Medical Policy Title	Policy Number	Description of Change	Effective Date	Line of Business Affected	Policy Type
Formula and Enteral Nutrition	UM029POL	• Policy Number now UM029POL, all lines of business (formerly MH-UM029POL – MassHealth only) • I. Added the following heading: "I., Criteria for Approval: For all lines of business: Check member's Explanation of Coverage (EOC) first for individual benefit plans." • II. o Added the following heading: "II., If EOC does not provide information for determination, follow below for different lines of business." o All lettering updated due to addition of II. • IV., Criteria for Approval: For Commercial Members only: o Added OR with B.: Refer to the following link from Northwood site: https://northwoodinc.com/wp-content/uploads/2019/06/Enteral-Nutrition.pdf • V. o Heading: "Criteria for Approval: For Medicare: Enteral Nutrition (A52493)" o Added link for Medicare NCD • Attachment Section: Updated link for MassHealth	8/1/2021	Commercial Medicare Medicaid	Medical

Ambulatory Cardiac Monitoring	UM375POL	• Policy Title Changed to "Ambulatory Cardiac Monitoring" • Statement of Purpose Removed "Long-Term 30-Day Cardiac Monitoring" and added "Cardiac Monitoring for 48 hours up to 21 days" • Definitions: Added definition for Patch-Type Monitor, and Event Monitor • I., Criteria for Approval o Added InterQual will be used for all lines of business o Link for Medicare was removed. • II. Added Table of CPT codes	8/1/2021	Commercial Medicare Medicaid	Medical
Biofeedback for Urinary and Fecal Incontinence Diagnoses	UM377POL	• Policy title changed *From* Biofeedback for Urinary Diagnoses *To* Biofeedback for Urinary and Fecal Incontinence Diagnoses • Statement of Purpose Added "and Fecal Incontinence" • I., Criteria for Approval o Added for All Lines of Business o Bullet added: "InterQual Medicare criteria will be used for all lines of business for this policy."	8/1/2021	Commercial Medicare Medicaid	Medical

		Note: A separate policy for Biofeedback will be developed for diagnoses other than those included in this policy.			
Therapeutic Shoe and Orthotic Coverage	UM340POL	• I., Criteria for Approval: Added: "Check member's Explanation of Coverage (EOC) first to make determination, based on individual benefit plans." • II. Added II.: "If EOC does not provide the information for determination, follow the links below. • III. o Added III.: "For Medicare and Medicaid: Refer to the following links from the Northwood site, LCDs are within the Northwood policy:" o Added statement about EOC takes precedence over Northwood criteria. • IV. o Added IV.: "For Commercial members, see below:" o Added the 3 statements that follow • V., HCPCS Codes for Diabetics Only o (Formerly labeled II.) o Added additional L. codes o Added link to all L. codes	8/1/2021	Commercial Medicare Medicaid	Medical
HHA – ADL Only	UM681POL	• Source/Citation Section: Added MassHealth reference for home health services	8/1/2021	Medicaid	Medical

Clinical Trials	UM383POL	• Source/Citation Section: Updated with one new citation added	8/1/2021	Commercial Medicaid	Medical
Clinical Trials for Medicare Advantage Members	MA-UM004POL	• I., Criteria for Approval o B.: Added phases of clinical trials o Adjusted the remaining lettering. o H. and I.: Added statements H. and I. • Source/Citation Section: Updated sources and added 1 additional citation	8/1/2021	Medicare	Medical
Gender Reassignment Surgery	UM492POL	• II., Required Documentation A.: o Removed the underlined text: A., "A letter of medical necessity from the member's medical and behavioral health providers who have had an evaluative role with the member <u>and have been treating the member for a minimum of 12 continuous months</u>. The letter must include the following:" o 5.: Item #5. was *removed*: "Participation in psychotherapy throughout the twelve months of member's experience in the identified gender role with documentation of details of when therapy started and type of evaluation, therapy or counseling used" Remaining numbering was adjusted. o Items 7., 8., and 9. were added. • III., Covered Procedures: Numerous codes changes, as codes changed by AMA, new codes, deletions, and changes to sections for the codes • IV., What is Not Covered: A. 7.: Added "(except related to facial feminization)" 8.: Added 8., body contouring procedures	8/1/2021	Commercial Medicare Medicaid	Medical

