

# Medical Coverage Policies

Medical coverage policies describe Humana's evaluation and coverage of medical procedures, devices and laboratory tests.

## December 2024 Updates

### Medicare

#### New Policy

- Low Frequency, Non-Contact, Non-Thermal Ultrasound for Wound Care

#### Revised Policies

- Ablation and Extracorporeal Shockwave Therapy for Musculoskeletal Indications and Soft Tissue Wounds
- Allograft Transplantation of the Knee
- Amtagvi (lifileucel)
- Artificial Intervertebral Disc Replacement
- Autism Spectrum Diagnosis and Treatment
- Blepharoplasty, Blepharoptosis Repair, and Brow Lift
- Brachytherapy
- Capsule Endoscopy
- Cardiac Electrophysiological Studies and Cardiac Catheter Ablation
- Cardiac Pacemakers
- Carotid Revascularization
- Carpal Tunnel Syndrome Surgical Treatments
- Chimeric Antigen Receptor (CAR) T-cell Therapy
- Colonoscopy and Colorectal Cancer Screening
- Coronary CT Angiography, Fractional Flow Reserve with CT, Adjunctive Testing
- Diagnostic Imaging
- Endobronchial Valves for the Treatment of Emphysema
- Erectile Dysfunction and Peyronie's Disease Treatments
- Fusion Imaging for Cancer Indications
- Gene Expression Profiling for Cancer Indications
- Genetic Testing for Hereditary Colorectal and Uterine Cancer
- Genetic Testing
- Hematopoietic Stem Cell Transplantation
- Hip Knee and Shoulder Arthroscopic Surgeries
- Hospital Services (Inpatient, Observation, Long Term Care Hospital)
- Hyperthermia for Treatment of Cancer

- Implantable Cardiac Devices for Hemodynamic Monitoring
- Implantable Infusion Pumps for Pain or Spasticity
- Infertility Evaluation and Treatment
- Intensity Modulated Radiation Therapy
- Intraoperative Neurological Monitoring
- Left Atrial Appendage and Cardiac Structural Defects Closure
- Lung Biopsy and Resection
- Minimally Invasive Sinus and Eustachian Tube Procedures
- Molecular Biomarkers for Prostate Cancer Risk Stratification
- Molecular Diagnostic Assays for Transplant Rejection
- Noninvasive Home Ventilators
- Ocular Surface Disease Diagnosis and Treatments
- Orthognathic Surgery
- Outpatient Rehabilitation (Physical Therapy, Occupational Therapy)
- Peripheral Nerve Stimulators
- Pharmacogenomics and Companion Diagnostics
- Prostatectomy
- Proton Beam, Neutron Beam and Carbon Ion Radiation Therapy
- Skin and Tissue Substitutes
- Skysona (elivaldogene autotemcel)
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- Transcatheter Valve Procedures
- Treatment of Achalasia, Gastroesophageal Reflux Disease and Hiatal Hernia
- Uterine Fibroid Surgical Treatments
- Vagus Nerve Stimulation

## Retired Policies

- Hospital Services (Long Term Care Hospitals (LTCH), Observation)
- Laparoscopic Hiatal Hernia Repair
- Low Level Laser and High Power Laser Therapy

## Commercial

### Revised Policies

- Bone Graft Substitutes
- Comprehensive Genomic Profiling and Genetic Testing for Solid Tumors
- Genetic Testing for Hematologic Malignancies and Suspected Myeloid Disorders
- Multianalyte Assays with Algorithmic Analyses for Cancer Indications
- Pharmacogenomics and Companion Diagnostics

- Skysona (elivaldogene autotemcel)
- Whole Genome/Exome Sequencing and Genome-Wide Association Studies

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