2026 InterQual Update Summary

This is a notice of material amendment for adoption of 2026 InterQual® content release. The following is a summary of changes that will be effective 8/15/2026.

Durable Medical Equipment

New HCPCS codes:

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

- L1933 was added to Prefabricated, off-the-shelf orthosis (minimal modifications)
- L1952 was added to Prefabricated, off-the-shelf orthosis (minimal modifications)

Prosthetics, Lower Extremity

- L5657 was added to Socket suspension and inserts
- L5783 was added to Socket additions and modifications and Other socket additions and modifications
- L5827 was added to Upgrades for endoskeletal knee-shin system
- L5841 was added to Upgrades for endoskeletal knee-shin system
- L5982 was added to Ankle axial rotation unit or multiaxial ankle, swing phase active dorsiflexion feature
- L5926 was added to Other additions and accessories to above knee prostheses

Orthoses, Cranial Remodeling

In Orthoses, Cranial Remodeling, a replacement request pathway was added so that users can now request a replacement cranial remodeling orthosis (S1040) or cranial cervical orthosis (L0112 & L0113). This pathway was created to improve usability and align with other DME subset formatting.

The indications for cranial remodeling orthoses (S1040) changed so that questions related to torticollis were removed, as these orthoses address positional plagiocephaly and are not primarily used to address torticollis.

The indications for cranial cervical orthoses (L0112 & L0113) also changed so that questions related to positional plagiocephaly were removed as these orthoses address torticollis and are not primarily used to address positional plagiocephaly.

Prosthetics, Lower Extremity

Changed Subset:

To better align with clinical practice, the subset was change to allow individuals with a K2 functional level consideration for prosthetic upgrades for:

•Features for functional level K2 or above (L5613, L5822, L5824, L5826, L5827, L5828, L5830, L5840, L5841)

When Upgrades for endoskeletal knee-shin system (L5611, L5613, L5616, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5827, L5828, L5830, L5840, L5841)

•HCPCS code L5614 describes an addition to an exoskeletal prosthesis system. This code was removed from questions specific to upgrades to endoskeletal knee-shin systems to improve accuracy and usability.

Initial Request or Request for additional components and accessories only

•Added axial rotation unit L5982. HCPCS code L5982 can be used to request an exoskeletal prosthetic accessory for a below knee prosthesis and an exoskeletal prosthetic accesory for a hip disarticulation or hemiplevectomy prosthesis.

Replacement of current prosthesis, components, and/or accessories

•Changed Axial rotation unit with or without adjustability (L5984) to Axial rotation unit (L5982, L5984)

•Changed Upgrades for exoskeletal knee-shin system (L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780)

to Upgrades for exoskeletal knee-shin system (L5614, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780). Included L5614 to criterion to improve clarity and better improve usability

•Added Type of prosthesis and/or associated components/accessories requested, Exoskeletal (L5982); Endoskeletal (L5984)

Wheelchair Options and Accessories

In the subset, Wheelchair Options and Accessories, the replacement battery pathway was combined with the replacement request pathway to assist with review efficiency and eliminate separate reviews if both replacement options or accessories and batteries are requested.

Procedures Criteria

Exercise Treadmill Testing

Criteria updated throughout to improve usability.

•Changed Resting electrocardiogram (ECG) interpretable to Resting electrocardiogram (ECG) interpretable for ischemia

•Removed indication Evaluate effectiveness of rate-responsive pacemaker due to low usage.

•Changed indication Presyncope or syncope by history with nondiagnostic electrocardiogram (ECG) To Presyncope or syncope by history

•Changed indication Nonsustained (≤ 30 seconds) ventricular tachycardia (VT) by electrocardiogram (ECG) To Nonsustained ventricular tachycardia (NSVT) by electrocardiogram (ECG). Reflects current guideline terminology.

•Changed Exercise-induced presyncope or syncope To Presyncope or syncope during or immediately after exertion. Reflects current guideline terminology.

•Added Contraindications to stress testing when Structural heart disease (SHD) by transthoracic echocardiogram (TTE) or transesophageal echocardiogram (TEE). Certain types of structural heart disease are a contraindication to stress testing.

•Added Contraindications to stress testing When New palpitations or tachycardia with structural heart disease (SHD). Certain types of structural heart disease are a contraindication to stress testing.

Percutaneous Coronary Intervention

Single vessel disease; Two vessel disease; Three vessel disease; Previous coronary artery bypass grafting (CABG)

•Changed ≥ 3 hours and ≤ 24 hours To ≥ 2 hours and ≤ 24 hours when ST-elevation myocardial infarction (STEMI) (urgent) When Status post fibrinolytic. Percutaneous coronary intervention (PCI) is considered appropriate when the listed criteria are met.

Decompression +/- Fusion, Lumbar

Changed "nerve root compression" to "nerve or nerve root compression" for all indications within Decompression +/- Fusion, Lumbar subset. Surgical decompressive spinal procedures may be appropriate when imaging shows either a nerve or a nerve root being compressed.

