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2025 InterQual® Criteria updates

Centene

March 14, 2025

Release Resources

- Clinical revisions available on the IQ Resource Center

InterQual® Resource Center

- Demo recordings will be posted to the Resource Center next week
- 2025 criteria available in InterQual Integ environment

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Global Update

- Removed CMS GMLOS benchmarks from software. These benchmarks are available in Clinical Reference

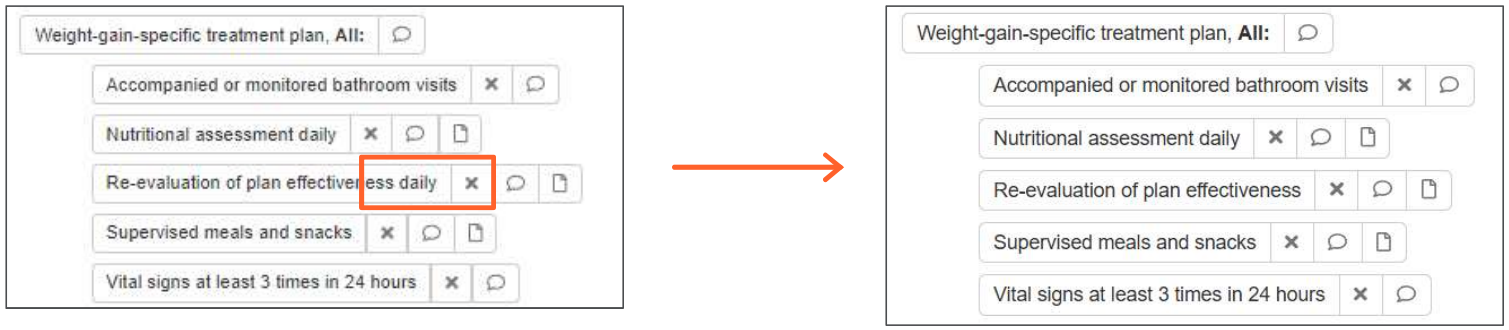
Behavioral Health

Adult and Geriatric Psychiatry, Child and Adolescent Psychiatry, and Substance Use Disorders

Global changes

- Citations for key sources were updated including:
  - Association for Ambulatory Behavioral Healthcare (AABH)
  - Commission on Accreditation of Rehabilitation Facilities (CARF)
  - Joint Commission

- Frequency associated with establishing/reviewing a treatment plan review was removed. The timing of treatment planning is based on clinical factors, not routine time requirements



Behavioral Health Services

Applied Behavior Analysis (ABA) Program:

- Based on the Council of Autism Service Providers (CASP), Version 3, 2024, Practice Guideline, we now include recommendations related to ABA assessment:
  - For initiation, if an initial assessment has not been completed- added a recommendation for “Initial Applied Behavior Analysis Assessment, up to 20 hours”
  - For continuation, added a recommendation for reassessment if it's been more than 6 months since the last assessment

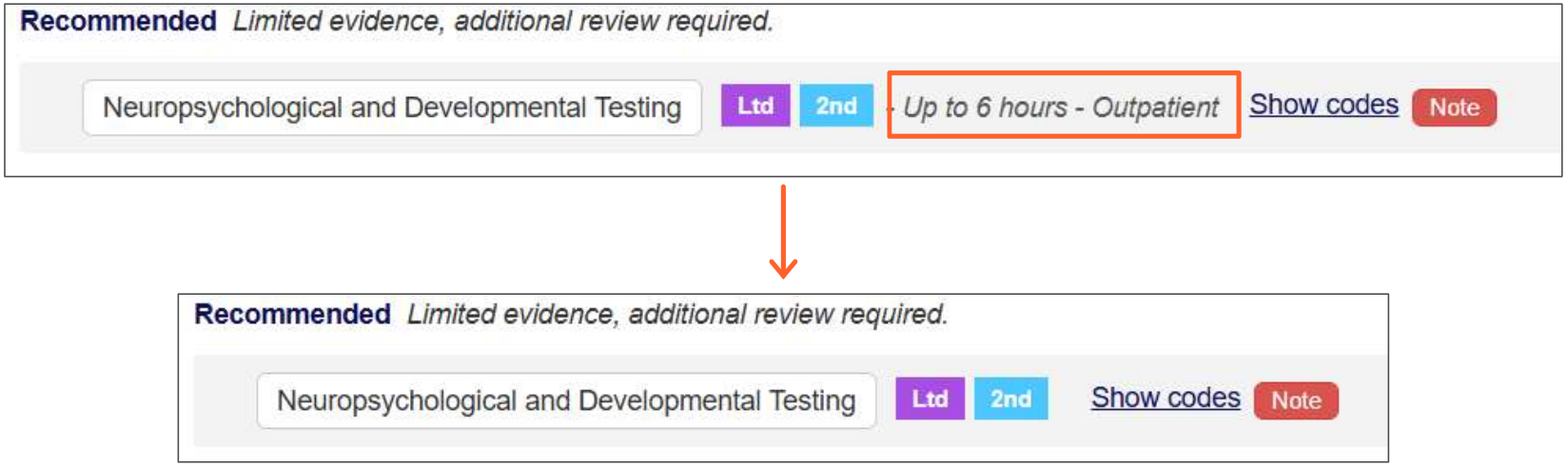
- In the child criteria, removed the specific age requirement for schooling as state mandates do not align on the age that a child should attend school. Criteria changed to:
  - “Not enrolled in school or preschool or early intervention program and compulsory school age”
  - “Not enrolled in school and compulsory school age”

Behavioral Health Services

Neuropsychological and Developmental Testing:

- Updated hours for testing to “up to 8 hours” for all recommendations

- Removed recommended hours from Limited Evidence recommendations. This change was made to allow for individualized planning.



Behavioral Health Services

Electroconvulsive Therapy (ECT)

- Parkinson’s disease has been retired as an indication for ECT as this is not a commonly used indication for this procedure

Behavioral Health Services

Psychological Testing

- Removed specific tests in recommendations and updated to “Psychological Testing” to reflect real world practice
- Updated time approved for testing to “up to 8 hours” for all recommendations

Behavioral Health Services

Transcranial Magnetic Stimulation (TMS):

Retired the following indications for TMS because they are not commonly used indications for this procedure:

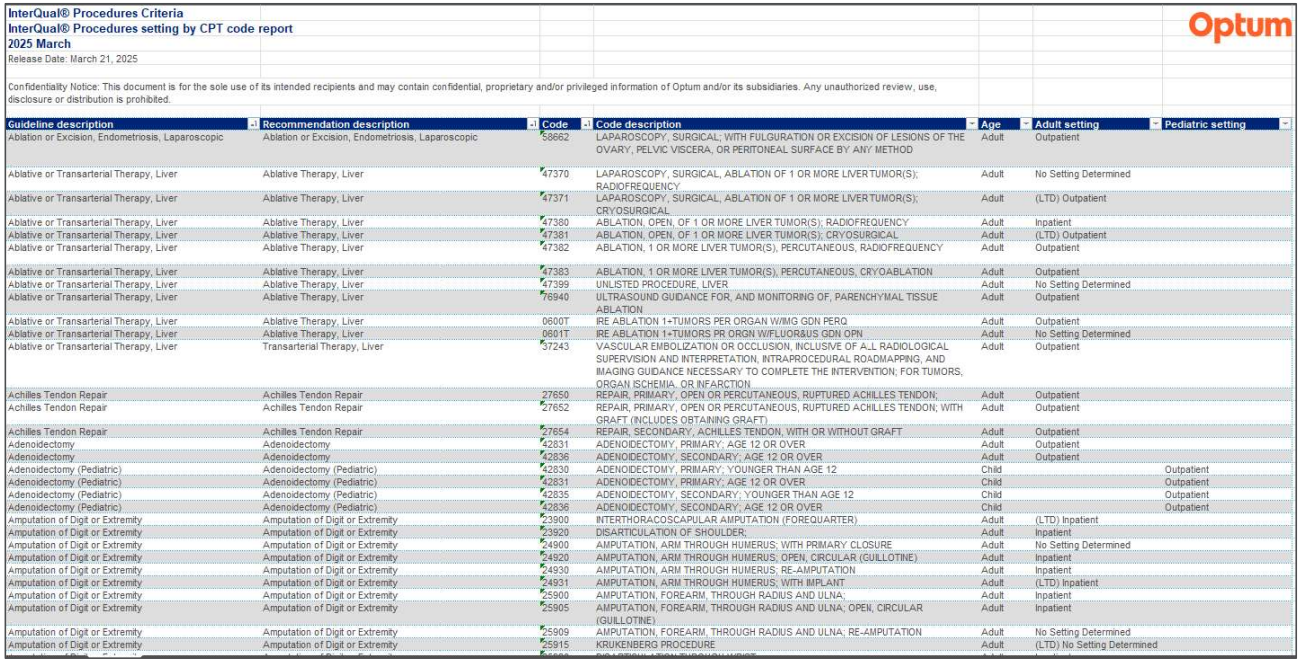
- Amyotrophic lateral sclerosis or motor neuron disease
- Epilepsy
- Parkinson disease
- Tinnitus

Acute global changes

InterQual® Site of Service

InterQual Inpatient List setting updates

- The Inpatient List will be CPT code based and include codes addressed within the InterQual Procedures content. It will include all settings including Inpatient, Outpatient, No setting determined
- It has been renamed to “InterQual Procedures setting by CPT® code report”



InterQual® Procedures Criteria
InterQual® Procedures setting by CPT code report
2025 March
Release Date: March 21, 2025

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Guideline description	Recommendation description	Code	Code description	Age	Adult setting	Pediatric setting
Ablation or Excision, Endometriosis, Laparoscopic	Ablation or Excision, Endometriosis, Laparoscopic	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	Adult	Outpatient	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	47370	LAPAROSCOPY, SURGICAL, ABLATION OF 1 OR MORE LIVER TUMOR(S); RADIOFREQUENCY	Adult	No Setting Determined	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	47371	LAPAROSCOPY, SURGICAL, ABLATION OF 1 OR MORE LIVER TUMOR(S); CRYOSURGICAL	Adult	(LTD) Outpatient	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	47380	ABLATION, OPEN, OF 1 OR MORE LIVER TUMOR(S); RADIOFREQUENCY	Adult	Inpatient	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	47381	ABLATION, OPEN, OF 1 OR MORE LIVER TUMOR(S); CRYOSURGICAL	Adult	(LTD) Outpatient	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	Adult	Outpatient	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	Adult	Outpatient	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	47399	UNLISTED PROCEDURE, LIVER	Adult	No Setting Determined	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	Adult	Outpatient	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	0600T	IRE ABLATION 1+TUMORS PER ORGAN W/IMG GDN PERQ	Adult	Outpatient	
Ablative or Transarterial Therapy, Liver	Ablative Therapy, Liver	0601T	IRE ABLATION 1+TUMORS PR ORGN W/FLUOR&US GDN OPN	Adult	No Setting Determined	
Ablative or Transarterial Therapy, Liver	Transarterial Therapy, Liver	37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF A.L RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; FOR TUMORS, ORGAN ISCHEMIA, OR INFARCTION	Adult	Outpatient	
Achilles Tendon Repair	Achilles Tendon Repair	27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	Adult	Outpatient	
Achilles Tendon Repair	Achilles Tendon Repair	27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	Adult	Outpatient	
Achilles Tendon Repair	Achilles Tendon Repair	27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	Adult	Outpatient	
Adenoidectomy	Adenoidectomy	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	Adult	Outpatient	
Adenoidectomy	Adenoidectomy	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	Adult	Outpatient	
Adenoidectomy (Pediatric)	Adenoidectomy (Pediatric)	42830	ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12	Child		Outpatient
Adenoidectomy (Pediatric)	Adenoidectomy (Pediatric)	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	Child		Outpatient
Adenoidectomy (Pediatric)	Adenoidectomy (Pediatric)	42835	ADENOIDECTOMY, SECONDARY; YOUNGER THAN AGE 12	Child		Outpatient
Adenoidectomy (Pediatric)	Adenoidectomy (Pediatric)	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	Child		Outpatient
Amputation of Digit or Extremity	Amputation of Digit or Extremity	23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	Adult	(LTD) Inpatient	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	23920	DISARTICULATION OF SHOULDER;	Adult	Inpatient	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	Adult	No Setting Determined	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	24920	AMPUTATION, ARM THROUGH HUMERUS, OPEN, CIRCULAR (GUILLOTINE)	Adult	Inpatient	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	Adult	Inpatient	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	Adult	(LTD) Inpatient	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	Adult	Inpatient	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	Adult	Inpatient	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	Adult	No Setting Determined	
Amputation of Digit or Extremity	Amputation of Digit or Extremity	25915	KRUKENBERG PROCEDURE	Adult	(LTD) No Setting Determined	

