

New Medicare Advantage HMO and PPO policy notifications posted October 1, 2014

Below is a listing of the policy notifications available on our website for Medicare Advantage HMO and PPO policies that go into effect January 1, 2015. To view all notifications and policy changes, visit www.ibx.com/medpolicy and select *Accept* and *Go to Medical Policy Online*. Then select the *Medicare Advantage* link under “Policy Notifications.”

The below policies are listed numerically within the following categories:

- Administrative
- Anesthesia
- Case Management
- Clinical Logic
- Dental
- Durable Medical Equipment (DME)
- Pathology and Laboratory
- Medicine
- Drugs and Biologics
- Radiology
- Rehabilitation Services
- Surgery
- Miscellaneous

Administrative

Policy #	Title
MA00.001	Obsolete or Unreliable Diagnostic Tests and Medical Services
MA00.002	Continuous Glucose Monitors
MA00.003	Preventive Care Services
MA00.004	Routine Costs of Clinical Trials and Coverage of Investigational Devices A and B
MA00.005	Experimental/Investigational Services
MA00.008	Infusion Therapy Services as Performed by Home Infusion Providers
MA00.009	Reporting and Documentation Requirements for Anesthesia Services
MA00.010	PPO Network Rules for Provision of Specialty Services for Durable Medical Equipment and Laboratory, Radiology, and Physical Medicine and Rehabilitative Services
MA00.011	Modifier 62: Two Surgeons
MA00.012	Cast and Splint Applications and Associated Supplies Provided in the Office Setting
MA00.013	Physician Standby Services
MA00.014	Modifier 66: Surgical Team
MA00.015	Modifiers for Assistant-at-Surgery Services: 80, 81, 82, and AS
MA00.016	Add-on Codes
MA00.017	Medical Team Conferences
MA00.018	Prolonged Face-to-Face Physician Services
MA00.019	Radiologic Guidance of a Procedure
MA00.021	STAT Laboratory Tests Performed in the Outpatient Hospital Setting for Health Maintenance Organization (HMO) and Point-of-Service (POS) Products

Policy #	Title
MA00.022	Intravenous (IV) Administration of Fluids as a Treatment of a Medical Condition or for the Preparation of Pharmaceuticals, Biologics, and other Substances
MA00.023	Inpatient Hospital Readmission
MA00.024	Reporting Requirements for Drugs and Biologics
MA00.025	Reporting of Healthcare Common Procedure Coding System (HCPCS) C Series Codes
MA00.026	Always Bundled Procedure Codes
MA00.027	Diagnostic Radiology Services Included in Capitation
MA00.028	Outpatient Short-Term Rehabilitation Services Included in Capitation
MA00.029	Physical Medicine and Rehabilitation Services Eligible for Reimbursement Above Capitation to Physical and Occupational Therapy (PT/OT) Providers for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products
MA00.030	Laboratory Services for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products
MA00.031	X-rays Associated with Fractures in the Office Setting
MA00.032	Direct Access Obstetrics/Gynecology (OB/GYN)
MA00.033	Services Paid Above Capitation for Health Maintenance Organization (HMO) Primary Care Physicians
MA00.034	Photography Used for Documentation/Record-Keeping Purposes
MA00.035	Home Visits by a Physician
MA00.036	Remote Patient Management: Telemedicine and Telehealth

Administrative (continued)

Policy #	Title
MA00.037	Billing for Professional Office-Based Services Performed in an Outpatient Office-Based Setting Located within a Facility or on a Facility Campus
MA00.038	Marijuana for Medical Use
MA00.039	Never Events and Preventable Adverse Events
MA00.040	Facility Reporting of Observation Services
MA00.041	National Correct Coding Initiative (NCCI) Code Pair Edits
MA00.042	Humanitarian Use Devices (HUDs)
MA00.044	Diagnosis Criteria for Reimbursement of Emergency Room Services
MA00.045	Reimbursement for Certified Registered Nurse Practitioners (CRNP)

Anesthesia

Policy #	Title
MA01.001	Anesthesia Services for a Cancelled or Discontinued Procedure
MA01.002	Preoperative Consultations Performed by Providers in Anesthesia Specialties
MA01.003	Organ and Tissue Recovery from a Cadaveric Donor and Associated Services
MA01.004	Continuous Local Delivery of Anesthesia to Operative Sites Using an Elastomeric Infusion Pump
MA01.005	Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Services

