 73 • Skin and Tissue Substitutes Medicaid - Surgical 73
Standing Frames, DME 41	No changes to Commercial. For Medicaid continue to use Virginia Department of Medical Assistance Services, Provider Manual Title: Durable Medical Equipment - Revision Date: 8/28/2024. Chapter IV: Covered Services and Limitations, Pages 38. For Medicare continue to utilize NCD 280.1. Codes: E0637, E0638, E0641, E0642.	• Standing Frames Commercial - DME 41 • Standing Frames Medicaid - DME 41

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Urinary Incontinence Treatments, Medical 130	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 230.10, 230.18, 30.1.1, and 230.8 and LCD L39543 and L33803. Codes: S9002, 51715, 53860, 90901, 90912, 90913, A4336, A4356, L8603, L8604, L8606, 53451, 53452, 53453, 53454, 97026.	• Urinary Incontinence Treatments Commercial - Medical 130 • Urinary Incontinence Treatments Medicaid - Medical 130
Wound Treatments, Medical 343	No changes for all LOBs. Codes: A9156, J7353.	• 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

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POLICY	Provider Alert Issued 12.3.2024 Go Live 2.4.2025 DETERMINATION/COVERAGE	CURRENT POLICY URLS
Continuous Glucose Monitoring Systems, DME 10	For Medicaid ONLY updated criteria to align with the DMAS manual. Codes: 0446T, 0447T, 0448T, A4238, A9276, A9277, A9278, A9279, E2102, K0553, K0554.	• Continuous Glucose Monitoring System Commercial - DME 10 Continuous Glucose Monitoring System Medicaid - DME 10
Off-Label Drug Use, Pharmacy 12	Updated criteria for both Commercial and Medicaid. For Medicare continue to utilize LCD L33394.	• Off-Label Drug Use Commercial - Pharmacy 12 • Off-Label Drug Use Medicaid - Pharmacy 12
Erector Spinae Plane Block, Medical 332	Archive Medical 332, Erector Spinae Plan Block policy for Commercial, Medicaid and Medicare.	• Archive on February 1, 2025

POLICY	Provider Alert Issued 12.30.2024 Go Live 3.1.2025 DETERMINATION/COVERAGE	CURRENT POLICY URLS
Cosmetic and Reconstructive Surgery, Surgical 03	Criteria from Surgical 14, Panniculectomy added to policy for both Commercial and Medicaid. Codes: 12011, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 11950, 11951, 11952, 11954, 15769, 15771, 15772, 15773, 15774, 15819, 15824, 15825, 15826, 15828, 15829, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 21137, 21138, 21139, 21175, 21179, 21180, 21270.	• Cosmetic and Reconstructive Surgery Commercial - Surgical 03 • Cosmetic and Reconstructive Surgery Medicaid - Surgical 03
Exhaled Breath Condensate, Medical 286	Archiving policy for all LOBs. Codes: 83987.	Archiving March 1, 2025
Genetic and Molecular Testing, Medical 34A – 34E	Update SHP Medical 34 series and rename Genetic and Molecular Testing to include criteria not available in MCG from Medical 34A-E. Utilize MCG for when genetic tests available.	

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POLICY	Provider Alert Issued 12.30.2024 Go Live 3.1.2025 DETERMINATION/COVERAGE	CURRENT POLICY URLS
Medical Necessity Guidelines, Medical 347	Commercial Policy created. No associated codes.	
New Technology Review Nerivio Device	For both Commercial and Medicaid added to Headache Treatment, Surgical 103 and Electrical Stimulation, DME 07. Codes: A4540.	
Not Medically Necessary, Experimental, Investigational and Unproven Guidelines, Medical 348	Commercial Policy created. No associated codes.	
Panniculectomy, Surgical 14	Archiving policy and adding to Surgical 03, Cosmetic and Reconstructive Surgery for Commercial and Medicaid. Codes: 15830, 15847, 15877.	Archiving March 1, 2025
Post Partum Recovery Garment	Added to Compression garments, DME 04 and Miscellaneous Orthotics and Braces, DME 251 for Commercial and Medicaid. Continue to utilize NCD 280.1 for Medicare. Codes: L2620.	
Spinal Braces, Orthotics and Garments, DME 244	Criteria expanded for Commercial and Medicaid. Codes: L0450, L0452, L0454, L0455, L0457, L0458, L0462, L0466, L0467, L0468, 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, L1310, L1499, L2999.	• Spinal Braces, Orthotics and Garments Commercial - DME 244 • Spinal Braces, Orthotics and Garments Medicaid - DME 244
Vestibular Evoked Myogenic Potential (VEMP), Medical 174	Medical 174, Vestibular Function Testing was renamed to Vestibular Evoked Myogenic Potential (VEMP) for both Commercial and Medicaid, and codes have been removed from policy in favor for pay upon request. Codes Removed: 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547.	• Vestibular Function Testing Commercial - Medical 174 • Vestibular Function Testing Medicaid - Medical 174