Acute Adult

Global changes

Removed

- Removed the endpoint ≤ 2d from Oxygen ≥ 40% in Intermediate
- Removed BP values specific to chronic hypertension from hemodynamic instability findings at critical

Updated

- Expanded Care Management Information (CMI) notes across multiple subsets, including adding Admission Consideration notes to existing CMI notes that did not previously include them
- Immunocompromised note to include Primary and secondary immunodeficiency

Acute Adult Criteria

Acute Adult

Acute Kidney Injury

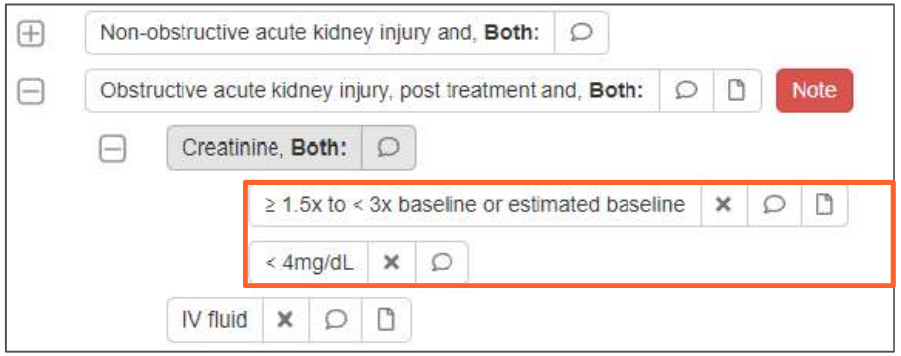
At Observation level of care:

- Restructured obstructive acute kidney injury criteria
- Added upper limit of 3x baseline and < 4mg/dL to obstructive acute kidney injury
- Removed urine output criteria

At the Acute level of care:

- Added obstructive acute kidney injury criteria in a high-risk patient
- Added post obstructive diuresis as a complication on episode days 2 and 3

Observation



Acute

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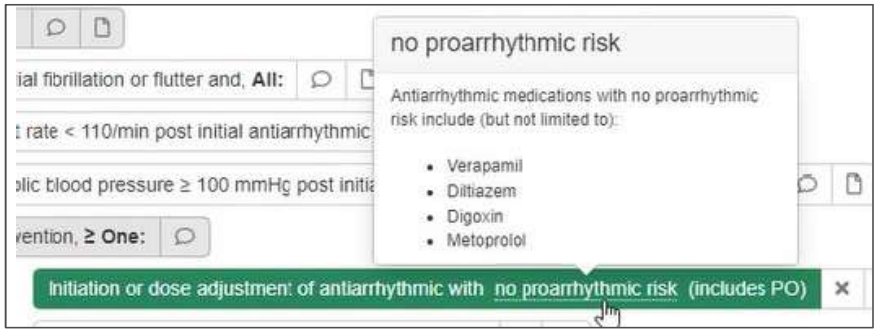
Acute Adult

Arrhythmia: Atrial

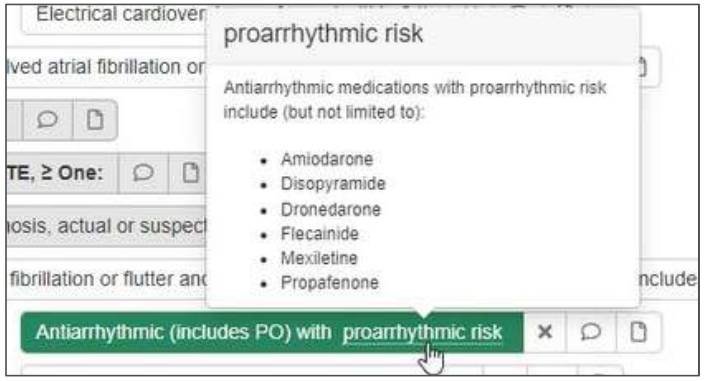
At the Observation level of care:

- Added criteria for antiarrhythmic with no proarrhythmic risk
- Moved the Non-responder criteria to episode day 2
- At the Intermediate level of care, added a note defining antiarrhythmic with proarrhythmic risk

Observation



Intermediate



Acute Adult and Pediatric

Bowel Obstruction

Adult and Pediatric

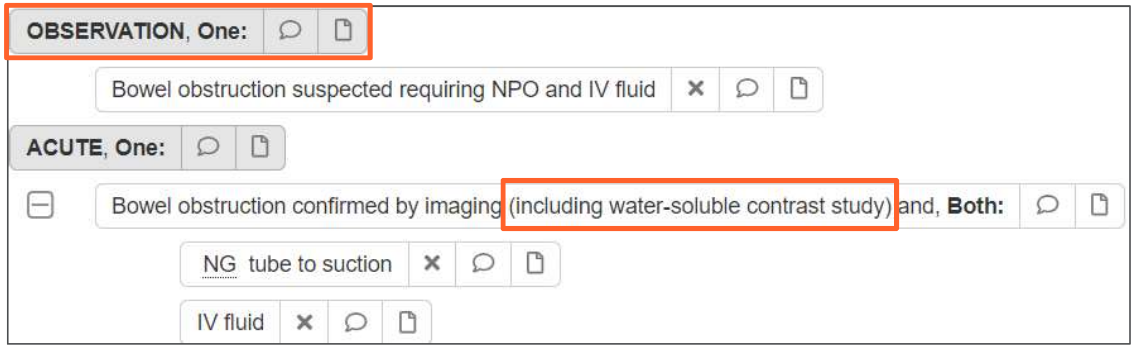
- Added Observation level of care
- At the Acute level of care, added water-soluble contrast study as a type of imaging study

Adult

- The number of episode days was changed from 4 days to 5 days

Pediatric

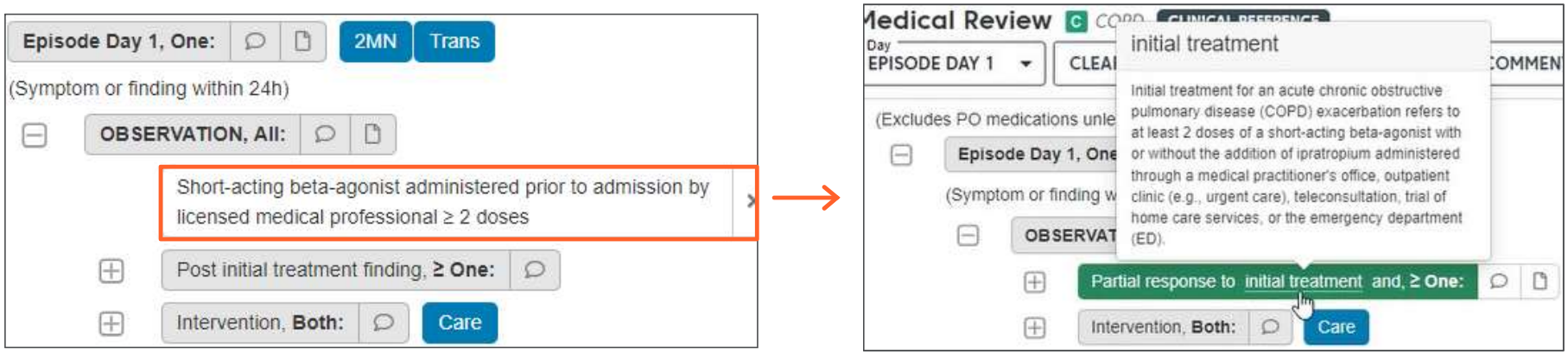
- At Observation level of care, added criteria for intussusception with an air or water enema performed and IV fluid



Acute Adult

COPD

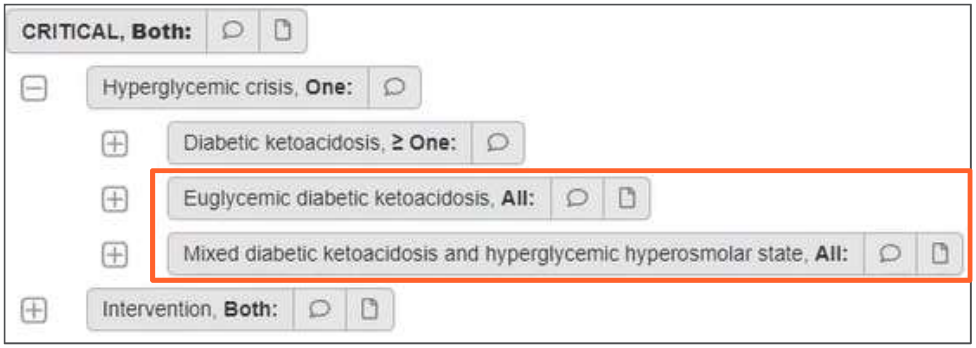
- At the Observation and Acute levels of care, streamlined criteria by moving initial treatment requirements into a note
- O_2 sat was changed from ≤ 91% to ≤ 89% on episode days 3 & 4 at Acute level of care to address non-symptomatic patients with significant hypoxia who need additional treatment



Acute Adult

Diabetic Ketoacidosis

- At the Observation level of care, clarified the criteria by adding (includes SC) to the insulin intervention
- At the Observation and Critical levels of care, decreased the glucose threshold from to 250 mg/dL to 200 mg/dL
- At the Critical level of care added criteria for:
  - Euglycemic diabetic ketoacidosis
  - Mixed diabetic ketoacidosis and hyperglycemic hyperosmolar state