Case Management

Policy #	Title
MA02.001	Hospice Care
MA02.002	Private Duty Nursing
MA02.003	Home Health Care Services

Clinical Logic

Policy #	Title
MA03.001	Modifier 76: Repeat Procedure by Same Physician
MA03.002	Modifier 50: Bilateral Procedure
MA03.003	Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service
MA03.004	Modifier 51: Multiple Procedures

Policy #	Title
MA03.005	Modifier 59: Distinct Procedural Service
MA03.006	Modifiers LT/RT: Left Side/Right Side Procedures
MA03.007	Modifier 77: Repeat Procedure by Another Physician
MA03.008	Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following the Initial Procedure for a Related Procedure During the Postoperative Period
MA03.009	Modifier 24: Unrelated Evaluation and Management Service by the Same Physician during a Postoperative Period
MA03.010	Modifier 57: Decision for Surgery
MA03.011	Modifiers 26 (Professional Component) and TC (Technical Component)
MA03.012	Modifier 79: Unrelated Procedure or Service by the Same Physician During the Postoperative Period
MA03.013	Modifier 51 Exempt
MA03.014	Modifier 52 Reduced Services
MA03.015	Electrocardiogram (ECG/EKG) Reported with Single Photon Emission Computed Tomography (SPECT) for Myocardial Perfusion Imaging (MPI)
MA03.016	Insertion or Application of Urinary Catheters and the Associated Supplies Provided in the Office Setting
MA03.017	Modifiers for Shared or Split Surgical Services (Modifiers 54, 55, 56)

Dental

Policy #	Title
MA04.001	Dental Extractions Prior to Cardiac Surgery, Radiation Therapy, or Transplant Surgery
MA04.002	Extraction of Bony Impacted Teeth and Exposure of Impacted Teeth

DME

Policy #	Title
MA05.001	High-Frequency Chest Wall Oscillation Devices
MA05.002	Hospital Beds and Accessories
MA05.003	Speech and Non-Speech Generating Devices
MA05.004	Pneumatic Compression Therapy Devices for Lymphedema and Chronic Venous Insufficiency
MA05.005	Automatic External Defibrillators
MA05.006	Transcutaneous Electrical Nerve Stimulators (TENS) and Associated Supplies
MA05.007	Nebulizers

DME (continued)

Policy #	Title
MA05.008	Negative Pressure Wound Therapy
MA05.009	Cervical Traction Devices for In-home Use
MA05.010	Ankle-Foot/Knee-Ankle-Foot Orthoses
MA05.011	Seat Lift Mechanisms
MA05.012	Orthopedic Footwear
MA05.013	Knee Braces
MA05.014	Ostomy Supplies
MA05.015	Home Blood Glucose Monitors and Supplies
MA05.016	Home Prothrombin Time Monitoring
MA05.017	Home Oxygen Therapy
MA05.018	Osteogenic Stimulators (i.e., Electrical Bone Growth Stimulation and Low-Intensity Ultrasound Accelerated Fracture Healing System)
MA05.019	Continuous Passive Motion (CPM) Devices for Home Use
MA05.020	Therapeutic Shoes
MA05.021	Injectable Dermal Fillers
MA05.022	Home-Use Light Box for the Treatment of Seasonal Affective Disorder (SAD)
MA05.023	Wheelchair Cushions and Seating
MA05.024	Lower Limb Prostheses
MA05.025	Pressure Reducing Support Surfaces
MA05.026	Manual Wheelchair Bases
MA05.028	Durable Medical Equipment (DME) Not Subject to a Rental to Purchase Maximum
MA05.029	Heating Pads and Heat Lamps
MA05.030	Spinal Orthoses
MA05.031	Patient Lifts
MA05.032	Power Mobility Devices
MA05.033	External Breast Prosthesis
MA05.034	Tracheostomy Care Supplies
MA05.035	Cold Therapy Devices
MA05.036	Commodes
MA05.037	Walkers
MA05.039	Non-Implantable Pelvic Floor Electrical Stimulator
MA05.040	Food and Drug Administration (FDA) Approval of Medical Devices
MA05.041	Blood Pressure Devices for Home Use