Obstetrics & Gynecology

For individuals aged 45 or older with abnormal uterine bleeding, criteria were added for endometrial evaluation to rule out endometrial cancer or other causes of bleeding before any interventions are performed.

• The definition of infertility was clarified and updated to align with current guidelines.

• Criteria for simple hysterectomy were added for individuals with cervical cancer stage IA2 or IB1 when specific tumor characteristics (e.g., histology, size, conization findings, depth of invasion) are present.

• Throughout the updated subsets listed below, removed criteria referring to continued symptoms or findings after treatment to streamline criteria, since pathways are often structured to to review symptoms and findings first, then review the prior treatments, and the continued nature of symptoms or findings is implied.

Dilatation and Curettage (D & C)

•Postpartum uterine bleeding. Removed Continued bleeding after treatment when Abnormal bleeding ≤ 24 hours post delivery (urgent) When NO Hemodynamic instability.

•Abnormal uterine bleeding in individual age < 45. Changed Thyroid disease excluded or treated to Thyroid disease not suspected or excluded or treated. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.

Hysterectomy, +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy

Subset

Changed indication Cervical cancer stage IA1 with no lymphovascular space invasion (LVSI) to Cervical cancer stage IA1 or IA2 or IB1 with no lymphovascular space invasion (LVSI). Hysterectomy may be appropriate for select patients with cervical cancer stage IA1, IA2, or IB1.

•Cervical cancer stage IA1 or IA2 or IB1 with no lymphovascular space invasion (LVSI). Added Stage IA2; Stage IB1. Hysterectomy may be appropriate for patients with cervical cancer stage IA2 or IB1 if tumor characteristics (e.g., histology, size, conization findings, depth) meet specific criteria.

• Cervical cancer stage IA1 or IA2 or IB1 with no lymphovascular space invasion (LVSI). Changed recommendation from Hysterectomy +/- BSO or Bilateral Salpingectomy for Endocervical adenocarcinoma in situ or Cervical cancer stage IA1 with no lymphovascular space invasion To Hysterectomy +/- BSO or Bilateral Salpingectomy for Endocervical adenocarcinoma in situ or Cervical cancer with no lymphovascular space invasion. When no lymphovascular space invasion (LVSI) is present, hysterectomy may be appropriate for individuals with cervical cancer stage IA2 or IB1 as well as individuals with cervical cancer stage IA1.

• Fibroids by imaging in premenopausal or perimenopausal individual. Added Age < 45 years, Age ≥ 45 years. Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer before a hysterectomy is performed.

• Abnormal uterine bleeding in premenopausal individual. Changed Thyroid disease excluded or treated to Thyroid disease not suspected or excluded or treated. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.

• Adenomyosis suspected by imaging. Added Age < 45 years; Age ≥ 45 years. Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer before a hysterectomy is performed.

Hysterectomy, Radical

•Cervical cancer stage IB1. Added recommendations Hysterectomy, Modified Radical, Laparoscopic for Cervical Cancer (Limited Evidence, additional review required); Pelvic Lymph Node Dissection (Limited Evidence, additional review required) When YES Minimally invasive surgical approach planned. In addition to a laparoscopic radical hysterectomy with pelvic lymph node dissection (PLND), a modified laparoscopic hysterectomy with PLND may be appropriate for patients with stage IB1 cervical cancer when a minimally invasive approach is preferred.

•Cervical cancer stage IB1. Added recommendations Hysterectomy, Modified Radical, Open for Cervical Cancer; Pelvic Lymph Node Dissection When NO Minimally invasive surgical approach planned. In addition to an open radical hysterectomy with pelvic lymph node dissection (PLND), a modified open hysterectomy with PLND may be appropriate for patients with stage IB1 cervical cancer.

•Abnormal uterine bleeding in premenopausal individual. Changed Thyroid disease excluded or treated to Thyroid disease not suspected or excluded or treated. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.

Hysteroscopy, Operative

•Resection of submucosal fibroids in premenopausal individual. Added Age < 45 years; Age ≥ 45 years. Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer.

• Resection of submucosal fibroids in premenopausal individual. Changed Infertility to Infertility (inability to achieve or maintain pregnancy)
When Age < 45 years. Change was made to clarify the intent of the criteria. Infertility is defined as the inability to achieve pregnancy (conceive) or to maintain a pregnancy to live birth.

•Resection of submucosal fibroids in premenopausal individual. Changed Age < 35 with inability to become pregnant ≥ 1 year; Age ≥ 35 with inability to become pregnant ≥ 6 months To Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months. When Age < 45 years When Infertility (inability to achieve or maintain pregnancy). Evaluation or intervention for infertility is appropriate when an individual is unable to achieve a successful pregnancy after 12 months if under age 35, or after 6 months if age 35 or older.

•Resection of submucosal fibroids in premenopausal individual. Removed Thyroid disease excluded or treated When Age < 45 years When Infertility (inability to achieve or maintain pregnancy) When Age < 35 with inability to achieve successful pregnancy become pregnant ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy become pregnant ≥ 6 months. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.