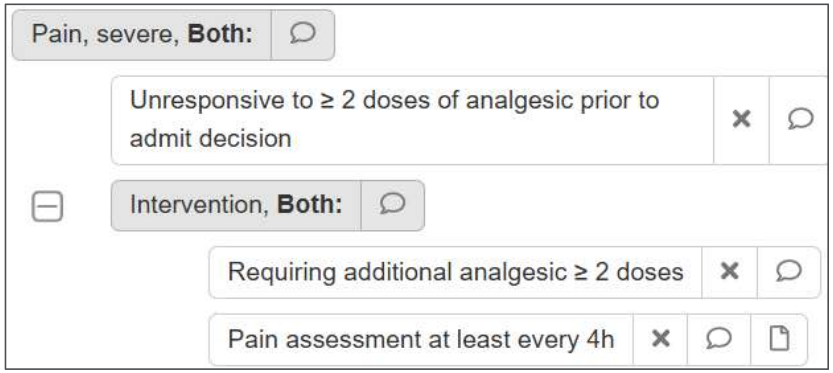
Acute Adult

General Medical

Observation

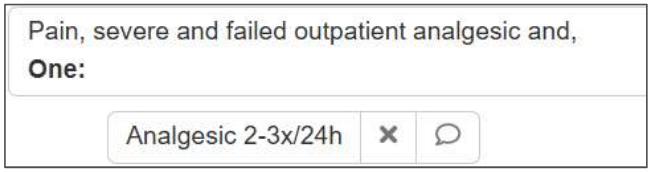
Severe pain:

- Removed requirement of 2 doses of analgesic prior to admit
- Changed intervention from analgesic ≥ 2 doses to 2-3x/24h
- Moved the Non-responder criteria to episode day 3



Moved the Non-responder criteria to episode day 3 for:

- Danger to self or others
- Spinal Headache



Acute Adult

General Medical - Genitourinary

Observation:

Renal calculus:

- On episode day 1, removed imaging requirement
- Removed IV fluid requirement
- Moved the Non-Responder criteria to episode day 3

Urinary tract obstruction/ hydronephrosis:

- Added uncomplicated urinary tract obstruction to admission and continued stay
- Added criteria for postobstructive diuresis on episode day 1

Acute (admission):

- Added high risk factors to urinary tract obstruction to differentiate the Acute and Observation levels of care

Acute (continued stay):

- On episode day 3-X, removed criteria for elevated creatinine. This complication can be managed in the Acute Kidney Injury subset
- Added postobstructive diuresis as a complication on episode days 2 and 3

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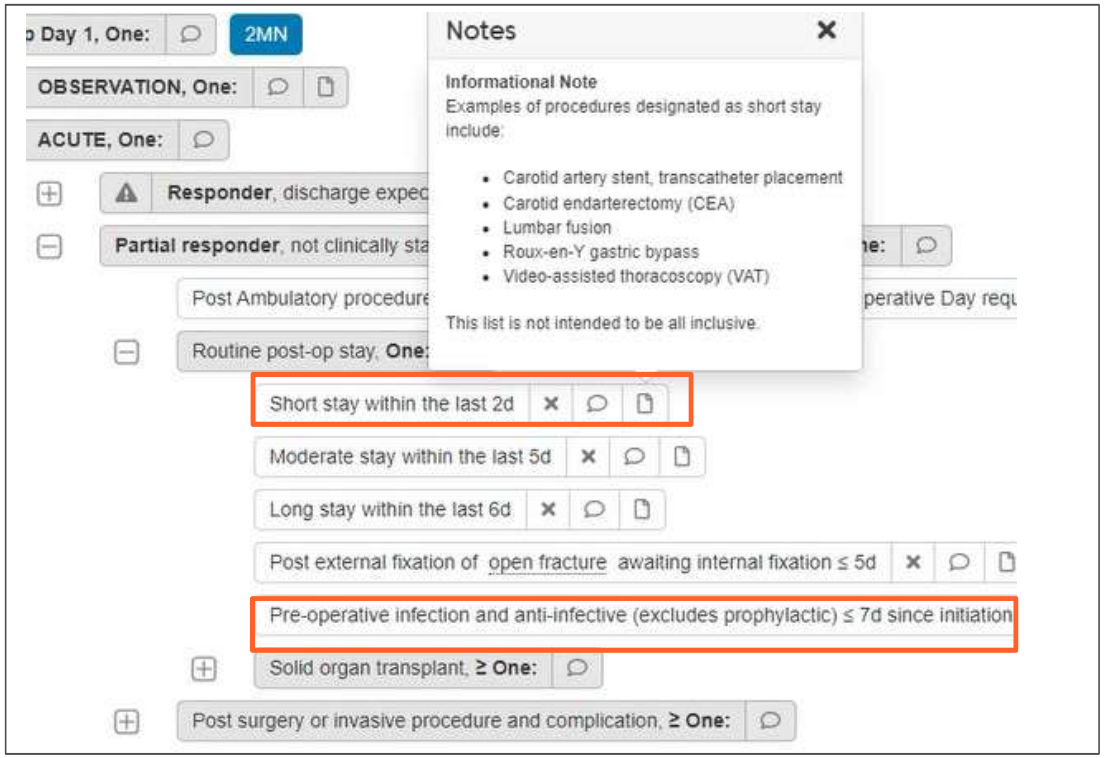
Acute Adult

General Surgical

At the Acute level of care

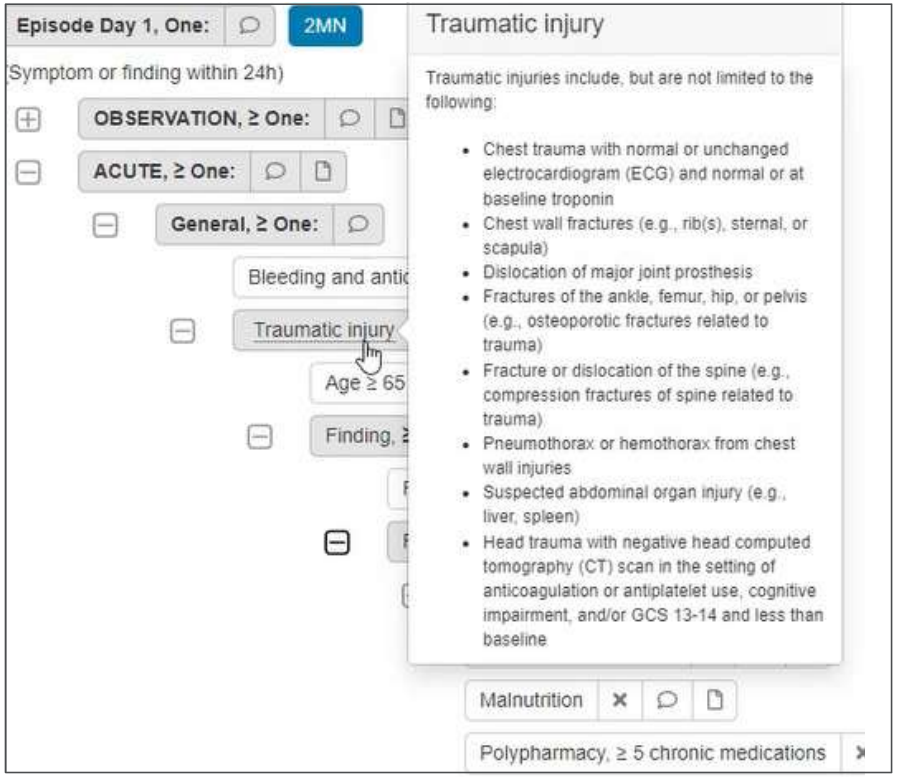
- Added short stay within the last 2 days to post-op day 1
- On operative day, added pregnancy and appendicitis as high-risk factor
- Added pre-operative infection and anti-infective (excludes prophylactic) ≤ 7 days since initiation to post-op days 1-22



Acute Adult

General Trauma

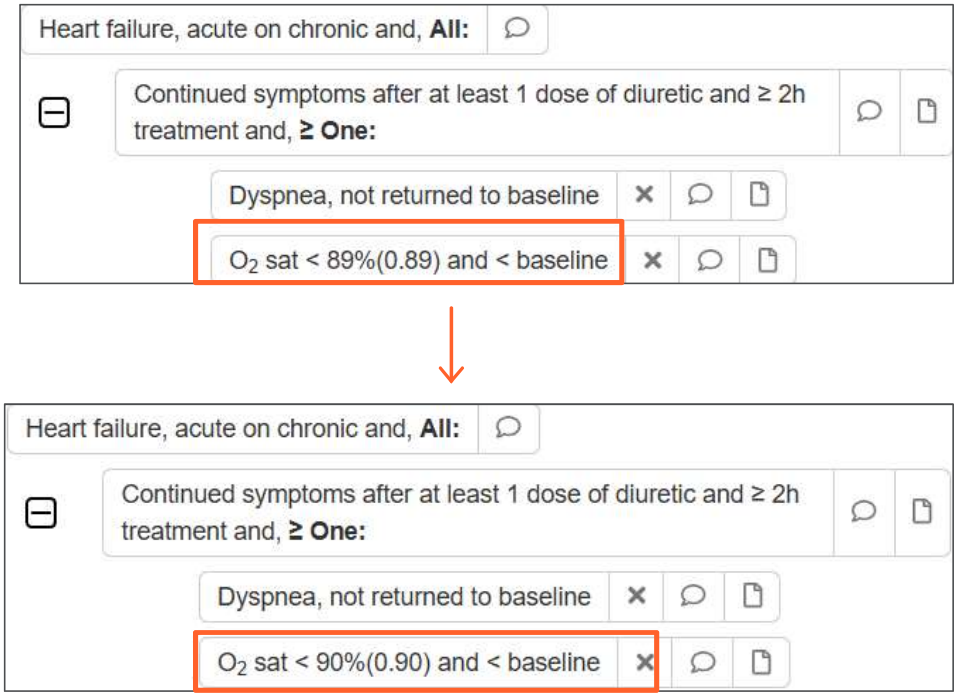
At the Acute level of care, added a note to define “traumatic injury”



Acute Adult

Heart Failure

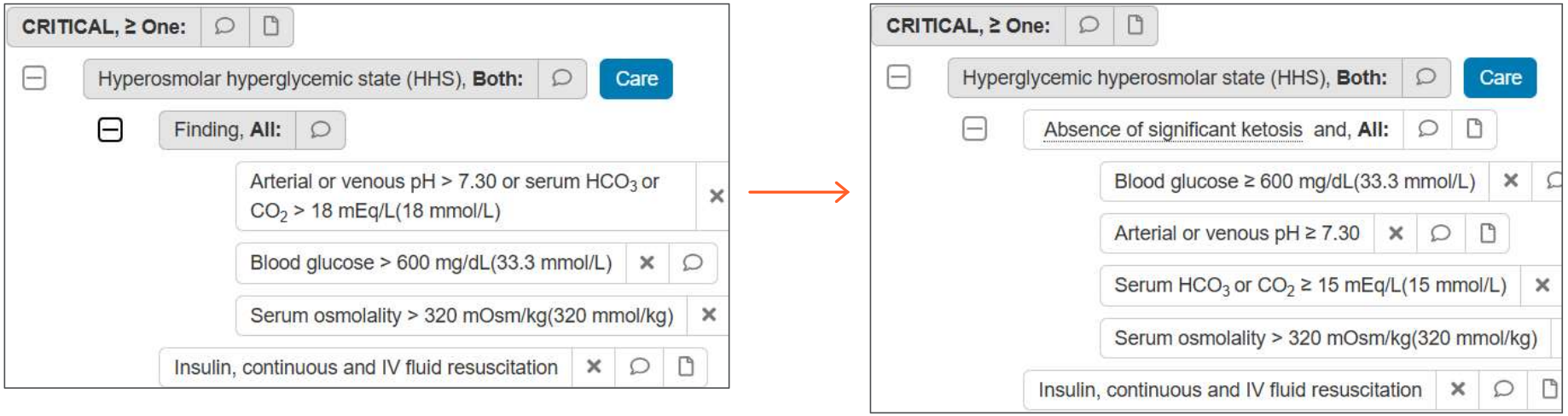
- At the Observation level of care O_2 sat was removed as a finding
- At the Acute level of care, changed O_2 sat < 89% to O_2 sat < 90%



