



Important Provider Notice



March 1, 2024

PA Medicare Policy Updates Effective April 1, 2024

An Update for Medicare Providers and Clinicians

New Policy

[MP-101-MC-PA Ambulatory Electrocardiograph \(AECG\) Monitoring \(L39490\)](#)

Annually Reviewed Medical Policies with Changes

[MP-031-MC-PA Carpal Tunnel Surgery](#)

No changes to clinical criteria. Reformatted 'Procedures' section to match Medicaid guidance. Updated 'Summary of Literature' and 'Reference Sources' sections.

[MP-040-MC-PA Home Oxygen Therapy \(L33797\)](#)

Removed CPT and ICD-10 guidance from policy per CMS guidance. Updated CMS hyperlinks and 'Reference Sources' section.

[MP-045-MC-PA Cardiac Rhythm Device Evaluation \(L34833\)](#)

No changes to clinical criteria. Updated CMS hyperlinks. Updated 'Reference Sources' section. Added the following ICD-10 codes: I47.11 & I47.19. Removed the following deleted ICD-10 code: I47.1.

[MP-079-MC-PA Assays for Vitamins and Metabolic Function \(L34914\)](#)

Changed policy title from "Vitamin D Deficiency Screening" to "Assays for Vitamins and Metabolic Function (L34914)". The following ICD-10-CM code has been deleted and therefore has been removed from the policy: E20.8 in Group 1 Codes. The following ICD-10-CM codes have been added to the policy: E20.810, E20.811, E20.812, E20.818, E20.819, E20.89, K90.821, K90.822, K90.829, K90.83, M80.0B1A, M80.0B1D, M80.0B1G, M80.0B1K, M80.0B1P, M80.0B1S, M80.0B2A, M80.0B2D, M80.0B2G, M80.0B2K, M80.0B2P, M80.0B2S, M80.8B1A, M80.8B1D, M80.8B1G, M80.8B1K, M80.8B1P, M80.8B1S, M80.8B2A, M80.8B2D, M80.8B2G, M80.8B2K, M80.8B2P and M80.8B2S in Group 1 Codes. The following ICD-10-CM codes have been added to the policy: K90.821, K90.822, K90.829 and K90.83 in Group 3 Codes.

[MP-073-MC-PA Upper Gastrointestinal Endoscopy \(Diagnostic and Therapeutic\) \(L35350\)](#)

No changes to clinical criteria. Updated 'Reference Sources' section. Added ICD-10 code D37.6. Removed asterisk and note from ICD-10 code R93.2.

[MP-091-MC-PA Micro-Invasive Glaucoma Surgery \(MIGS\) \(L38223\)](#)

No changes to clinical criteria. Updated 'Reference Sources' section. CPT code 0671T has been removed from the 'Noncovered Codes' section and has been added to the 'Group 1' section as the device represented by CPT code 0671T received FDA clearance on 08/02/2022. The following ICD-10 codes have been added to the 'Group 1' codes section: H40.1113, H40.1123, and H40.1133. Added the following statement to the 'Coding Requirements' section: "*CPT code 0671T should not be billed along with any of the following codes: 66982, 66983, 66984, 66987, and 66988.*"

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

No changes to clinical criteria. Updated CMS hyperlinks. Updated 'Reference Sources' section. The following CPT codes were added: 64596, 64597, & 64598. The following ICD-10 codes were added: G43.E11 & G43.E19.

Retired Policy

[MP-054-MC-PA Cardiac Event Detection Monitoring \(L34953\)](#)

Policy to be retired, as LCD34953 and LCA A56600 were retired by CMS as of 06/11/2023. This policy is to be replaced by Highmark Wholecare policy MP-101-MC-PA 'Ambulatory Electrocardiograph (AECG) Monitoring (L39490)'.

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").