Policy #	Title
MA05.042	Pulse Oximetry Device in the Home Setting
MA05.043	Mechanical Stretching Devices for the Treatment of Joint Stiffness or Contractures
MA05.044	Durable Medical Equipment (DME)
MA05.045	Compression Garments
MA05.046	Wheelchair Options/Accessories
MA05.047	Treatment of Obstructive Sleep Apnea (OSA) and Primary Snoring in Adults
MA05.048	Bladder Stimulators (Pacemakers)
MA05.049	Electronic Speech Aids
MA05.050	Eye Prosthesis
MA05.052	Canes and Crutches
MA05.053	Implantable and External Infusion Pumps
MA05.054	Urological Supplies
MA05.055	Standing Frames
MA05.056	Noninvasive Respiratory Assist Devices (RADs): Continuous Positive Airway Pressure (CPAP) and Bi-Level Devices (BiPAP)
MA05.057	Upper-Limb Prostheses
MA05.058	Neuromuscular Electrical Stimulators (NMES) and Functional Electrical Stimulators (FES)
MA05.059	Electrical Continence Aid
MA05.061	Home Use of Interferential and Sequential Stimulation Devices
MA05.062	Repair and Replacement of Durable Medical Equipment (DME)
MA05.063	Repair or Replacement of an External Prosthetic Device
MA05.064	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)

Pathology and Laboratory

Policy #	Title
MA06.001	Apheresis Therapy
MA06.002	In Vitro Allergy Testing
MA06.004	In Vivo Allergy Sensitivity Testing
MA06.006	Lyme Disease: Diagnosis and Intravenous (IV) Antibiotic Treatment
MA06.007	Loss-of-Heterozygosity-Based Topographic Genotyping with PathFinderTG®
MA06.008	Pharmacogenetic Testing to Determine Drug Sensitivity
MA06.009	Computer Analysis and Generation of Automated Data in Conjunction with Diagnostic Studies

Pathology and Laboratory (continued)

Policy #	Title
MA06.010	Genetic Testing for Inherited Breast Cancer 1 (BRCA1) and Breast Cancer 2 (BRCA2) Mutations
MA06.011	Human Immunodeficiency Virus (HIV) Genotyping and Phenotyping
MA06.012	Genetic Testing for Inherited Susceptibility to Colon Cancer and Microsatellite Instability Testing (Familial Adenomatous Polyposis and Lynch Syndrome)
MA06.013	Serodiagnosis of Inflammatory Bowel Disease (IBD) and the Prometheus® IBD sgi Diagnostic™ Test
MA06.014	Pharmacogenetics and Metabolite Monitoring Using Azathioprine (AZA)/6-Mercaptopurine (6-MP) Therapy
MA06.015	AlloMap™ Molecular Expression Testing for Heart Transplant Rejection
MA06.016	Heartsbreath Test for Heart Transplant Rejection
MA06.017	Molecular Diagnostics
MA06.018	Immune Cell Function Assay
MA06.019	Measurement of Serum Antibodies to and Measurement of Serum Levels of Infliximab and Adalimumab
MA06.020	Autologous Blood Services (Collection, Storage, Transfusion, and Perioperative Salvage)
MA06.021	In Vitro Chemosensitivity and Chemoresistance Assays
MA06.022	Biomarkers for Oncology
MA06.023	Nerve Fiber Density Testing
MA06.030	Circulating Tumor Cell (CTC) Assay

Medicine

Policy #	Title
MA07.001	Hyperbaric Oxygen Therapy
MA07.002	Ultraviolet Light Therapy for the Treatment of Dermatological Conditions
MA07.003	Photodynamic Therapy Using Verteporfin (Visudyne®)
MA07.004	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)
MA07.005	Ambulatory Blood Pressure Monitoring (ABPM)
MA07.008	Platelet-Rich Plasma (PRPs) for Chronic Non-Healing Wounds and Stem-Cell Therapy for Orthopedic Applications
MA07.009	Routine Foot Care For Certain Medical Conditions
MA07.010	Biofeedback Therapy

