

# New York Provider Communications

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## Medical Policies and Clinical Utilization Management Guidelines update - June 2019

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Published: Oct 1, 2019

### Category: Medicare

The [Medical Policies and Clinical Utilization Management \(UM\) Guidelines](#) were developed or revised to support clinical coding edits. Several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. **Please note:** The *Medical Policies* and *Clinical UM Guidelines* are followed in the absence of Medicare guidance.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit the provider website at  
[www.empireblue.com/medicareprovider](http://www.empireblue.com/medicareprovider).

### Notes/updates

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive:

- \* DME.00037 — added devices that combine cooling and vibration to the investigational and not medically necessary statement
- \* LAB.00027 — added Mediator Release Test to investigational and not medically necessary statement
- \* LAB.00033 — clarified investigational and not medically necessary statement to include 4Kscore and AR-V7
- \* OR-PR.00003:
  - Clarified medically necessary position statement criteria 2 through 4
  - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered investigational and not medically necessary for all indications
- \* SURG.00011:
  - Added new medically necessary and investigational and not medically necessary statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
  - Added new products to investigational and not medically necessary statement

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- \* SURG.00045:
  - o Added erectile dysfunction, Peyronie's disease and wound repair to the investigational and not medically necessary statement
  - o Revised title
- \* SURG.00121 — added investigational and not medically necessary statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following AIM Specialty Health® updates were approved on June 6, 2019:
  - o Advanced imaging:
    - Imaging of the heart
    - Oncologic imaging
    - Vascular imaging
  - o Proton beam therapy
  - o Rehabilitative therapies — physical therapy, occupational therapy and speech therapy (new)

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<https://providernews.empireblue.com/article/medical-policies-and-clinical-utilization-management-guidelines-update-june-2019-1>

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- Medicare\_June MPTAC.pdf