



Important Provider Notice



May 2, 2022

PA Medicare Policy Updates Effective June 1, 2022

An Update for Medicare Providers and Clinicians

Annually Reviewed Medical Policies with Changes

MP-058-MC-PA Cochlear Implantation (NCD 50.3)

No changes to clinical criteria. Updated hyperlinks and Reference Sources. Removed deleted HCPCS code L8620, replaced with L8623, and L8624.

MP-094-MC-PA Acupuncture for Chronic Low Back Pain (NCD 30.3.3)

No changes to clinical criteria. Updated 'Place of Service' guideline and Reference Sources section.

MP-090-MC-PA 4Kscore Test Algorithm (L37792)

No changes to clinical criteria. Updated Reference Sources section. Updated code description for CPT code 81539 per AMA guidelines.

MP-054-MC-PA Cardiac Event Detection Monitoring (L34953)

No changes to clinical criteria. Added 'General Information' to Procedures section. Updated CMS links and Reference Sources sections. Updated the coding descriptions for the following CPT codes per AMA guidelines: 93268, 93270, 93271, & 93272.

MP-045-MC-PA Cardiac Rhythm Device Evaluation (L34833)

No changes to clinical criteria. Added 'General Information' to Procedure section. Updated CMS links and Reference Sources section.

MP-073-MC-PA Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)

No changes to clinical criteria. Updated CMS links and Reference Sources section. The following ICD-10-CM codes have been deleted and therefore removed from the Group 1 codes that support medical necessity: K22.8 and R63.3. The following ICD-10-CM codes have been added to the Group 1 codes that support medical necessity: K22.81, K22.82, K22.89, K31.A11, K31.A12, K31.A13, K31.A14, K31.A15, K31.A19, K31.A21, K31.A22, R63.39, C49.A1, C49.A2, C49.A3, C7A.092, C88.4, E10.43, E11.43, E13.43, and K31.84.

MP-091-MC-PA Micro-Invasive Glaucoma Surgery (MIGS) (L38223)

No changes to clinical criteria. Updated CMS links and Reference Sources sections. The following CPT codes have been added: 66989, 66991 were added to the CPT/HCPCS Group 1 Codes and the ICD-10-CM Codes that Support Medical Necessity Group 1 Paragraph sections. 0671T was added to the CPT/HCPCS Group 3 Codes considered not reasonable

and necessary. The following CPT codes have been deleted and therefore have been removed from the article: 0376T from the CPT/HCPCS Group 3 Codes and 0191T from the CPT/HCPCS Group 1 Codes, the ICD-10-CM Codes that Support Medical Necessity Group 1 Paragraph and the Frequency Limitations sections.

[MP-092-MC-PA Peripheral Nerve Stimulation \(L37360\)](#)

No changes to clinical criteria. Changed policy title from “Peripheral Nerve Stimulation (L37360) (160.7)” to “Peripheral Nerve Stimulation (L37360)”. NCD 160.7 is currently listed under its own policy, MP-065-MC-PA. Updated CMS links and Reference Sources sections. Added ICD-10 code G44.86.

Annually Reviewed Medical Policies without Changes

[MP-063-MC-PA Repetitive Transcranial Magnetic Stimulation \(rTMS\) in Adults with Treatment Resistant Major Depressive Disorder \(LCD 34998\)](#)

No changes to clinical criteria. Updated Reference Sources section.

[MP-065-MC-PA Assessing Patient’s Suitability for Electrical Nerve Stimulation Therapy \(160.7.1 & 160.7\)](#)

No changes to clinical criteria. Updated CMS links and Reference Sources.

[MP-060-MC-PA Blood Glucose Testing \(NCD 190.20\)](#)

No clinical criteria changes. Updated CMS links and Reference Sources sections.

[MP-062-MC-PA Fecal Microbiota Transplant](#)

No changes to clinical criteria. Updated CMS hyperlinks and FDA guidance. Updated Summary of Literature and Reference Sources sections.

[MP-082-MC-PA Speech-Generating Devices \(L33739\)](#)

No clinical criteria changes. Updated CMS Links and Reference Sources sections.

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).