Acute Adult

Hyperglycemic Hyperosmolar State

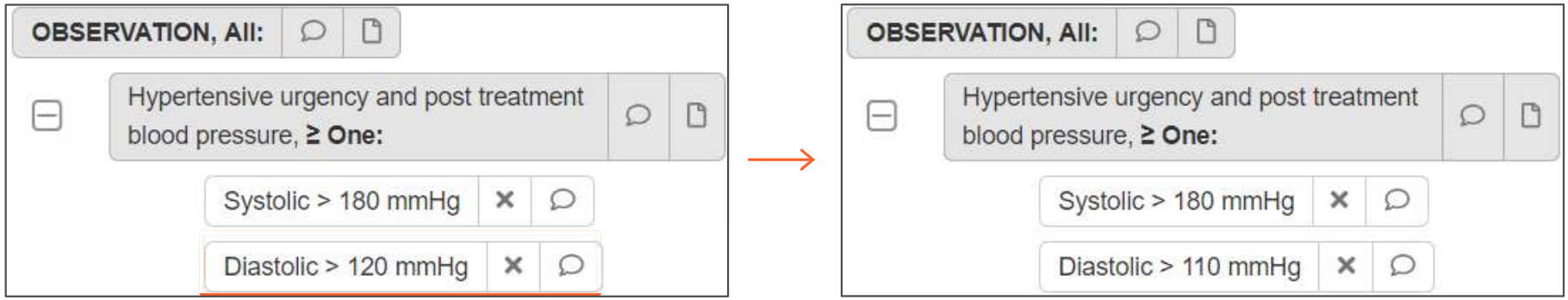
- Blood glucose, pH, and bicarbonate criteria updated



Acute Adult

Hypertension

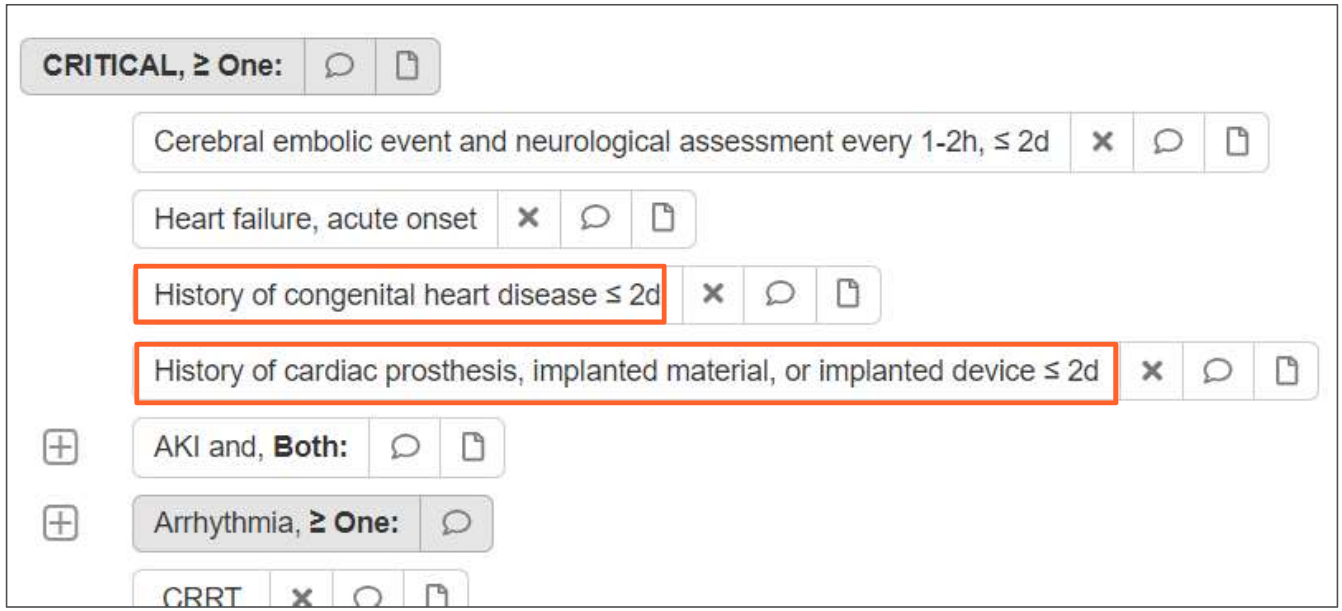
- At the Observation level of care, diastolic blood pressure was updated from > 120mmHg to > 110mmHg



Acute Adult

Infection: Endocarditis

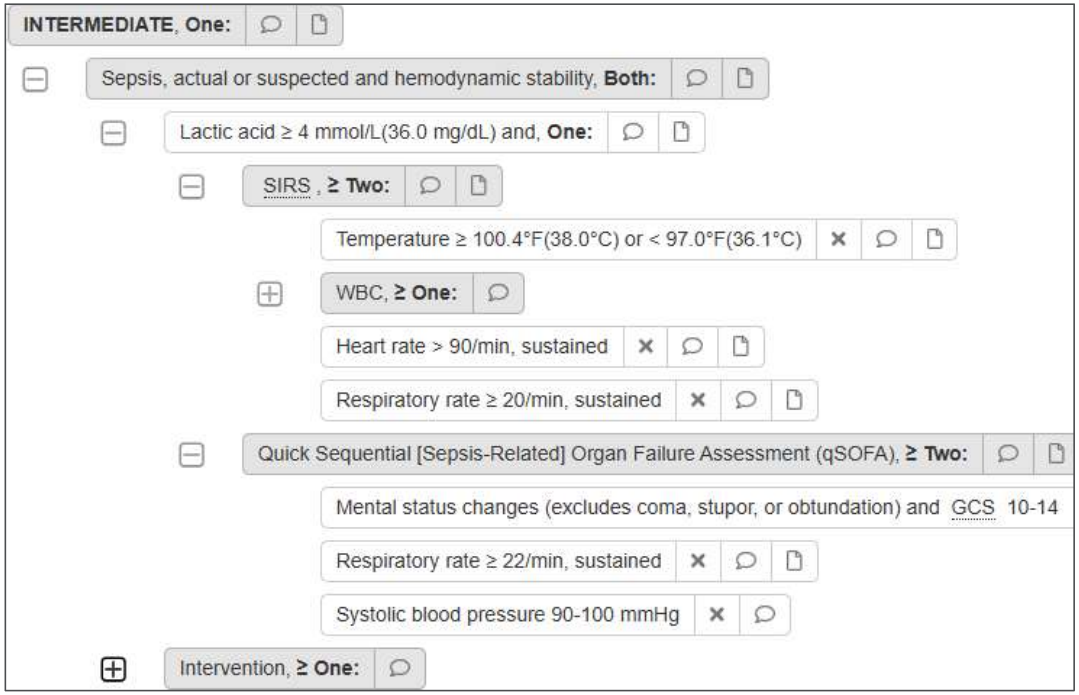
- At the Critical level of care, added criteria for a history of congenital heart disease, prosthesis, implanted material, or implanted device to allow for monitoring of high-risk patients



Acute Adult

Infection: Pyelonephritis or Complex UTI and Infection: Sepsis

- At the Intermediate level of care, added lactic acid ≥ 4 mmol/L in combination with either:
  - Positive qSOFA criteria
  - Positive SIRS criteria

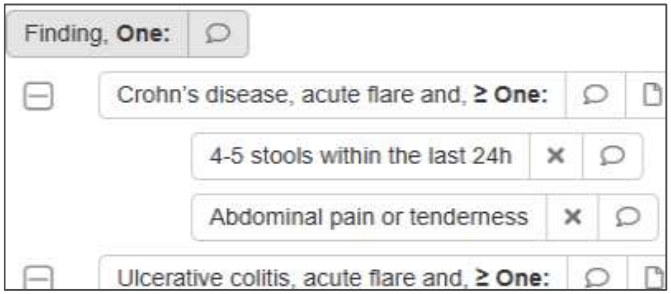


Acute Adult

Inflammatory Bowel Disease

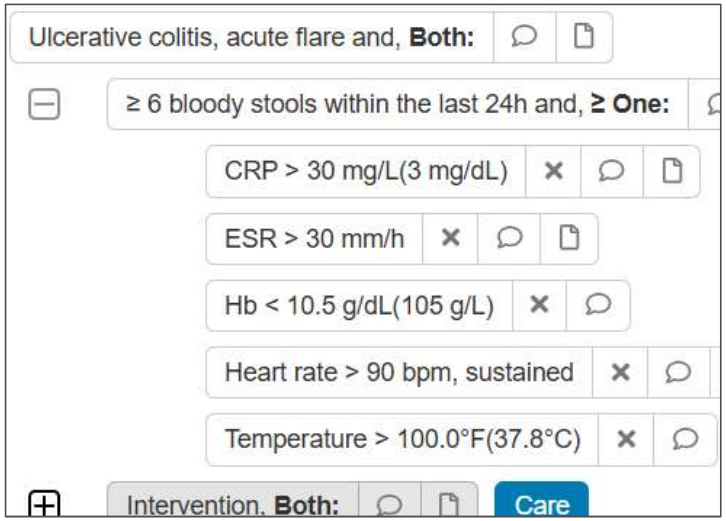
- At the Observation level of care, added Crohn's disease

Observation



- At the Acute level of care, updated findings for severe ulcerative colitis flare

Acute



Acute Adult

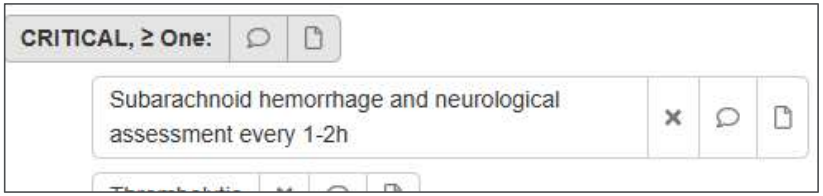
Pancreatitis

- Updated the number of episode days from 4 days to 5 days
- At the Acute level of care, added criteria for:
  - Patients with chronic pancreatitis experiencing an acute flare, or acute flare during current hospitalization
  - Local complication of pancreatitis (necrosis, walled off necrosis, pseudocyst and fluid collection)
  - High-risk factors for acute pancreatitis
- At the Observation and Acute levels of care, added goal directed IV fluid resuscitation for acute pancreatitis on episode day 1
- At the Critical level of care:
  - Added hypertriglyceridemia-induced pancreatitis