Policy #	Title
MA07.011	Topical Oxygenation
MA07.012	External Counterpulsation (ECP)
MA07.013	Electrical Stimulation and Electromagnetic Stimulation for the Treatment of Wounds
MA07.014	Magnetic Pelvic Floor Stimulation (MPFS)
MA07.015	Evaluation and Management (E&M) of Diabetic Peripheral Neuropathy with Loss of Protective Sensation (LOPS)
MA07.016	Intravenous Chelation Therapy
MA07.017	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)
MA07.018	Anorectal Manometry, Electromyography (EMG) of Anorectal or Urethral Sphincters; Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters
MA07.019	Reimbursement for the Administration of Immunizations
MA07.020	Whole-body Integumentary Photography and Dermatoscopy
MA07.021	Partial Coherence Interferometry
MA07.022	Wireless Capsule Endoscopy
MA07.024	Medical and Surgical Treatment of Temporomandibular Joint Disorder
MA07.025	Intrauterine Systems (IUSs) (e.g., Mirena®, Skyla®)
MA07.029	Refractive Lenses
MA07.030	Photodynamic Therapy (PDT) using Porfimer Sodium (Photofrin®)
MA07.033	Nerve Conduction Studies (NCS) and Related Electrodiagnostic Studies
MA07.035	Repetitive Transcranial Magnetic Stimulation (rTMS)
MA07.036	Cold Laser Therapy
MA07.038	Neuropsychological Evaluation/Testing
MA07.039	Magnetoencephalography (MEG) with Magnetic Source Imaging (MSI)
MA07.040	Transcatheter Arterial Chemoembolization (TACE) of Hepatic Malignancies
MA07.041	Drug-Eluting Beads and Bland Embolization for the Treatment of Hepatic Malignancies
MA07.042	Complete Decongestive Therapy (CDT)
MA07.043	Smell and Taste Dysfunction Testing
MA07.044	Measurement of Exhaled Nitric Oxide and Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders
MA07.045	Microvolt T-Wave Alternans (MTWA)
MA07.046	Corneal Pachymetry Using Ultrasound

Medicine (continued)

Policy #	Title
MA07.047	Pain Management of Peripheral Nerves by Injection
MA07.048	Instrument-Based Vision Screening
MA07.049	Implantable Cardiac Loop Monitor
MA07.050	Electromyography (EMG) Studies: Needle EMG, Surface EMG (SEMG)
MA07.051	Intraoperative Neurophysiological Testing
MA07.052	Bioimpedance for the Detection of Lymphedema
MA07.055	Allergy Immunotherapy
MA07.056	Photodynamic Therapy (PDT) Using Levulan® Kerastick® (Aminolevulinic Acid HCl [ALA]) or Metvixia® (Methyl Aminolevulinate [MAL])
MA07.057	Cardiac Event Detection Monitoring (External Loop Monitoring)
MA07.058	Sleep Disorder Testing
MA07.060	Oral and Maxillofacial Prosthesis
MA07.069	Real-Time, Outpatient Cardiac Telemetry

Drugs and Biologics

Policy #	Title
MA08.001	Vedolizumab (Entyvio®)
MA08.002	Nesiritide (Natrecor®) for Treatment of Heart Failure Patients
MA08.003	Enteral Nutritional Therapy
MA08.004	Coagulation Factors for Hemophilia
MA08.005	Elosulfase alfa (Vimizim™)
MA08.007	Medicare Part B vs. Part D Crossover Drugs
MA08.008	Total Parenteral Nutrition (TPN), Intradialytic Nutrition (IDPN) and Intraperitoneal Nutrition (IPN)
MA08.009	Immune Globulin: Intravenous (IVIG), Subcutaneous (SCIG)
MA08.011	Erythropoiesis Stimulating Agents (ESAs)
MA08.012	Off-label Coverage for Prescription Drugs and/or Biologics
MA08.014	Radioimmunotherapy with Ibritumomab Tiuxetan (Zevalin®)
MA08.016	Treatment of Pulmonary Artery Hypertension with Intravenous, Subcutaneous, and Inhaled Pharmacologic Agents Intended for Home Use
MA08.017	Botulinum Toxin Agents
MA08.018	Trastuzumab (Herceptin®)
MA08.019	Infliximab (Remicade®)

