Medical Policy Updates 10/01/2026

- **Bone Density Study for Osteoporosis (DEXA):** Annual review with no changes to policy indications or criteria.
- **Breast Surgery for Gynecomastia:** Annual review with no changes to policy indications or criteria.
- **Bronchial Thermoplasty:** Policy will be archived.
- **Continuous Glucose Monitoring:** PA removed for type 1 diabetes diagnosis, S1030 & S1031 removed from PA, overview rewritten, criteria updated for ambulatory CGM, external CGM and implanted CGM, Medicare variation removed, references updated.
- **Dermabrasion:** Annual review with no changes to policy indications or criteria.
- **Electrical Stimulation Devices & Therapies:** Stimulation bike and wearable musculoskeletal stimulator (ex. Veinoplus) added as exclusions.
- **Endobronchial Valve Devices:** Annual review with no changes to policy indications or criteria.
- **Infertility Services (Basic):** Annual review with no changes to policy indications or criteria.
- **Laser Treatment of Port Wine Stains, Hemangiomas, and Benign Skin Lesions:** Annual review with no changes to policy indications or criteria. Updated references and added Cosmetic policy as related.
- **Obstructive Sleep Apnea: Surgical Treatment:** Added hypoglossal nerve stimulators to prior authorization.
- **Percutaneous Left Atrial Appendage (LAA) Closure Devices:** Updated overview and clarified criteria language.
- **Private Duty Nursing:** Annual review with no changes to policy indications or criteria.

- **Transanal Irrigation Systems:** New policy. Electronic transanal irrigation systems will require prior authorization. No management for manual systems.
- **Vagus Nerve Stimulator:** Added language referring back to the Obstructive Sleep Apnea (OSA) Surgical Devices policy when codes are used for hypoglossal nerve stimulator.