Attachment A – Revised Medical Policies and Clinical Guidelines

Medical Policy Number	Title	Medical Policy / Clinical Guideline Changes
CG-GENE-04 (AIM Genetic Testing)	Molecular Marker Evaluation of Thyroid Nodules	• Added ThyGeNEXT and ThyraMIR as Medically Necessary • Removed ThyGenX and ThyraMIR from Not Medically Necessary statement • Removed RosettaGX from position statement
CG-GENE-10 (AIM Genetic Testing)	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability and Congenital Anomalies	• Revised title (previous title: Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Development Disorder) and Congenital Anomalies
CG-GENE-11 (AIM Genetic Testing)	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	• Revised Medically Necessary statement addressing carbamazepine and allopurinol changing language from “Asian descent” to “a population who is at high risk due to ethnic heritage” • Removed drug trade names from Medically Necessary statements • Revised Not Medically Necessary statements
CG-GENE-13 (AIM Genetic Testing)	Genetic Testing for Inherited Diseases	• Revised language to clarify that testing of individual genes is for germline genetic diseases • Revised language for preconception or prenatal genetic screening of a parent or prospective parent to determine carrier status is for germline genetic disorders • Updated table of genes to add: AGXT, POMC, PCSK1, LEPR, RAI1, NOTCH3, F2, G20210A • Moved content of GENE.00042 (Genetic Testing for CADASIL) into CG-GENE-13 with addition of NOTCH3 gene to table of Medically Necessary genes for CADASIL syndrome • Moved content of GENE.00046 (Prothrombin (Factor II) Genetic Testing) into CG-GENE-13 with addition of F2 gene mutations to table of Medically Necessary genes for prothrombin-related thrombophilia
CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	• Removed CPT code 93285 for reprogramming (not applicable)

CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	• Added CPT category III codes 0652T, 0653T, 0654T effective July 1, 2021 for transnasal esophagogastroduodenoscopy to be reviewed for Medically Necessary
CG-SURG-12	Penile Prosthesis Implantation	• Changed “impotence” to “erectile dysfunction” • Changed criterion on duration of erectile dysfunction from greater than 1 year to greater than 6 months • Reformatted and simplified Medically Necessary statement regarding causes and duration
CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	• Removed specific diagnoses from Medically Necessary and Not Medically Necessary statements • Revised Medically Necessary FESS criteria by removing specific diagnoses, examples of medical therapy for chronic polyposis, and diagnostic criteria for allergic fungal sinusitis • Revised Not Medically Necessary FESS statement
CG-SURG-27	Gender Affirming Surgery	• Revised title (previous title: Gender Reassignment Surgery) • Replaced the word “reassignment” with the word “affirming” in title and throughout document • Alphabetized procedures in Medically Necessary statements • Revised gender dysphoria criteria in all Medically Necessary statements • Added “or intolerance” to hormone therapy related criteria • Clarified hair removal Medically Necessary statement • Moved bilateral mastectomy and nipple reconstruction from Medically Necessary to Reconstructive section • Added breast augmentation and breast reduction to Reconstructive section and reframed procedures as "gender affirming chest procedures" • Moved gender affirming facial surgical procedures from Cosmetic and Not Medically Necessary to Reconstructive section • Moved voice modification surgery from Cosmetic and Not Medically Necessary to Reconstructive section • Removed voice therapy from scope of document
CG-SURG-34	Diagnostic Infertility Surgery	• Clarified and reformatted Not Medically Necessary statements • Removed gender specific language
CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	• Revised criterion C in Medically Necessary Clinical Indications to clarify that EPS testing for evaluation of supraventricular tachyarrhythmias (SVT) is Medically Necessary when either criteria 1 or 2 are met

CG-SURG-59	Vena Cava Filters	• Removed major trauma indication from Medically Necessary statement • Reformatted Not Medically Necessary statement • Added “severe trauma without documented venous thromboembolism” and “cancer and recurrent venous thromboembolism, despite anticoagulation treatment” to Not Medically Necessary statement
CG-SURG-71	Reduction Mammaplasty	• Added breast cancer risk reduction to Not Medically Necessary statement • Removed wording on psychological considerations from Cosmetics and Not Medically Necessary statement
CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery	• Removed the word “physical” from “physical functional impairment” in Clinical Indications
CG-SURG-85	Hip Resurfacing	• Combined two Not Medically Necessary statements into one Not Medically Necessary statement
CG-SURG-89	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	• Clarified Medically Necessary statement
ANC.00007	Cosmetic and Reconstructive Services: Skin Related	• Removed the word “physical” from “physical functional impairment” in Position Statement and throughout document
ANC.00009	Cosmetic and Reconstructive Services of the Trunk and Groin	• Removed the word “physical” from “physical functional impairment” in Position Statement and throughout document • Added "congenital defect" to reconstructive statement for genitalia
DME.00012	Intrapulmonary Percussive Ventilation Devices	• Revised title (previous title: Intrapulmonary Percussive Ventilation Devices for Airway Clearance) • Clarified Position Statement • Added CPT code E1399 for additional devices with no specific code
DME.00024	Transtympanic Micropressure	• Revised title (previous title: Transtympanic Micropressure for the Treatment of Ménière’s Disease) • Replaced the word 'applications' with the word 'treatment' in the Position Statement
GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	• Added CPT code 0250U effective July 1, 2021 for the PGDx elio tissue complete test to be reviewed for Medical Necessity criteria for cancer diagnoses