Acute Adult

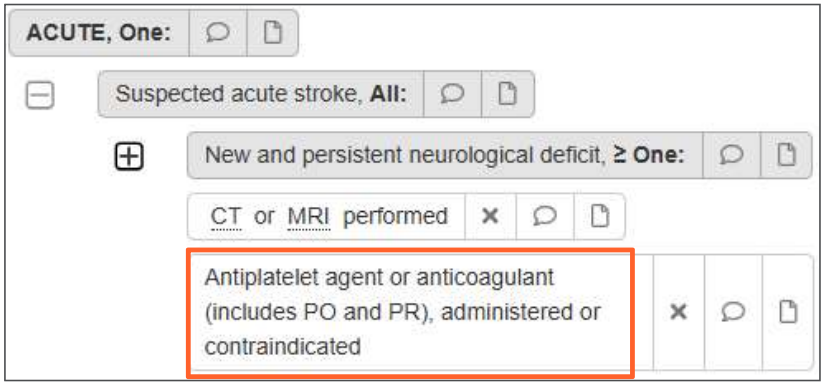
Stroke

- At the Critical level of care on episode day 1, added criteria for Subarachnoid hemorrhage requiring frequent neurological assessment



Stroke and TIA

- At the Acute level of care, added PR as route for anti-platelet and anti-coagulant administration

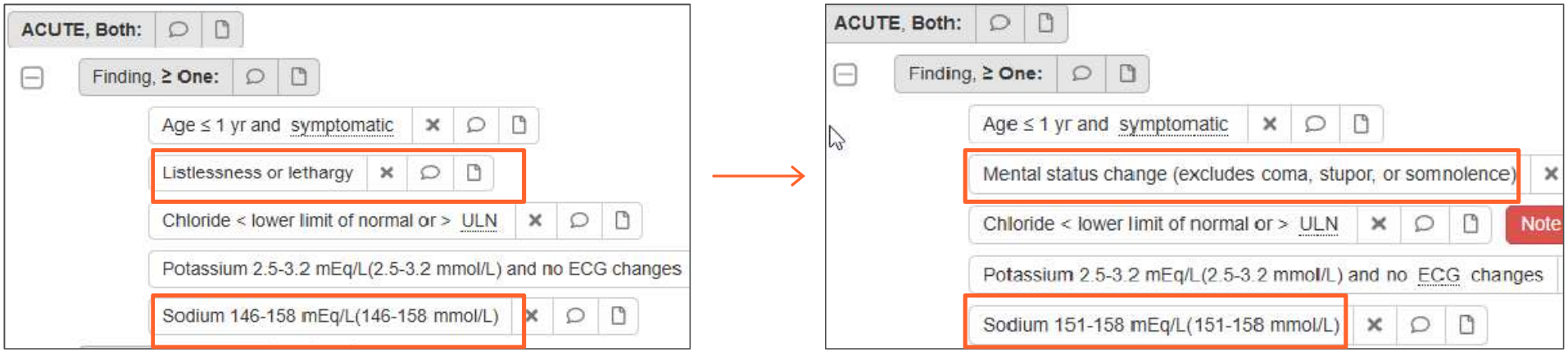


Acute Pediatric Criteria

Acute Pediatric

Dehydration or Gastroenteritis

- At the Acute level of care:
  - Changed listlessness or lethargy to mental status change (excludes coma, stupor, or somnolence)
  - Sodium threshold updated from 146-158 mEql/L to 151-158 mEq/L
- At the Critical level of care, updated Bicarbonate ≤ 17 mEq/L to serum HCO3 or CO2 ≤ 15 mEq/L



Acute Pediatric

General Medical – Kawasaki

Observation

- Moved criteria for suspected Kawasaki disease to Observation

Acute

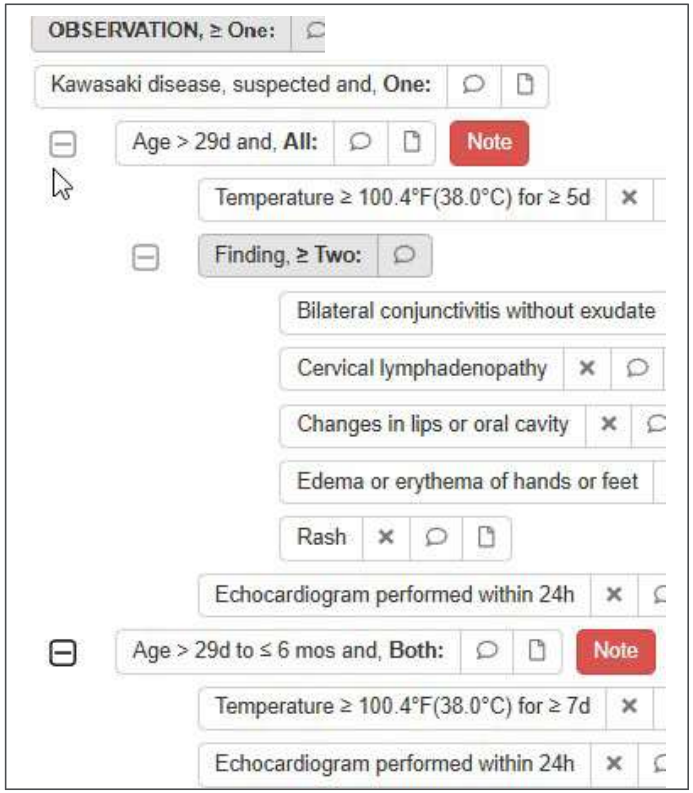
- Removed antiplatelet criteria for treatment of confirmed Kawasaki diagnosis

Intermediate and Critical

- Added criteria for additional work up and intervention of cardiac dysfunction related Kawasaki disease

Continued stay

- Added criteria for treatment of refractory Kawasaki disease including corticosteroids and immunomodulator therapy and post-treatment temperature monitoring



Acute Pediatric

General Medical – Genitourinary

- Genitourinary obstruction is now Urinary tract obstruction and includes hydronephrosis

Observation:

- Added uncomplicated urinary tract obstruction to admission and continued stay
- Removed IV fluid for renal calculus without obstruction as IV analgesic is driver
- Moved Non-Responder criteria to episode day 3

Acute:

- Added high-risk factors
- Added ureteral stent placement as a treatment option

Continued stay:

- Added criteria for urinary tract obstruction with potential complications at Observation and Acute levels of care
- Obstructive AKI and postobstructive diuresis added to Acute level of care

Acute Pediatric

Infection: Cellulitis

- The number of episode days was changed from 3 days to 4 days
- Moved Observation Non-responder criteria to episode day 3
- Observation level of care:
  - Updated terminology for animal or human bite to atypical infection
  - Added perianal and perineal regions as affected sites of cellulitis
- Acute level of care:
  - Updated complicated cellulitis to include systemic signs/symptoms and high-risk patients
  - Update orbital cellulitis to include subperiosteal or orbital abscess

Acute Pediatric

Infection: Endocarditis

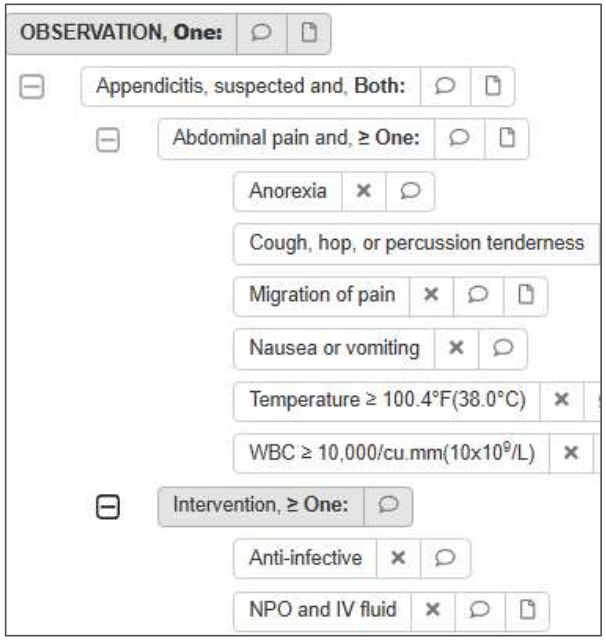
- The number of episode days was changed from 22 days to 15 days
- Removed Modified Duke criteria and differentiation between acute and subacute endocarditis throughout
- Critical level of care:
  - Added cerebral embolic event and neurological assessment on episode day 1
  - Added criteria for a history of congenital heart disease, prosthesis, implanted material, or implanted device to allow for monitoring of high-risk patients
- At the Intermediate and Critical levels of care on episode days 2-14, added cerebral embolic event and neurological assessment

Acute Pediatric

Infection: GI/GYN

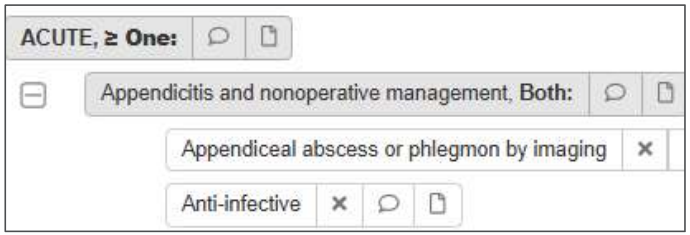
Observation:

- Added suspected appendicitis criteria



Acute:

- Added appendicitis and nonoperative management criteria



Acute Pediatric

Infection: Pyelonephritis or Complex UTI

- Name change from Infection: Pyelonephritis
- At the Acute level of care:
  - Removed WBC as a finding of unresolved pyelonephritis on episode day 2
  - Added “PO anti-infective AND IV fluid” as an intervention
  - Added criteria for multidrug resistant bacteria on episode days 2 and 3

Acute Pediatric

Pancreatitis

- At the Acute level of care:
  - Moved “Chronic pancreatitis” from General Medical to Pancreatitis
  - Added goal directed IV fluid resuscitation for acute pancreatitis on episode day 1
  - Added local complication of pancreatitis (necrosis, walled off necrosis, pseudocyst and fluid collection)
  - Added criteria for patients with chronic pancreatitis who are experiencing acute flare during current hospitalization
  - On episode day 2, added ERCP as an intervention for biliary obstruction
- At the Intermediate level of care, added criteria for hypoxic patients who require supplemental oxygen
- At the Intermediate and Critical levels of care, added criteria for patients on chronic ventilation who require an increase in ventilatory support

Post Acute (SAC/SNF)

Post-Acute

Subacute Care/Skilled Nursing Facility

- **Added Maintenance Therapy and Nursing Criteria** for admission and continued stay of Medicare beneficiary to allow for patients who may not have the potential to improve but need inpatient skilled services to maintain their current status or slow deterioration
- Admission criteria for maintenance is intended to capture patients who might initially have weight bearing limitations (for example s/p lower extremity ORIF) but need therapy to maintain functional status and prevent decline. Once limitations are lifted, a review would be completed using continued stay criteria under “rehabilitative or restorative therapy with progress anticipated”.
- New notes were added to the maintenance criteria to further explain and detail the intent, including instructional type notes which indicate when the application of the criterion is appropriate
- Responder criteria were updated to reflect the patient who was on a maintenance therapy and/or maintenance nursing plan of care and is now appropriate for discharge