		• Source/Citation Section: Sources and citations retrieved and updated			
Reconstructive Repair of Pectus Excavatum or Pectus Carinatum	UM712POL	• II., CPT Codes: All codes confirmed • Source/Citation Section: All citations checked	8/1/2021	Commercial Medicare Medicaid	Medical
Rhinoplasty	UM241POL	• Added the underlined: I. Criteria for Approval – <u>Commercial, MassHealth and Medicare (use Commercial criteria)</u>: • Removed code 30465, as this is for vestibular stenosis	8/1/2021	Commercial Medicare Medicaid	Medical
Balloon Sinus Dilation of Eustachian Tubes	UM713POL	• I., Criteria for Approval A. o 3.: Added the underlined: "Abnormal tympanogram suggesting fluid <u>or negative pressure</u> in the middle ear. <u>If a tympanostomy tube is in place, then tympanogram findings are not necessary for approval</u>. o 4.: Changed age from 22 to 18 o 6.: Removed #6: "CT scan done to r/o internal carotid artery dehiscence in the ET lumen" • Source/Citation Section: All were checked, with two additional citations added	8/1/2021	Commercial Medicare Medicaid	Medical
Orthognathic Surgery	UM294POL	• CPT Codes o Added the title: "CPT Codes: The following CPT codes require PA:" o Previous listing of CPT codes ("II., CPT Codes") was deleted. o Added: Code Descriptions for Osteotomy of Anterior Segment of Mandible	8/1/2021	Commercial Medicare Medicaid	Medical

		21198 & 21199, and corresponding descriptions o Added: Code Descriptions for Osteotomy of Anterior Segment of Maxilla 21188 & 21206, and corresponding descriptions o Added: Code Descriptions for Bone Augmentation of the Mandible 21120, 21121, 21122, 21123, 21125, 21127, 21215, 21244, 21245, and corresponding descriptions o Added: Code Descriptions for Bone Augmentation of the Maxilla 21208, 21210, 21230, and corresponding descriptions o Added: Code Descriptions for LeFort I Osteotomy 21141, 21142, 21143, 21145, 21146, 21147, and corresponding descriptions o Added: Code Descriptions for Maxillary Buttress +/- Mid Palatal Osteotomy 21188, 21206, 21299, and corresponding descriptions o Added: Code Descriptions for Sagittal, Mandible Ramus 21193, 21194, 21195, 21196, and corresponding description o Added: Code Descriptions for Temporomandibular Joint Disorder (TMJ) 21188, 21193, 21194, 21195, 21196, 21198, 21206, 21208, 21209, 21210, 21215, and corresponding descriptions o Added: ***The following codes are reviewed on a case-by-case basis to determine medical necessity versus cosmetic using medical necessity criteria policy.*** 21150, 21151, 21154, 21155, 21159, 21160 o Added below codes section: "NOTE: ***The following codes are NOT covered under MassHealth:***			

		21246, 21248, 21249 • Source/Citation Section: Three citations were added.			
Bone Grafts for Spinal Defects	UM429POL	• Definitions: 10 definitions were added. • I., Criteria for Approval A.: Removed statement #7 re cotinine level B., 2.: Added examples of INFUSE Bone Graft with 9 substatements, a. thru i. C., D., and E. sections were added. • II., Required Documentation D.: Removed D., Documentation of nicotine-free status (i.e., non-smoker or cotinine level </= 10 ng/ml) • III., What is Not Covered A. o 1.: Removed the underlined: Multilevel spinal fusions <u>except with INFUSE in FDA approved LT-CAGES</u> o 17.: Added #17: Any graft used in conjunction with the insertion of any Coflex interlaminar stabilization system (CPT Code: 22867 & 22868) is not covered. • IV., Bone Graft Substitutes A., 12.: Added #12: Coflex (22867, 22868) • V., Coflex: Section V. was eliminated. • CPT Codes o Added 20936 (No PA is required), 20937 (No PA is required), 20938 (No PA is required) o Added 20939, 22853, 22867, 22868, with corresponding definitions	8/1/2021	Commercial Medicare Medicaid	Medical

		• Source/Citation Section: Resources/Citations were updated.			