



Medical Coverage Policy Retirement Notice

Medical Coverage Policies Retired, or for which Review Has Transitioned to InterQual®, eviCore®, or Other Resources.

updated 01/01/2022

The following medical coverage policies have been “retired.” Where so indicated, review for medical necessity for these procedures/devices will now take place using InterQual®, Oncology Analytics® or eviCore®.

Change Healthcare’s InterQual® uses a rigorously developed, and nationally recognized, dataset for decision support to promote appropriate and medically necessary care. For more information click on this link:

<https://www.changehealthcare.com/solutions/interqual>

EviCore® Healthcare is a national organization “... committed to advancing healthcare management through intelligent care. For more information click on this link:

<https://www.evicore.com/resources/pages/providers.aspx#ReferenceGuidelines>

Policy	Effective Date	Comment
014 - Apolipoprotein E Genotype or Phenotype	2017	Retired
043 - INR Home Testing	2017	Retired
036 - Gastric Pacing/Stimulation	2017	Use InterQual® for review criteria
053 - Bariatric Surgery	2017	Use InterQual® for review criteria
055 - Insulin pumps	2017	Retired
130 - Vagus Nerve Stimulation	2017	Use InterQual® for review criteria
009 - Bone Growth Stimulator	03/01/2018	Use InterQual® for review criteria
103 - Selective Internal Radiation Therapy	03/01/2018	Retired
225 - Neuropsychological Testing	04/01/2018	Use InterQual® for review criteria
010 - Bone-Anchored Hearing Aids	06/01/2018	Use InterQual® for review criteria
012 - Compression garments/devices	06/01/2018	Use InterQual® for review criteria
023 - Varicose Veins of the Lower Extremities	06/01/2018	Use InterQual® for review criteria
136 - Wireless Capsule Endoscopy	06/01/2018	Use InterQual® for review criteria
220 - Telemedicine	06/01/2018	Retired
015 - Automated Non-Invasive Nerve Conduction Testing	07/01/2018	Retired
205 - Double Balloon Enteroscopy	07/01/2018	Retired
222 - Left Atrial Appendage Closure	07/01/2018	Use InterQual® for review criteria
133 - Cardioverter Defibrillator - Wearable	08/01/2018	Use InterQual® for review criteria
007 - Autologous Chondrocyte Implantation	10/01/2018	Use eviCore® for review criteria
046 - Intrathecal drug Delivery System	10/01/2018	Use eviCore® for review criteria
059 - Joint Resurfacing	10/01/2018	Use eviCore® for review criteria
061 - Artificial Disc Replacement	10/01/2018	Use eviCore® for review criteria
076 - Radio Frequency Facet Joint Denervation	10/01/2018	Use eviCore® for review criteria
078 - Spinal Cord Stimulators	10/01/2018	Use eviCore® for review criteria
104 - Orthognathic Surgery for Maxillary Mandibular Facial Deformities	11/01/2018	Use InterQual® for review criteria