Post-Acute

Subacute Care/Skilled Nursing Facility

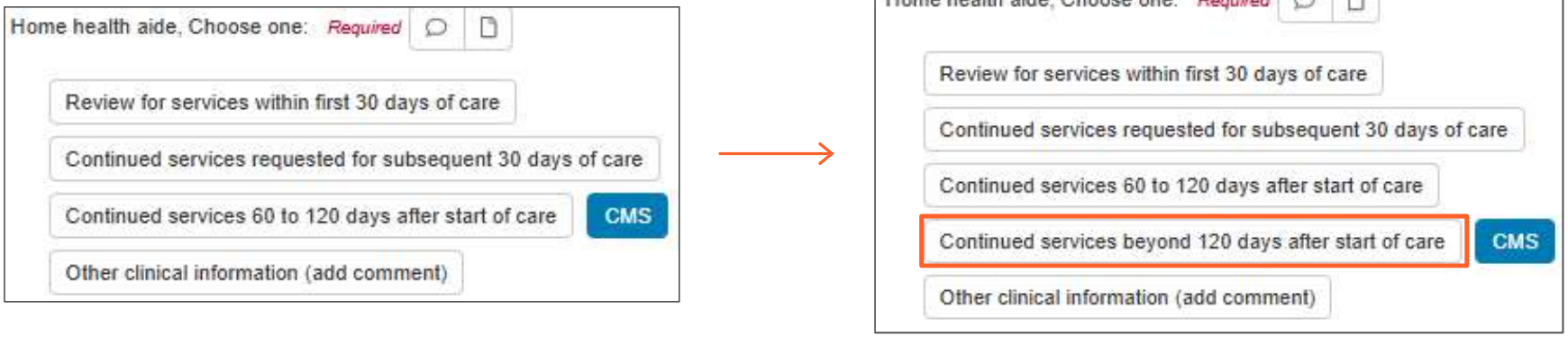
- **Extended Episode Weeks:** The number of episode weeks has been extended to 16 weeks to accommodate patients who may have longer stays while receiving maintenance skilled therapy or nursing services and to align with Medicare guidelines. The length of stay for patients receiving rehabilitative therapy or nursing remains unchanged.

- **Custodial care:** Admission consideration note added to Admission and Preadmission reviews

Post-Acute

Home Care

- Home health aide pathway now includes continued service beyond 120 days after start of care



Procedures

InterQual® Site of Service

InterQual setting updates

- Setting determinations moving from the recommendation level to the review level
- InterQual settings will be sourced from a claims-based benchmark by CPT code
- Available settings: Inpatient, Outpatient, or No Setting Determined
- A setting may be flagged as Limited Data when we do not have a statistically meaningful volume of claims for that code
- To determine an appropriate setting the reviewer will select all of the CPT codes included on the authorization request
- Setting will appear in a new field on the review summary

InterQual Procedures content updates related to this change:

- Specific criteria addressing setting was removed from the following subsets:
  - Total Joint Replacement (TJR), Hip
  - Total Joint Replacement (TJR), Knee
  - Unicondylar or Patellofemoral Knee Replacement
  - Video EEG
- Specific setting notes were removed as they addressed clinical factors differentiated by coding

Impacts the following products

- LOC: Acute Adult (Inpatient List)
- LOC: Acute Pediatric (Inpatient List)
- BH: Behavioral Health Services
- CP: Procedures
- Medicare Procedures Navigator **(CMS setting only)**

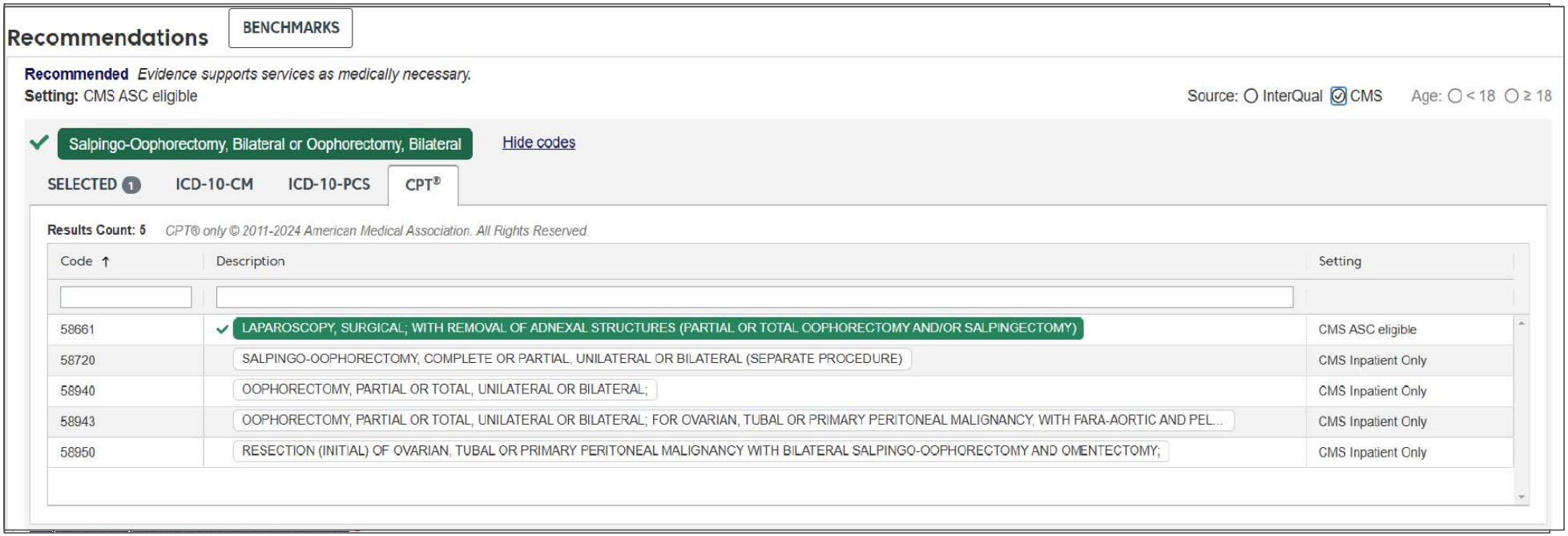
Optum

InterQual® Site of Service

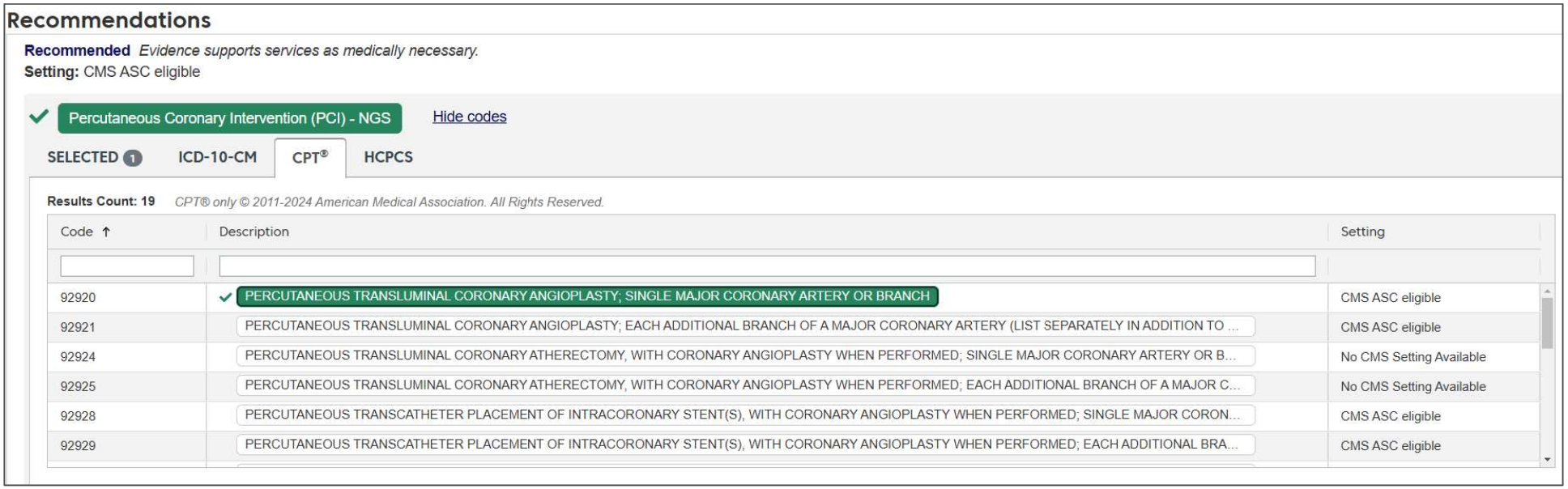
CMS setting updates

- Within InterQual Procedures, the reviewer will be able to toggle between IQ and CMS setting
- Medicare Procedures Navigator will only include settings based on CMS sources
- Available settings: *CMS Inpatient Only, CMS ASC eligible, CMS ASC excluded, No CMS Setting Available*

InterQual® Procedures – Site of Service



Medicare Procedures Navigator – Site of Service



Procedures

New subsets

- Hypoglossal Nerve Stimulation (HNS)
- Sacroiliac (SI) Joint Fusion
- Transplantation, Lung

Retired subsets

- Retired the following subsets, reviews can be completed in the Behavioral Health Services module:
  - Electroconvulsive Therapy (ECT)
  - Neuropsychological and Developmental Testing
  - Psychological Testing
  - Transcranial Magnetic Stimulation (TMS)
  - Urine Drug Testing (UDT) (and supporting benchmarks)

Procedures

Cardiology

Percutaneous Coronary Intervention (PCI)

- Added indication for cardiac allograft vasculopathy
- Added indication for staged intervention for non-infarct CAD following index PCI

- Expanded criteria to include asymptomatic patients who have an anatomic indication for revascularization

Procedures

Cardiology

Left Atrial Appendage Closure

- Changed recommendation for pLAAC (Watchman device) from limited evidence to full recommendation for patients with atrial fibrillation, an increased risk of stroke, and a contraindication to anticoagulation
- Added criteria for sLAAC excision or exclusion performed concurrently with cardiac surgery with a full recommendation or limited evidence recommendation depending on the specific clinical scenario

Procedures

Cardiothoracic

Coronary Artery Bypass Grafting (CABG)

- Added indication for staged intervention for non-infarct CAD following index PCI
- Removed myocardial viability testing as a requirement before recommending CABG for heart failure
- Expanded criteria to include asymptomatic patients who have an anatomic indication for revascularization

Procedures

General Surgery

Biopsy, Adrenal Mass, Needle

- Added a new indication for suspected adrenocortical carcinoma by imaging

Procedures

Oro-Maxillo-Facial, Dental & Otolaryngology

Orthognathic Surgery

- Combined criteria from 7 subsets into a new Orthognathic Surgery subset
  - Maxillectomy
  - Maxillomandibular Advancement
  - Osteotomy, Anterior Segment, Mandible
  - Osteotomy, Anterior Segment, Maxilla
  - Osteotomy, LeFort I
  - Osteotomy, Maxillary Buttress, +/- Mid Palatal Osteotomy
  - Osteotomy, Sagittal Split, Mandible Ramus

