Molina Clinical Policy
Shoulder Arthroscopy: Policy No. 404

Last Approval: 6/14/2023
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DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment, and clinical recommendations for the Member. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (e.g., will be paid for by Molina) for a particular Member. The Member's benefit plan determines coverage – each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their Providers will need to consult the Member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a Member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid Members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this MCP and provide the directive for all Medicare members. References included were accurate at the time of policy approval and publication.

OVERVIEW

Arthroscopy is a surgical procedure in which a small fiberoptic camera is inserted into the joint through a small incision. In addition to allowing the surgeon to visualize the joint, arthroscopy may also be utilized for treatment of a variety of conditions involving the joint structures. Surgical indications are based on relevant subjective clinical symptoms, objective physical exam, radiologic findings, and response to previous non-operative treatments. Arthroscopic shoulder repair surgeries are performed as dictated by the type and severity of injury and/or disease.

COVERAGE POLICY

This policy addresses arthroscopic procedures when performed as an elective, non-emergent technique for disease pathology that will cause progressive destruction.

For Rotator Cuff Repair, please refer to MCG Shoulder Arthroscopy Guidelines.

1. Diagnostic arthroscopy **may be considered medically necessary** when **ALL** the following criteria are met:

   a. Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living; **AND**

   b. Abnormal shoulder physical examination findings as compared to the non-involved side that includes any of the following:
      - Functionally limited range of motion (active or passive); **OR**
      - Measurable loss in strength; **OR**
      - Positive impingement signs.

   AND

   c. Failure of non-surgical management for at least three (3) months in duration including at least two of the following as appropriate:
      - Activity modification; **OR**
      - Assistive devices (e.g., sling, splint, brace); **OR**
      - Physical therapy; **OR**
      - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises; **OR**
      - Prescription strength anti-inflammatory medications and analgesics; **OR**
      - Intraarticular corticosteroid injection(s);

   AND

d. Radiographic work-up completed that includes MRI/CT imaging that is inconclusive for internal derangement pathology; **AND**

e. Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

2. Arthroscopic debridement (limited or extensive) **may be considered medically necessary** when **ALL** the following criteria have been met:

a. Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living; **AND**

b. Abnormal, shoulder physical examination findings as compared to the non-involved side that includes **ONE** of the following:
- Functionally limited range of motion; **OR**
- Measurable loss of strength.

AND

c. One or more of the following positive orthopedic tests/signs:
- Anterior Slide Test
- Belly-Press Test
- Biceps Load Test
- Clunk Test
- Compression Rotation Test
- Cross Body Adduction Test
- Drop Arm Test
- External Rotation Lag Sign
- Hawkins-Kennedy Impingement Test
- Jobe or Empty Can Test
- Lift-Off Test
- Neer Impingement Test
- O'Brien's Test
- Painful Arc Test
- Resisted AC Joint Extension Test
- Speed's Test

AND

d. Failure of non-surgical management for at least three (3) months in duration including at least two of the following as appropriate:
- Activity modification; **OR**
- Assistive devices (e.g., sling, splint, brace); **OR**
- Physical therapy; **OR**
- Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises; **OR**
- Prescription strength anti-inflammatory medications and analgesics; **OR**
- Intraarticular corticosteroid injection(s).

AND

e. Radiographic work-up completed that includes MRI/CT imaging that demonstrates underlying pathology and correlates with reported symptoms and physical exam findings; **AND**

f. Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

3. Arthroscopic loose body or foreign body removal **may be considered medically necessary** when **ALL** the following criteria have been met:

   a. Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living; **AND**

   b. Mechanical symptoms including painful locking, clicking, catching, or popping; **AND**

   c. Failure of non-surgical management for at least three (3) months in duration, except when the loose body or foreign body has caused an acute restriction of shoulder joint range of motion (e.g., locking) including at least two of the following as appropriate:
      - Activity modification; **OR**
      - Assistive devices (e.g., sling, splint, brace); **OR**
      - Physical therapy; **OR**
      - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises; **OR**
      - Prescription strength anti-inflammatory medications and analgesics; **OR**
      - Intraarticular corticosteroid injection(s).