Policy #	Title
MA08.021	Dofetilide (Tikosyn®) Use in the Inpatient Setting
MA08.022	Rituximab (Rituxan®)
MA08.023	Enzyme Replacement for the Treatment of Gaucher's Disease
MA08.025	Omalizumab (Xolair®)
MA08.026	Complex Regional Pain Syndrome (CRPS) Parenteral Treatments
MA08.027	Risperidone (Risperdal® Consta®) Injection
MA08.028	Abatacept (Orencia®) for Injection for Intravenous use
MA08.029	Natalizumab (Tysabri®)
MA08.031	Cetuximab (Erbix®)
MA08.033	Agalsidase beta (Fabrazyme®)
MA08.034	Laronidase (Aldurazyme®)
MA08.035	Idursulfase (Elaprase™)
MA08.036	Alglucosidase Alfas, rhGAA (Myozyme®, Lumizyme®)
MA08.037	Bortezomib (Velcade®)
MA08.038	Oxaliplatin (Eloxatin®)
MA08.039	Plerixafor Injection (Mozobil™)
MA08.041	Bendamustine Hydrochloride (Treanda®)
MA08.042	Ustekinumab (Stelara™) for Subcutaneous Injection
MA08.043	Pralatrexate (Foloty®) for Injection
MA08.044	Eculizumab (Soliris®)
MA08.045	Tocilizumab (Actemra®) for Intravenous Infusion
MA08.046	Ecallantide (Kalbitor®)
MA08.047	Pemetrexed (Alimta®)
MA08.048	Ofatumumab (Arzerra™)
MA08.049	Paclitaxel Protein-bound Particles for Injectable Suspension (Albumin-bound)/(Abraxane® for Injectable Suspension)
MA08.050	Alpha 1-Proteinase Inhibitor Therapy (e.g., Prolastin-C®, Aralast™, Aralast NP™, Glassia™, Zemaira™)
MA08.051	C1 Esterase Inhibitors: Cinryze®, Berinert®, and Ruconest®
MA08.052	Denosumab (Prolia™, Xgeva™)
MA08.053	Personalized Vaccines (e.g., Provenge®)
MA08.054	Cabazitaxel (Jevtana®)
MA08.055	Romidepsin (Istodax®)
MA08.056	Eribulin Mesylate (Halaven™)

Drugs and Biologics (continued)

Policy #	Title
MA08.057	Belimumab (Benlysta®)
MA08.059	Ipilimumab (Yervoy®)
MA08.060	Pegloticase (Krystexxa®)
MA08.061	Belatacept (Nulojix®)
MA08.062	Carfilzomib (Kyprolis™)
MA08.063	Pertuzumab (Perjeta®)
MA08.064	Omacetaxine Mepesuccinate (Synribo®)
MA08.065	Octreotide Acetate (Sandostatin® LAR Depot)
MA08.066	Ado-Trastuzumab Emtansine (Kadcyla®)
MA08.067	Repository Corticotropin (H.P. Acthar® Gel Injection)
MA08.068	Brentuximab Vedotin (Adcetris®)
MA08.069	Radium Ra 223 dichloride (Xofigo®) Injection
MA08.070	Golimumab (Simponi® Aria™) Intravenous (IV) Injection
MA08.071	Galsulfase (Naglazyme®)
MA08.072	Bevacizumab (Avastin®)
MA08.073	Intravitreal Injection of Vascular Endothelial Growth Factor (VEGF) Antagonists (e.g., ranibizumab [Lucentis®], pegaptanib sodium [Macugen®], aflibercept [Eylea®])

Radiology

Policy #	Title
MA09.001	Intensity Modulated Radiation Therapy (IMRT)
MA09.002	High-Technology Radiology Services
MA09.004	Echocardiography Contrast Agents
MA09.005	High Osmolar Contrast Agents
MA09.006	Therapeutic Radiology Port Films
MA09.007	Proton Beam Therapy
MA09.008	Low Osmolar Contrast Agents
MA09.009	Diagnostic and Therapeutic Radiopharmaceutical Agents
MA09.010	Magnetic Resonance Imaging (MRI) Contrast Agents
MA09.011	Electron Beam Computed Tomography (EBCT) for Screening Evaluations
MA09.012	Full-Body Computerized Tomography (CT) Scan Screening
MA09.013	Screening for Vertebral Fracture with Dual-Energy X-ray Absorptiometry (DEXA/DXA)