- Allows the reviewer to conduct a review for more than one procedure in the same review
- Additional scenarios provide more comprehensive coverage
- Expanded coding on the recommendation allows for flexibility in determining the most appropriate intervention

Procedures

Oro-Maxillo-Facial, Dental & Otolaryngology

Orthognathic Surgery (Pediatric)

- New subset addressing the following procedures:
  - LeFort I osteotomy
  - Bilateral sagittal split osteotomy

Procedures

Oro-Maxillo-Facial, Dental & Otolaryngology

Glossectomy, Partial or Hemiglossectomy

- Removed indication obstructive sleep apnea (OSA)

Procedures

Podiatry

Osteotomy, Proximal Phalanx, First Toe +/- Bunionectomy

Hallux abductus interphalangeus without bunion

- Removed criteria for arthritis at metatarsophalangeal (MTP) joint

Hallux abductus without bunion

- Clarified the abnormality at distal articular set angle (DASA)
- Removed criteria for arthritis at proximal phalanx

Hallux valgus (bunion) at first metatarsophalangeal (MTP) joint

- Changed rule of Two to a rule of One for:
  - Moderate or severe hallux valgus angle (HVA) by imaging
  - Hallux valgus interphalangeal (HVI) angle abnormal by imaging

Procedures

Orthopedic, Upper Extremity

Arthrotomy & Arthroscopy or Arthroscopically Assisted Surgery, Shoulder

- Added new indications for proximal biceps (long head biceps tendon) and SLAP tears

Removal and Replacement or Revision, Joint Replacement, Shoulder:

- Removal and Replacement, Total Joint Replacement (TJR), Shoulder subset renamed to incorporate hemiarthroplasty
- Added hemiarthroplasty as an option for all indications
- Added new indications to support hemiarthroplasty:
  - Periprosthetic fracture by imaging
  - Failed rotator cuff tendon after index arthroplasty by imaging

Procedures

Neurosurgery

Decompression +/- Fusion, Cervical

- Added new indication for cervical kyphosis
- Added new limited evidence pathway for patients with severe pain who are unable to participate in PT

Decompression +/- Fusion, Cervical and Decompression +/- Fusion, Thoracic

- Updated imaging findings to “nerve or nerve root” to be more inclusive of how compression by imaging is reported
- Separated myelopathy indication into acute spinal cord compression and degenerative myelopathy with spinal cord compression to better differentiate urgent and non-urgent presentations
- Added myelomalacia as an imaging finding that supports spinal cord compression in degenerative cervical myelopathy

Procedures

Neurosurgery

Fusion, Cervical, Spine

- Added new limited evidence indication for atlantoaxial osteoarthritis

Artificial Disc Replacement, Cervical

- Added new indication for implant failure after prior disc replacement

Scoliosis or Kyphosis

- Added new indication for cervical kyphosis

Procedures

Specialized Procedures

Ablative or Transarterial Therapy, Liver

- Added indication for Intrahepatic cholangiocarcinoma for both ablative and transarterial therapy
- Added recommendation for transarterial therapy for the very early stage hepatocellular carcinoma pathway
- For hepatocellular carcinoma, added criteria for advanced stage
- For liver metastases from colorectal cancer:
  - Added a recommendation for transarterial therapy for chemotherapy refractory disease when surgery isn't feasible
  - Added a new pathway for planned as adjunct to surgery
- For liver metastases from neuroendocrine tumors, added criteria for "Planned as adjunct to curative resection"

Procedures

Specialized Procedures

Colonoscopy

- Expanded screening for colorectal cancer based on a positive family history to include a 3rd degree relative diagnosed with colorectal cancer at any age
- Added an option for Colonoscopy if stool DNA test (Cologuard) positive
- Added note to address new ACP guideline recommendation to begin colorectal cancer screening at age 50, which differs with other national guidelines that recommend age 45. No changes were made to criteria.

Procedures

Specialized Procedures

Sleep Studies

- Updated terminology from sleep apnea to sleep-related breathing disorder (SRBD)
- Restructured the suspected SRBD pathway to start with which type of disorder is suspected
- Aligned symptoms, findings, risk factors, and comorbidities with AASM's diagnostic criteria for each individual type of SRBD
- Added criteria to define obesity hypoventilation syndrome
- For both the suspected and known SRBD pathways:
  - Clarified when facility-based split-night sleep testing is appropriate
  - Updated recommendation options to allow choice between home sleep testing, where appropriate, or facility-based sleep testing (instead of just home sleep testing) to accommodate variations in practice patterns
- Added criteria for sleep studies following hypoglossal nerve stimulator implantation for both Adult and Pediatric subsets

Imaging

Imaging

Updates to Adrenal Content

Imaging, Abdomen and Pelvis

- Added new indication known adrenocortical carcinoma
- Under adrenal mass or incidentaloma, added criteria for known extra-adrenal malignancy and new adrenal mass
- Added more specific recommendations based on the size of indeterminate mass

Imaging Chest, Noncardiac

- Added suspected adrenocortical carcinoma as a primary cancer diagnosis for screening for lung metastases prior to treatment
- Added adrenocortical carcinoma as a diagnosis for restaging of primary cancer

Positron Emission Tomography (PET), Whole Body

- Added indication adrenal nodule or mass
- Added criteria for:
  - Suspected metastatic disease to adrenal gland
  - Suspected & known adrenocortical carcinoma

Imaging

Abdomen & Pelvis

Liver

- Added pediatric pathways for new liver mass by imaging and follow-up of benign liver mass
- Updated hepatocellular carcinoma (HCC) high risk factors that warrant screening
- Added surveillance after treatment completed for known liver cancer
- For Adults, added recommendations for CT, Abdomen and MRI, Abdomen to the initial screening pathway for individuals with a nondiagnostic or suboptimal ultrasound

GI Tract, Upper and Lower

- Added a recommendation for CT Colonography if stool DNA (Cologuard) positive and colonoscopy not feasible

Imaging

Bone & Joint

Imaging, Shoulder

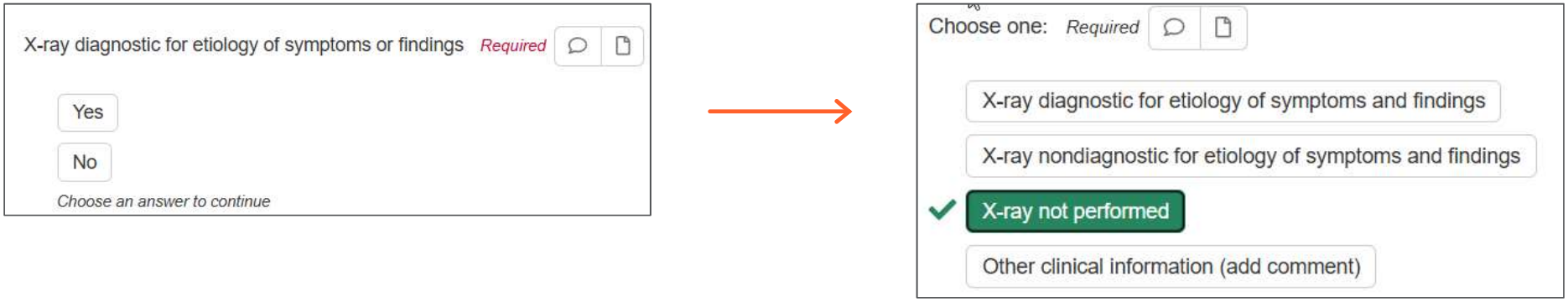
- New indications added to reflect American College of Radiology (ACR):
  - Rotator cuff failure after joint replacement
  - Joint infection after arthroplasty
- Added recommendation for 3D Rendering for treatment planning under aseptic loosening of prosthesis or cement, joint infection, and rotator cuff failure after prior joint replacement

Imaging

Bone & Joint

Usability updates to the following subsets for when an X-ray was not performed:

- Imaging, Ankle
- Imaging, Elbow
- Imaging, Hip
- Imaging, Knee
- Imaging, Wrist



Imaging

Chest & Heart

Imaging, Cardiac, Stress

- Added a recommendation for stress echocardiogram to assess myocardial viability
- Added myocardial scintigraphy with bone-avid radiotracers with SPECT/CT for assessing suspected or known cardiac amyloidosis

Imaging, Chest, Non-Cardiac

- Added an indication to screen for lung metastases in patients with liver cancer

Cardiac Imaging, Computed Tomography (CT) or Magnetic Resonance Imaging (MRI)

- Changed recommendation from limited evidence to a full recommendation for coronary calcium screening for patients who are borderline or intermediate risk for coronary disease
- Added recommendation for cardiac CT for known or suspected coronary artery anomaly

Imaging

Chest & Heart

Positron Emission Tomography (PET), Cardiac

- Added indication for cardiac infection and inflammation
- Added recommendation for cardiac PET/CT as an equivalent test to cardiac PET without a CT

Imaging

General

Imaging, Breast

- Added dense breast tissue as independent breast cancer risk factor
- Added intermediate risk for breast cancer as a new risk category
- Added imaging for new genetic mutations NF1, BARD1, RAD51C, and RAD51D that can increase risk for breast cancer

Imaging

Head & Neck

Imaging, Carotid

- Added recommendations CTA or MRA of carotid arteries for asymptomatic patients with carotid bruit and other indications and preoperative evaluation of patients undergoing mechanical thrombectomy
- Expanded list of atherosclerotic risk factors that warrant US screening for patients at least 65 years of age
- Added an indication for follow-up US imaging after endarterectomy

Durable Medical Equipment

Durable Medical Equipment

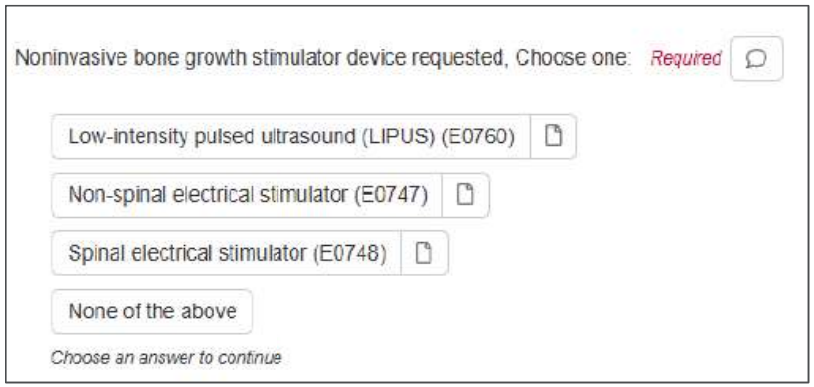
New Subset: Stretching Devices, Upper Extremity