   AND

   d. Radiographic work-up completed that includes MRI/CT imaging that is conclusive for the presence of a loose body or foreign body within the shoulder joint; **AND**

   e. Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

4. Arthroscopic Synovectomy (partial or complete) **may be considered medically necessary** when **ALL** the following criteria have been met:

   a. Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living; **AND**

   b. Demonstration of functionally limited range of motion (active or passive) on physical examination as compared to the non-involved side; **AND**

   c. Failure of non-surgical management for at least three (3) months in duration, including at least two of the following as appropriate:
      - Activity modification; **OR**
      - Assistive devices (e.g., sling, splint, brace); **OR**
      - Physical therapy; **OR**
      - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises; **OR**
      - Prescription strength anti-inflammatory medications and analgesics; **OR**
      - Intraarticular corticosteroid injection(s)

   AND

   d. Radiographic work-up completed that includes MRI/CT imaging that demonstrates underlying pathology consistent with the individual's reported medical condition (e.g., synovitis, joint effusion) which correlates with reported symptoms and physical exam findings; **AND**

   e. Diagnosis of **ONE** of the following conditions:
      - Inflammatory arthritis (i.e., rheumatoid arthritis, gout, pseudogout, psoriatic arthritis); **OR**
      - Hemochromatosis; **OR**
      - Hemophilia; **OR**
      - Lyme synovitis; **OR**

- Non-specific synovitis (including proliferative synovitis, post-operative synovitis as a sequela from a shoulder replacement, etc.); **OR**
- Pigmented villonodular synovitis (PVNS); **OR**
- Recurrent hemarthrosis secondary to sickle cell anemia, or bleeding diathesis; **OR**
- Synovial chondromatosis.

AND

f. Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

5. Arthroscopic repair of labral tear or superior labral anterior posterior (SLAP) lesion (e.g., Labral repair/biceps tenodesis) **may be considered medically necessary** when **ALL** the following criteria are met:

   a. Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living; **AND**

   b. Demonstration of BOTH of the following on physical examination when compared to the non-involved side:
      - Minimally limited or full shoulder range of motion aggravated by heavy lifting, pushing, and overhead motion; and
      - One or more of the following positive orthopedic tests:
        i. Anterior Slide Test; **OR**
        ii. Biceps Load Test; **OR**
        iii. Clunk Test; **OR**
        iv. Compression Rotation Test; **OR**
        v. O'Brien's Test; **OR**
        vi. Speed's Test.

   AND

   c. Failure of non-surgical management for at least three (3) months in duration, including at least two of the following as appropriate:
      - Activity modification
      - Assistive devices (e.g., sling, splint, brace)
      - Physical therapy
      - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises
      - Prescription strength anti-inflammatory medications and analgesics
      - Intraarticular corticosteroid injection(s); and

   d. Radiographic work-up completed that includes MRI/CT imaging that demonstrates labral tear/biceps tendon pathology (e.g., SLAP, Bankart) and correlates with reported symptoms and physical exam findings; **AND**

   e. Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

6. Arthroscopic distal clavicle excision and subacromial decompression/acromioplasty **may be considered medically necessary** when **ALL** the following criteria have been met:

   a. Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living; **AND**

   b. Demonstration of localized tenderness to palpation of the acromioclavicular (AC) joint (not required for subacromial decompression/acromioplasty); **AND**

   c. One or more of the following positive orthopedic tests on physical examination when compared to the non-involved side:
      - Cross Body Adduction Test; **OR**

- Hawkins-Kennedy Impingement Test; **OR**
- Neer Impingement Test; **OR**
- Resisted AC Joint Extension Test.

AND

d. Failure of non-surgical management for at least three (3) months in duration, including at least two of the following as appropriate:
   - Activity modification; **OR**
   - Assistive devices (e.g., sling, splint, brace); **OR**
   - Physical therapy; **OR**
   - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises; **OR**
   - Prescription strength anti-inflammatory medications and analgesics; **OR**
   - Intraarticular corticosteroid injection(s).