Policy #	Title
MA09.014	Computer Aided Detection (CAD) System for use with Chest Radiographs
MA09.015	Positron Emission Mammography (PEM)
MA09.016	Digital Breast Tomosynthesis
MA09.017	Brachytherapy
MA09.018	Radioembolization for Primary and Metastatic Tumors of the Liver
MA09.019	Magnetic Resonance Imaging (MRI) for Monitoring the Integrity of Silicone-Gel-Filled Breast Implants in Asymptomatic Individuals

Rehabilitation Services

Policy #	Title
MA10.001	Pulmonary Rehabilitation Services
MA10.002	Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Programs
MA10.003	Physical Medicine & Rehabilitation Services: Physical Therapy (PT) and Occupational Therapy (OT)
MA10.004	Chiropractic Services
MA10.005	Day Rehabilitation
MA10.007	Speech Therapy

Surgery

Policy #	Title
MA11.001	Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence
MA11.002	Hematopoietic Stem Cell Transplantation
MA11.003	Lung Volume Reduction Surgery (LVRS)
MA11.004	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia (BPH)
MA11.005	Deep Brain Stimulation (DBS)
MA11.006	Bronchial Thermoplasty
MA11.007	Islet Cell Transplantation
MA11.008	Refractive Keratoplasty
MA11.010	Abortion
MA11.011	Artificial Hearts and Ventricular Assist Devices (VADs)
MA11.012	Endovascular Grafts for Abdominal Aortic Aneurysms, Aortic-Iliac Aneurysms, and Infra renal Aortic Aneurysms
MA11.014	Debridement of Mycotic and Symptomatic Non-Mycotic Hypertrophic Nails
MA11.015	Wound Care: Bioengineered Skin Substitutes

Surgery (continued)

Policy #	Title
MA11.016	Prostate Mapping Biopsy
MA11.017	Trigger Point Injections
MA11.018	Mohs' Micrographic Surgery (MMS)
MA11.019	Vagus Nerve Stimulation (VNS)
MA11.021	Non-Surgical Spinal Decompression Therapy
MA11.022	Cryosurgery of the Prostate
MA11.023	Hyaluronan Acid Therapies for Osteoarthritis of the Knee
MA11.024	Percutaneous Vertebroplasty and Percutaneous Vertebral Augmentation
MA11.025	Percutaneous Intradiscal Annuloplasty (IDET/PIRFT)
MA11.026	Epidural, Paravertebral Facet, and Sacroiliac Joint Injections for Spinal Pain Management
MA11.027	Transcatheter Aortic Valve Replacement (TAVR) and Transcatheter Mitral Valve Repair (TMVR)
MA11.028	Sacral Nerve Stimulation (SNS) and Posterior Tibial Nerve Stimulation (PTNS) for the Control of Incontinence
MA11.030	Reconstructive Breast Surgery
MA11.031	Spinal Cord Stimulation (Dorsal Column Stimulation)
MA11.032	Multiple Surgical Reduction Guidelines
MA11.033	Solid Organ Transplants
MA11.034	Collagen Meniscus Implant
MA11.035	Infrared Photocoagulation (IRC) of Hemorrhoids
MA11.036	Surgical Treatment of Nails
MA11.037	Use of an Operating Microscope During a Surgical Procedure
MA11.038	Radiofrequency Micro-remodeling (by transurethral, transvaginal, or paraurethral approach) for Urinary Stress Incontinence
MA11.039	Cochlear Implantation
MA11.040	Transcatheter Closure of Cardiac Septal Defects
MA11.042	Revision of a Previous Cosmetic Procedure
MA11.043	Reimbursement for a Presbyopia- or Astigmatism-Correcting Intraocular Lens
MA11.044	Artificial Intervertebral Disc Insertion
MA11.045	Uterine Artery Embolization
MA11.046	Hair Transplants and Cranial Protheses (Wigs)
MA11.047	Blepharoplasty, Repair of Blepharoptosis, Repair of Brow Ptosis, and Canthoplasty/Canthopexy