202 - Virtual Colonoscopy	03/01/2019	Use eviCore® for review criteria
231 - Heart Transplant Rejection Monitoring AlloMap	07/01/2019	Use InterQual® for review criteria
232 - Intensive Behavioral Therapy for ASD (ABA)	07/01/2019	Use InterQual® for review criteria
066 - Neuromuscular Re-Education	09/01/2019	Retired
223 - Breast Digital Tomosynthesis	11/01/2019	Retired
240 - Transcranial Magnetic Stimulation for Depression	01/01/2020	Retired
041 - HF Chest Wall Oscillator Vest	03/01/2020	Use InterQual® for review criteria
040 - Gynecomastia Surgery	06/01/2020	Use InterQual® for review criteria
212 - Xofigo	06/01/2020	Use Medical Policy 219
245 - Talimogene Laherparepvec (Imlygic)	06/01/2020	Use Medical Policy 219
140 - Breast Reconstruction Surgery and Prophylactic Mastectomy	07/01/2020	Use InterQual® for review criteria
203 - Proton Beam Therapy	07/01/2020	Use Oncology Analytics® or InterQual®
041 - HF Chest Wall Oscillator Vest	08/01/2020	Use InterQual® for review criteria
062 - Off-label Use of FDA Approved Drugs	08/01/2020	Retired. Use Medical Policy 215
017 - Cochlear Implants	09/01/2020	Retired
128 - Phototherapy	09/01/2020	Retired
255 - Caplacizumab (Cablivi)	09/01/2020	Retired. Use Medical Policy 215
101 - Regional Sympathetic Blocks	10/01/2020	Use eviCore® for review criteria
221 - EECF	10/01/2020	Retired
251 - Neuromuscular Stimulation	10/01/2020	Retired
058 - Regional Cerebral Blood Flow via Implanted Cerebral Thermal Perfusion Probe	12/01/2020	Retired
237 - Eteplirsen (Exondys51)	12/01/2020	Replaced with new policy 280
241 - Adoptive Immunotherapy	12/01/2020	Replaced with policies 278 and 279
259 - Golodirsen (Vyondys 53)	12/01/2020	Replaced with new policy 280
003 - Occupational Therapy	01/01/2021	Replaced with policy 272
004 - Physical Therapy	01/01/2021	Replaced with policy 272
081 - Trigger Point Injections	01/01/2021	Retired
112 - Speech Therapy	01/01/2021	Replaced with policy 272
251 - Neuromuscular Stimulation	02/01/2021	Un-retired
274 - Risdiplam (Evrysdi)	05/01/2021	Retired. Use Optum criteria
027 - Diathermy	06/01/2021	Retired
140 - Breast Reconstruction Surgery and Prophylactic Mastectomy	07/01/2020 08/01/2021	Use InterQual® for review criteria
208 - Private Duty Nursing	08/01/2021	Use InterQual® for review criteria
011 - Botulinum Toxin Inj for Chemodenervation	10/01/2021	Retired
264 - Medicaid Noninvasive Prenatal Testing	10/01/2021	Use TMPPM for criteria
265 - Medicaid Bariatric Surgery	10/01/2021	Use TMPPM for criteria
266 - Medicaid Power Scooters	10/01/2021	Use TMPPM for criteria
267 - Medicaid Anesthesia for Dental Procedures	10/01/2021	Use TMPPM for criteria

268 - Medicaid Prescribed Pediatric Extended Care Center	10/01/2021	Use TMPPM for criteria
269 - Medicaid Wheelchairs - Manual	10/01/2021	Use TMPPM for criteria
270 - Medicaid Bone Growth Stimulators	10/01/2021	Use TMPPM for criteria
271 - Medicaid Wheelchairs - Powered	10/01/2021	Use TMPPM for criteria
273 - Group Therapy Services	10/01/2021	Criteria included in policy 272
276 Medicaid Burosumab-twza (Crysvita)	11/01/2021	Use TMPPM for criteria
277 Medicaid Teprotumumab-trbw (Tepezza)	11/01/2021	Use TMPPM for criteria
048 - Incontinence Alarms	12/01/2021	Retired
244 - Peer-to-Peer Opportunity	12/01/2021	Retired (un-retired 1/1/22)
248 - Assistant Surgeon Policy	12/01/2021	Retired (un-retired 1/1/22)
283 - Asthma biologics	01/01/2022	Retired – no longer needed
284 - Biosimilar medications	01/01/2022	Retired – no longer needed
285 - Erythropoiesis-Stimulating Agents	01/01/2022	Retired – no longer needed
286 - Immunological Modifier Meds	01/01/2022	Retired – no longer needed
287 - Long-Acting Reversible Contraceptives	01/01/2022	Retired – no longer needed
288 - Hemophilia A Meds	01/01/2022	Retired – no longer needed
070 - Pulmonary Rehabilitation Outpatient	01/01/2022	Retired – no longer needed

As always, we welcome your comments. You can reach us at: HPMedicalDirectors@BSWHealth.org
BSWHP Medical Directors