AND

e. Plain radiographs demonstrate findings consistent with pathology in the subacromial space and/or at the AC joint; **AND**

f. Radiographic work-up completed that includes MRI/CT imaging that demonstrates underlying pathology (e.g., AC joint arthritis, impingement, etc.) which correlates with reported symptoms and physical exam findings. *NOTE: Advanced diagnostic imaging is not required for isolated distal clavicle excision when not associated with subacromial decompression/acromioplasty surgery*; **AND**

g. Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

7. Arthroscopic capsulorrhaphy (Bankart procedure) for shoulder instability and/or laxity **may be considered medically necessary** when **ALL** the following criteria have been met:

   a. Documented history of "post-traumatic" or "atraumatic" instability and/or laxity that has resulted in severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living; **AND**

   b. Demonstration of one or more of the following positive orthopedic tests on physical examination when compared to the non-involved side:
      - Anterior or Posterior Apprehension Test; **OR**
      - Load and Shift Test; **OR**
      - Sulcus Sign.

   AND

   c. Failure of non-surgical management for at least three (3) months in duration that includes shoulder stabilization/strengthening exercises except when met in an acute traumatic injury setting for irreducible shoulder dislocation or anterior shoulder instability in competitive contact or collision athletes; **AND**

   d. Radiographic work-up completed that includes MRI/CT imaging that demonstrates labral tear/biceps tendon pathology (e.g., SLAP, Bankart) and correlates with reported symptoms and physical exam findings; **AND**

   e. Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

8. Arthroscopic capsular release/lysis of adhesions/manipulation under anesthesia (MUA) for an individual with documented chronic refractory adhesive capsulitis/arthrofibrosis (frozen shoulder) which has resulted from disease, injury or surgery **may be considered medically necessary** when **ALL** the following are met:

a. Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living; **AND**

b. Demonstration of functional limitations and painful loss of active and passive range of motion of at least 50% when compared to the non-involved side; **AND**

c. Failure of non-surgical management for at least three (3) months in duration that includes **ALL** the following as appropriate:
   - Anti-inflammatory medication; **AND**
   - Cortisone injection; **AND**
   - At minimum of two (2) months of physical therapy (i.e., active exercise and manual therapy designed to increase joint mobility and range of motion).

AND

d. Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

Limitations and Exclusions

Arthroscopic shoulder procedures are considered not medically necessary for any other indication or condition not detailed above.

1. Active infection of the joint or active systemic bacteremia that has not been completely eradicated.
2. Active skin infection (except for recurrent cutaneous staph infections) or an open wound in the planned surgical site.
3. Neurological disease that is rapidly progressive.
4. Allergy to implant components (e.g., cobalt, chromium, or alumina).

DOCUMENTATION REQUIREMENTS. Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

SUMMARY OF MEDICAL EVIDENCE

Hong et al. (2023) performed a systemic review of literature on outcomes following arthroscopic revision Bankart repair (ARBR). The authors reviewed studies with outcomes between January 1, 2013, and January 4, 2021; a large percentage of patients were male (range = 67.7% to 93.8%). The focus was on recurrent dislocation or instability rate following ARBR, reoperation/revision following ARBR, return to sport rates following ARBR, and patient-reported outcomes. Significant improvement of outcome scores (American Shoulder and Elbow Surgeons, Simple Shoulder Test, visual analog scale) was reported over mean follow-up (range = 22 to 60 months). It was concluded that the failure rate and RTS rates after ARBR varied widely as the studies varied in patient selection criteria with respect to patients with greater than 20% glenoid bone. Despite advancements in arthroscopic techniques and the acceptance of arthroscopic stabilization procedures, additional research is needed concerning patient selection to decrease failure rates and maximize RTS rates after ARBR.