Policy #	Title
MA11.048	Lumbar Interspinous Process Decompression System
MA11.049	Bone-Anchored (Osseointegrated) Hearing Aids and Implantable Middle Ear Hearing Aids
MA11.050	Treatment of Medical and Surgical Complications
MA11.051	Treatment of Obesity and Bariatric Surgery for Treatment of Morbid Obesity
MA11.052	Radiofrequency Ablation and Cryosurgical Ablation of Lung Tumors
MA11.053	Sterilization
MA11.054	Cataract Surgery
MA11.055	Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)
MA11.056	Percutaneous Transluminal Angioplasty (PTA) and Extracranial (EC) and Intracranial (IC) Arterial Bypass Surgery
MA11.057	Robotic-Assisted Surgery
MA11.058	Otoplasty
MA11.059	Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee
MA11.060	Catheter Ablation of Cardiac Arrhythmias
MA11.061	Transcoronary Ablation of Septal Hypertrophy (TASH)
MA11.062	Endovascular Stent-Graft Repair of Thoracic Aortic Aneurysms and Nonaneurysmal Lesions
MA11.063	Photocoagulation of Macular Drusen
MA11.064	Implantable Miniature Telescope (IMT) for the Treatment of End-Stage Age-Related Macular Degeneration (AMD)
MA11.065	Endometrial Ablation
MA11.066	Ovarian and Internal Iliac Vein Embolization as Treatment for Pelvic Congestion Syndrome
MA11.067	Labiaplasty
MA11.068	Sentinel Lymph Node Biopsy
MA11.069	Reduction Mammoplasty
MA11.070	Lipectomy and Liposuction
MA11.071	Selective Photothermolysis Using Pulsed-Dye Lasers (PDL)
MA11.072	Application and Removal of Tattoos
MA11.073	Abdominoplasty and/or Panniculectomy
MA11.074	Excision of Redundant Skin
MA11.075	Rhytidectomy and/or Cervicoplasty With or Without Liposuction and/or Platysmaplasty
MA11.076	Removal of Breast Implants

Surgery (continued)

Policy #	Title
MA11.077	Prophylactic Mastectomy
MA11.078	Scar Revision
MA11.079	Evaluation and Treatment of Erectile Dysfunction (ED)
MA11.080	Mentoplasty or Genioplasty
MA11.081	Meniscal Allograft Transplantation
MA11.082	Autologous Chondrocyte Implantation (ACI)/Carticel® and Other Cell-based Treatments of Focal Articular Cartilage Lesions
MA11.083	Orthognathic Surgery
MA11.084	Osteochondral Autograft Transplantation (OAT) Procedure
MA11.085	Arthroscopic Electrothermal Joint Repair
MA11.086	Osteochondral Allograft Transplantation
MA11.087	Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions
MA11.088	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
MA11.089	Hip Resurfacing
MA11.090	Surgical Treatment of Femoroacetabular Impingement
MA11.091	Manipulation Under Anesthesia
MA11.092	Total Ankle Arthroplasty/Replacement
MA11.093	Surgical Treatments of Athletic Pubalgia
MA11.094	Treatment for Hyperhidrosis (Nonpharmacologic)
MA11.095	Lysis of Epidural Adhesions
MA11.096	Percutaneous Discectomy
MA11.097	Percutaneous Image-Guided Lumbar Decompression (PILD) for Spinal Stenosis
MA11.098	Migraine Deactivation Surgery
MA11.099	Septoplasty, Rhinoplasty, and Septorhinoplasty
MA11.100	Balloon Catheter Dilation of Sinus Ostia for Treatment of Chronic Rhinosinusitis
MA11.101	Nucleoplasty
MA11.102	Denervation of the Spinal Nerves for Chronic Facet Pain
MA11.103	Chemical Peels
MA11.104	Lacrimal Punctum Plugs
MA11.105	Aqueous Shunts, Visco canalostomy, and Canaloplasty for the Treatment of Glaucoma

Miscellaneous

Policy #	Title
MA12.001	Alternative Therapies and Complementary Medicine
MA12.002	Nonemergency Ambulance Transport
MA12.007	Air or Sea Ambulance