LAB.00011	Analysis of Proteomic Patterns	• Added CPT code 0249U effective July 1, 2021 for Theralink Reverse Phase Protein Array; considered Investigational and Not Medically Necessary
LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	• Added basophil activation test (BAT) as Investigational and Not Medically Necessary
MED.00090	Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders	• Reformatted Position Statement
MED.00098	Hyperoxemic Reperfusion Therapy	• Added CPT category III code 0659T effective July 1, 2021 for infusion of supersaturated oxygen; considered Investigational and Not Medically Necessary
MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	• Removed the word "physical" from "physical functional impairment" in Position Statement and throughout document • Revised the Reconstructive position statement for autologous fat grafting to clarify autologous fat grafting may be appropriate in some individuals following breast reconstructive surgery
OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	• Revised Medically Necessary criteria for microprocessor controlled lower limb prosthesis • Added microprocessor controlled foot or ankle systems as Medically Necessary when criteria are met • Clarified Investigational and Not Medically Necessary statement addressing microprocessor controlled foot-ankle prosthesis • Added K1014 effective April 1, 2021
SURG.00007	Vagus Nerve Stimulation	• Added K1020 effective April 1, 2021
SURG.00010	Treatments for Urinary Incontinence	• Removed gender specific language from Position Statement and throughout document • Reformatted Not Medically Necessary statement
SURG.00095	Viscocanalostomy and Canaloplasty	• Added canaloplasty as Medically Necessary for the treatment of mild to moderate primary open-angle glaucoma (POAG) • Revised Investigational and Not Medically Necessary statements
SURG.00097	Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents	• Added CPT category III codes 0656T, 0657T effective July 1, 2021 for vertebral body tethering; considered Investigational and Not Medically Necessary
SURG.00126	Irreversible Electroporation	• Added CPT code 93799 for electroporation used for pulmonary vein isolation

SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	• Added hypoglossal nerve stimulation as Medically Necessary when criteria are met • Revised Not Medically Necessary and Investigational and Not Medically Necessary statements
SURG.00140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain	• Added CPT code 64999 when specified as a ganglion impar peripheral block, considered Investigational and Not Medically Necessary for neuropathic pain diagnoses
SURG.00143	Perirectal Spacers for Use During Prostate Radiotherapy	• Added the use of perirectal spacers during prostate radiotherapy as Medically Necessary when criteria are met • Revised Investigational and Not Medically Necessary statement
SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	• Clarified Medically Necessary statement for pediatric Ventricular Assist Device (VAD) using Berlin Heart EXCOR Pediatric Ventricular Assist Device to include biventricular failure as Medically Necessary indication • Clarified Not Medically Necessary contraindications for pediatric VADs
SURG.00155	Cryoneurolysis	• Revised title (previous title: Cryoneurolysis for Treatment of Peripheral Nerve Pain) • Revised wording of Investigational and Not Medically Necessary statement
TRANS.00031	Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors	• Added a single autologous (ablative or non-myeloablative [mini-transplant]) hematopoietic stem cell transplantation as Medically Necessary for the treatment of relapsing-remitting multiple sclerosis when criteria are met • Added a single autologous (ablative or non-myeloablative [mini-transplant]) hematopoietic stem cell transplant as Investigational and Not Medically Necessary for the treatment of multiple sclerosis when the Medically Necessary criteria are not met, including for primary progressive or secondary progressive forms of multiple sclerosis • Added a repeat autologous (ablative or non-myeloablative [mini-transplant]) hematopoietic stem cell transplant as Investigational and Not Medically Necessary for the treatment of relapsing-remitting multiple sclerosis • Added an allogeneic (ablative or non-myeloablative [mini-transplant]) hematopoietic stem cell transplantation, or planned tandem as Investigational and Not Medically Necessary for the treatment of multiple sclerosis • Revised Investigational and Not Medically Necessary statement for all other autoimmune diseases