Rees et al. (2022) performed a population-based cohort study to provide accurate risk estimates of serious adverse events following common elective shoulder arthroscopic procedures (including reoperation within one year). Data were collected from 261,248 patients (> age 16) which accounted for 288,250 arthroscopic shoulder procedures performed between April 1, 2009, and March 31, 2017. Primary outcomes included rates of serious adverse events (e.g., mortality, pulmonary embolism, pneumonia, myocardial infarction, acute kidney injury, stroke, urinary tract infection) that require inpatient care within 90 days post-surgery. The authors also studied secondary outcomes of specific adverse event rates at 90 days and reoperation within one year. Overall, the rate of complications within 90 days post-surgery was low (1.2% or 1 in 81 patients). The most common adverse event was pneumonia followed by pulmonary embolic events. The overall rate of reoperation after one year was 3.8% (ranging from 2.7% for glenohumeral stabilization to

5.7% for frozen shoulder release). Additional surgery for deep infection was low (0.1% or 1 in 1111 patients); this was higher among patients who underwent rotator cuff repair (1 in 526 patients). During the study period, arthroscopic shoulder procedures increased except for subacromial decompression. The authors concluded that the risk is low for serious adverse events associated with common shoulder arthroscopy procedures, however, reoperation is performed within one year for one in 26 patients.

Denard et al. (2018) performed a multicenter study to evaluate the outcomes of arthroscopic superior capsule reconstruction (SCR) with dermal allograft for the treatment of irreparable massive rotator cuff tears (MRCTs). 59 patients had a one-year follow-up. Mean age was 62.0 years. Twenty-five patients (42%) had a prior rotator cuff repair. Improvement of forward flexion was indicated – from 130° preoperative to 158° postoperative and external rotation increased from 36° to 45°, respectively. Visual analog scale decreased from 5.8 (pre-operatively) to 1.7 (post-operatively). The American Shoulder and Elbow Surgeons score increased (from 43.6 to 77.5) as did the subjective shoulder value score (from 35.0 to 76.3). While the acromiohumeral interval baseline was 6.6 mm and improved to 7.6 mm at 2 weeks postoperatively, it decreased to 6.7 mm at final follow-up. Postoperative MRI indicated that 45% (9 of 20) of the grafts demonstrated complete healing. In total, 75% (46 cases) were deemed a success. Eleven patients (18.6%) underwent a revision procedure including 7 reverse shoulder arthroplasties. The authors concluded that arthroscopic SCR using dermal allograft was effective in approximately 70% of cases (initial experience).

Boekel et al. (2022) conducted a three arm, blinded, randomized controlled trial in patients who had an elective, unilateral shoulder arthroscopic procedure at a single center between August 2018 and November 2020. The study compared the efficacy of three types of nerve blocks used for pain management in patients undergoing shoulder arthroscopy. 130 participants were assigned to one of three groups based on anesthesia techniques. Group one received an ultrasound-guided interscalene block performed by an anesthetist (US + ISB). Group two received an ultrasound-guided suprascapular nerve block and an axillary nerve block by an anesthetist (US + SSANB). Group three received a suprascapular nerve block without ultrasound and an axillary nerve block under arthroscopic guidance by an orthopedic surgeon (A + SSANB). The US + ISB group needed significantly lower intraoperative opioid doses than US + SSANB and A + SSANB and postoperatively in recovery. Following discharge from hospital, no differences between all groups in daily analgesia requirements were noted. A significant number of participants reported more nerve complications; there were six patient-reported complications in the US + ISB group. While there were no reported differences in satisfaction, the A + SSANB group was more likely to report a desire to forgo regional anesthesia in the future.

National and Specialty Organizations

The **American College of Radiology (ACR)** (2018) published *Appropriateness Criteria Shoulder Pain – Traumatic.* Extensive guidance is provided on the use of conventional radiography, MRI, or MR (Magnetic Resonance) arthrography (for soft tissue injuries), and CT (Computed Tomography) (for delineation of fracture planes). Ultrasound is beneficial for the assessment of rotator cuff injuries but is limited for assessing deep soft tissues. CT angiography and conventional arteriography is beneficial for assessing vascular injury. Bone scintigraphy is used for assessing complex regional pain syndrome following traumatic shoulder injury.