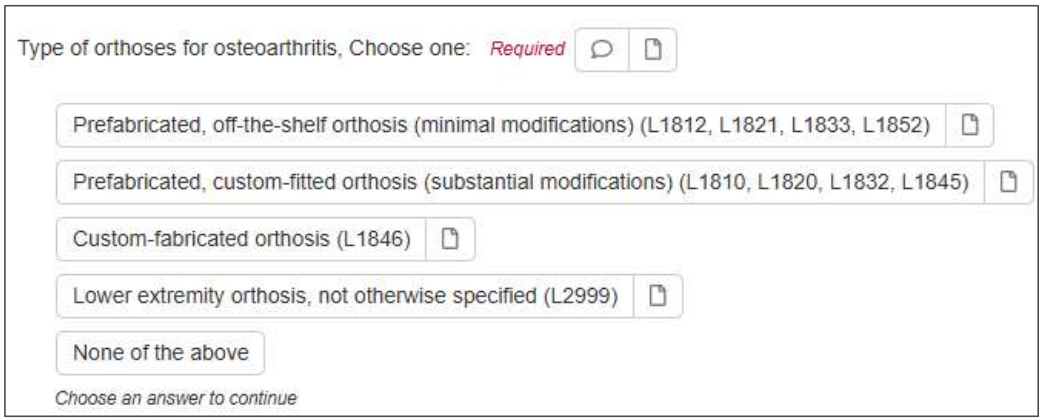
- Includes initial and ongoing criteria for upper extremity stretching devices for management of contracture
- Includes:
  - Dynamic stretch or low-load prolonged-duration stretch (LLPS) devices (E1800, E1802, E1805, E1825, E1840) for shoulder, elbow, forearm, wrist, and finger motions
  - Static progressive stretch (SPS) devices (E1801, E1806, E1818, E1841) for shoulder, elbow, forearm, and wrist motion

Durable Medical Equipment

Global changes

HCPCS codes provided within criteria to support accurate selection





Durable Medical Equipment

Orthoses, Lower Extremity, Knee

Added

- Initial or replacement request for components or features alone or as part orthosis request
- Indication and recommendations when there is non-fixed knee contracture and patient is non-ambulatory
- Criteria for weight > 300 pounds and recommendations for heavy-duty components or features
- Indications and recommendations for lower extremity orthoses not otherwise specified (L2999)
- Myoelectric device, knee (evidence does not support)

Revised

- Arthritis indication to include multicompartmental osteoarthritis criteria and recommendations
- When replacement request is due to significant change in patient's condition, the criteria has been restructured to do an initial review based on new clinical presentation

Durable Medical Equipment

Orthoses, Lower Extremity, Knee-Ankle-Foot (KAFO) and Ankle-Foot (AFO)

Added

- Criteria and recommendations for microprocessor stance-controlled knee-ankle-foot orthosis (KAFO) (L2006) when custom fabricated KAFO is requested for instability

Durable Medical Equipment

Orthosis, Thoracic, Lumbar, and Sacral Spine

Added indication

- Pectus carinatum, with criteria for Custom-fabricated thoracic, pectus carinatum orthosis, sternal compression (L1320)

Revised indications

- Idiopathic scoliosis indication expanded to include specific criteria for
  - Infantile idiopathic scoliosis (0 to 4 years)
  - Juvenile idiopathic scoliosis (4 to 10)
  - Adolescent idiopathic scoliosis (≥ 10 years)

Durable Medical Equipment

Orthosis, Upper Extremity

Content changes for enhanced usability

- Updated prerequisite criteria (Instruction in use, PT/OT, HEP) to address scenarios where they may be either planned, ongoing, contraindicated, not indicated, or not appropriate
- Clarified goals of orthotic management based on the clinical condition or anatomy

Added indications

- Myoelectric orthosis, elbow-wrist-hand (L8701) and Myoelectric orthosis, elbow-wrist-hand-finger (L8702) (Limited Evidence)
- Orthosis not otherwise specified (L3999)
- Fracture orthoses (humeral, radial, ulnar, wrist, and hand)
- Custom-fabricated orthosis, dynamic flexor hinge (L3900, L3901)
- Prefabricated flexion glove with elastic finger control (L3912)

Revised

- Removed contracture indication which is now included as one of the goals of orthotic management
- Removed the distinction "static" and "dynamic" when selecting an orthosis

Durable Medical Equipment

Bone Growth Stimulators, Noninvasive

- Noninvasive electrical stimulation (capacitive coupling or pulsed electromagnetic field) changed to Non-spinal electrical stimulator (E0747) AND Spinal electrical stimulator (E0748)

Non-spinal electrical stimulator (E0747)

- Removed contraindication of fracture, not tumor related when there is failed surgical fusion (non-spinal)
- Added fracture gap size ≤ 1 cm, when there is fracture nonunion (not spinal or cranial)

Spinal electrical stimulator (E0748)

- Added pre-op diagnoses of spinal stenosis and disc herniation for post-initial single-level spinal fusion
- For delayed union or nonunion risk factors, removed requirement of HbA1c > 7% and added history of delayed union or nonunion
- Changed time frame for adjunctive use post-revision spinal fusion from ≥ 6 months to 6 to 9 months and ≥ 9 months post- surgery
- Recommendation for adjunctive use when 6 to 9 months post-revision spinal fusion is now off-label. Adjunctive use ≥ 9 months post- surgery remains a full recommendation.

Durable Medical Equipment

Bone Growth Stimulators, Noninvasive (cont.)

Low-intensity pulsed ultrasound (LIPUS) (E0760)

- Added confirmation that fracture gap size is < 1 cm, when there is fracture nonunion (not spinal or cranial)
- Removed HbA1c > 7% from the diabetes mellitus risk factor for delayed union or nonunion
- Added high energy trauma as a risk factor for delayed union or nonunion when there is a fresh fracture

Durable Medical Equipment

Enteral and Parenteral Nutrition Therapy

Initial request

- Revised conditions that might require parenteral or enteral nutritional support to reflect clinical presentation instead of specific diagnoses
- Criteria for pump feeding changed to gravity feeding not indicated, inadequate, or not tolerated

Ongoing request

- Added formula and solutions to supplies in ongoing request recommendations
- Changed physician evaluation at least every three months to patient tolerating enteral or parenteral nutrition

Replacement request

- Added option for IV pole replacement with applicable HCPCs added

Molecular Diagnostics

Molecular Diagnostics

Global changes

- The Clinical Evidence Summary (CES) papers have been removed from all subsets

Retired all CES only subsets

- Cancer Antigen 19-9 (CA 19-9) (CES only)
- Cancer Antigens 27.29 and 15-3 (CA 27.29 and CA 15-3) (CES only)
- HLA Genotyping for Narcolepsy (CES only)
- HLA-DRB1 Genotyping for Juvenile Idiopathic Arthritis (JIA) (CES only)
- VEGF and VEGFA Testing for Bevacizumab Response (CES only)
- VeriStrat® (CES only)
- Whole-Genome Next-Generation Sequencing (WGS) for Oncology (CES only)

Molecular Diagnostics

Multi-Gene Panels for Hereditary Breast Cancer Syndromes and

BRCA1 and BRCA2 in Hereditary Cancer

- Diagnostic or Confirmatory testing pathway: Changed age < 60 to ≤ 65 when personal history of breast cancer and there is a diagnosis of breast cancer, regardless of if there is a known breast cancer-associated inherited mutation in the family

BRCA1 and BRCA2 in Hereditary Cancer

- Added criteria for testing when there is a family history of a specific type of prostate cancer

Pharmacogenomic testing in NSCLC

- Evidence supports testing of NRG1 in a targeted multi-gene panel

Optum

Molecular Diagnostics

Lynch Syndrome (LS)

- When sequence analysis had not yet been performed a reflexed deletion/duplication test can be mutually recommended
- Removed single gene sequence analysis (for MLH1 and MSH2) for previously untested patients
- Added LS-related mutation is detected in tumor tissue and subsequent testing is requested for the same mutation in non-tumor (germline) sample
- Updated to ensure all possible testing options and combinations are available

Multi-Gene Panels for Hereditary Colorectal Cancer Syndromes

- Added recommendations for POLD1 and POLE genes on multi-gene panels
- Added criteria for testing when the likelihood of a relevant mutation is ≥ 2.5% to < 5% -- limited evidence recommendation
- Removed recommendation for targeted multi-gene panel for hereditary colorectal cancer syndromes (APC and MUTYH)
- Added recommendation for testing when at least 10 adenomatous polyps or 2 hamartomatous polyps are found
- Added testing when an initially-suspected hereditary colorectal cancer syndrome and known familial mutation are ruled out in a patient with colorectal cancer or polyposis

Molecular Diagnostics

Prostate Cancer

Decipher® for Prostate Cancer

- Changed limited evidence to full recommendation for NCCN risk group unfavorable intermediate

Oncotype DX® Genomic Prostate Score (GPS) Assay

- Changed subset name Oncotype DX® Prostate Cancer Assay to Oncotype DX® Genomic Prostate Score (GPS) Assay
- Changed limited evidence to full recommendation for NCCN risk group low or favorable intermediate
- Changed evidence does not support to limited evidence recommendation for NCCN risk group unfavorable intermediate

Prolaris® for Prostate Cancer

- Removed criteria related to radical prostatectomy or transurethral resection of the prostate
- Changed evidence does not support to limited evidence recommendation for NCCN risk group unfavorable intermediate or high

Molecular Diagnostics

Multi-Gene Panels for Autism Spectrum Disorder (ASD)

- Added criteria to require the ASD to be non-syndromic

Beta globin (HBB) testing for Beta-thalassemia and Sickle Cell Disease

- Updated testing strategy for familial mutation based on affected relatives
- Updated diagnostic or confirmatory testing strategy to include testing to determine if one or both alleles contain mutations
- Updated criteria and recommendations based on prior tests performed
- Added prenatal testing of the fetus when only the biological mother has a known mutation and father not available for testing

Hereditary Cardiomyopathy

- Changed subset name Genetic Testing for Hereditary Cardiomyopathy to Hereditary Cardiomyopathy
- Removed criteria when used ***only*** to direct genetic testing of first-degree relative for individuals diagnosed with cardiomyopathy suspected to be hereditary

Specialty Referral

Specialty Referral

Adrenal disorders

- Added History of extra-adrenal malignancy for a new adrenal mass and Suspicious imaging for adrenocortical carcinoma for new adrenal mass or incidentaloma
- Revised size recommendations so that all new adrenal masses or incidentalomas ≥ 4 cm are recommended for referral
- Removed hormonal evaluations as a requirement prior to referral

Carotid disorders

- Added option to refer patients with carotid stenosis, carotid dissection, or unstable carotid plaque to vascular medicine
- Added option to refer patients with carotid dissection to a neurologist

Gastrointestinal (GI) Cancer Screening or Surveillance

- Added options for colorectal cancer screening if 3rd degree relative diagnosed with colorectal cancer at any age or if sDNA test (Cologuard) positive

Specialty Referral

Neck Disorders

- Moved indication for cervical spondylosis from Spinal Cord and Nerve Root Disorders subset

Spinal Cord and Nerve Root Disorders

- Removed indication whiplash from Neck Disorders
- In Spinal Cord and Nerve Root Disorder, inclusion of new finding for myelopathy – myelomalacia by imaging

Sleep apnea

- Renamed from sleep apnea to Sleep-Related Breathing Disorders (SRBD)
- Restructured criteria when an SRBD is suspected
- Restructured criteria to allow specialist referral following a negative or nondiagnostic sleep study in addition to referral following abnormal sleep study results
- Included follow-up with a specialist during treatment for an SRBD
- Added hypoglossal nerve stimulator as a reason for follow-up with a specialist during or after treatment for an SRBD

Q&A