The **American Academy of Orthpaedic Surgeons (AAOS)** (2019) published evidence-based clinical practice guidelines on the *Management of Rotator Cuff Injuries.* The guideline has been endorsed by the Arthroscopy Association of North America, the American Shoulder and Elbow Surgeons, the American Orthopaedic Society for Sports Medicine, and the American Society of Shoulder and Elbow Therapists. Recommendations for diagnosis and treatment are outlined in addition to highlighting the need for further research, specifically high-quality studies that compare the outcomes of surgical and nonsurgical management of rotator cuff pathology of all types.

SUPPLEMENTAL INFORMATION

Definitions

Acromioplasty – the removal of bone from the acromion and partial resection of the coracoacromial ligament.

Adhesive Capsulitis – also called frozen shoulder, is a disabling and sometimes severely painful condition resulting from excessive scar tissue or adhesions across the glenohumeral joint capsule, leading to stiffness, pain, and limited

passive and active range of motion in shoulder and is clinically divided into classes:

- Primary adhesive capsulitis is characterized by a significant limitation of both active and passive motions on the shoulder; individuals are typically unable to recall a possible cause of the condition (idiopathic adhesive capsulitis).
- Secondary adhesive capsulitis is characterized by a trauma or a possible cause prior to the onset of the symptoms, such as fracture of the humerus, rotator cuff repair, shoulder girdle injury/surgery, or prolonged immobilization.

Distal Clavicle Excision – the removal of the end of the clavicle at the acromioclavicular (AC) joint. The superior AC ligament remains intact so that the joint remains stable.

Impingement Syndrome – commonly results from friction, abrasion, and inflammation of the rotator cuff and the long head of the biceps tendon with the subacromial arch (anterior lip of the acromion, coracoacromial ligament, and acromioclavicular joint) from acute trauma, repetitive use, or degenerative changes.

Labral Tears – results when the glenoid labrum becomes injured or torn. Tears are typically classified by the position of the tear in relation to the glenoid.

- **Bankart Tear** is a tear in the labrum located in the front, lower (anterior, inferior) part of the glenoid. This type of tear occurs most commonly during a shoulder dislocation and makes the shoulder more prone to recurrent dislocations.
- **SLAP Tear (Superior Labral, Anterior and Posterior tear)** A SLAP tear is an injury to the superior labrum, extending anterior to posterior of the bicep's tendon attachment, which may include disruption of the origin of the long head of biceps brachii. SLAP tears are commonly found in athletes involved in overhead activities (such as baseball pitchers), and range of motion deficits. Scapula dyskinesis may increase risk of SLAP tears.

Shoulder Dislocation – the complete loss of the humeral articulation with the glenoid fossa, usually because of acute trauma.

Shoulder Instability/Laxity – a partial loss of the glenohumeral articulation. Two categories are identified: Post traumatic shoulder instability includes an individual with a previous injury that has stretched or torn the ligaments of the shoulder. A traumatic instability/loose shoulder joint includes an individual with generalized looseness of the joints "double-jointed" or "multi-directional instability" usually representing a type of congenital ligamentous laxity.

Shoulder Subluxation – a partial loss of humeral articulation with the glenoid fossa (incomplete or partial dislocation) usually because of repetitive trauma to the degree that symptoms are produced.

Subacromial Decompression – the removal of bone or other abnormality to enlarge the space between the rotator cuff musculature and the acromion.

Synovitis – common in many shoulder conditions and typically resolves when the primary pathology is treated. Most commonly, this includes loose bodies, inflammatory arthritis, or degenerative arthritis, labral tears, and adhesive capsulitis.

CODING & BILLING INFORMATION

CPT (Current Procedural Terminology) Codes

CPT	Description
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])

29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (i.e., arch) release, when performed (List separately in addition to code for primary procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis

APPROVAL HISTORY

6/14/2023 Policy reviewed, no changes to criteria – updated Summary of Medical Evidence and Reference sections.
6/8/2022 Policy reviewed, no changes.
6/9/2021 New policy.

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APPENDIX

Reserved for State specific information. *Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.*