•Resection of submucosal fibroids in premenopausal individual. Added ≥ 2 episodes spontaneous abortion or recurrent pregnancy loss occurring ≥ 6 weeks from last menstrual period (LMP) When Age < 45 years When Infertility (inability to achieve or maintain pregnancy).
Operative hysteroscopy may be appropriate for individuals with infertility who have recurrent pregnancy loss or 2 or more spontaneous abortions occurring at least 6 weeks after the last menstrual period.

•Endometrial ablation for abnormal uterine bleeding in premenopausal individual. Changed Thyroid disease excluded or treated to Thyroid disease not suspected or excluded or treated. Although thyroid function testing is commonly part of the evaluation of abnormal uterine bleeding, there are clinical scenarios where it may not be necessary, such as when an etiology has already been identified or when the clinical evaluation does not suggest thyroid abnormalities.

•Endometrial ablation for abnormal uterine bleeding in premenopausal individual. Added Biopsy planned with operative hysteroscopy
When Age ≥ 45. Operative hysteroscopy is appropriate for individuals aged 45 or older with abnormal uterine bleeding when a biopsy is planned during the procedure.

Hysteroscopy, Operative

•Tubal cannulation. Changed Age < 35 with inability to become pregnant ≥ 1 year; Age ≥ 35 with inability to become pregnant ≥ 6 months To Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months.
Evaluation or intervention for infertility is appropriate when an individual is unable to achieve a successful pregnancy after 12 months if under age 35, or after 6 months if age 35 or older.

•Tubal cannulation. Added ≥ 2 episodes spontaneous abortion or recurrent pregnancy loss occurring ≥ 6 weeks from last menstrual period (LMP). Operative hysteroscopy may be appropriate for individuals with infertility who have recurrent pregnancy loss or 2 or more spontaneous abortions occurring at least 6 weeks after the last menstrual period.

Laparoscopy, Diagnostic (Pelvic)

Subset- Removed indication Infertility. Indication was removed due to low usage.

Myomectomy

•Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual.Added Age < 45 years; Age ≥ 45 years.
Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer before a myomectomy is performed.
•Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Changed Infertility to Infertility (inability to achieve or maintain pregnancy) When Age < 45 years. Change was made to clarify the intent of the criteria. Infertility is defined as the inability to achieve pregnancy (conceive) or to maintain a pregnancy to live birth.
•Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Changed Age < 35 with inability to become pregnant ≥ 1 year; Age ≥ 35 with inability to become pregnant ≥ 6 months To Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months When Age < 45 years When Infertility (inability to achieve or maintain pregnancy). Evaluation or intervention for infertility is appropriate when an individual is unable to achieve a successful pregnancy after 12 months if under age 35, or after 6 months if age 35 or older.
•Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Added ≥ 2 episodes spontaneous abortion or recurrent pregnancy loss occurring ≥ 6 weeks from last menstrual period (LMP) When Age < 45 years When Infertility (inability to achieve or maintain pregnancy). Myomectomy may be appropriate for individuals with fibroids and infertility who have recurrent pregnancy loss or 2 or more spontaneous abortions occurring at least 6 weeks after the last menstrual period.
•Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Removed Thyroid disease excluded or treated When Age < 45 years When Infertility (inability to achieve or maintain pregnancy) When Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months. Change was made to streamline the criteria and remove redundancy. Thyroid function testing is part of a standard evaluation for ovulatory function for the individual presenting with infertility. Testing for ovulatory function is captured in other criteria.
•Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Removed Age > 50 When Age < 45 years When Infertility (inability to achieve or maintain pregnancy) When Age < 35 with inability to achieve successful pregnancy ≥ 1 year; Age ≥ 35 with inability to achieve successful pregnancy ≥ 6 months When YES Laparoscopic power morcellation with tissue containment system planned. Criteria were removed because an individual's age range will be established earlier in the review.
•Intramural or subserosal fibroids by imaging in premenopausal or perimenopausal individual. Removed Age > 50 When Age < 45 years When Abnormal uterine bleeding interferes with ADLs or anemia by history; Significant enlargement of uterine or fibroid size by imaging within 1 year; Ureteral compression by imaging; Pelvic or abdominal pain or discomfort and other etiologies excluded; Urinary frequency or urgency and other etiologies excluded; Dyspareunia and other etiologies excluded When YES Laparoscopic power morcellation with tissue containment system planned. Criteria were removed because an individual's age range will be established earlier in the review.

Uterine Artery Embolization (UAE)

•Fibroids by imaging in premenopausal individual. Added Age < 45 years; Age ≥ 45 years. Individuals aged 45 or older with abnormal uterine bleeding should be evaluated for endometrial cancer before a uterine artery embolization (UAE) is performed.

Oro-Maxillo-Facial, Dental & Otolaryngology

Arthroplasty, Temporomandibular Joint (TMJ): revised the required therapies that should be tried prior to arthroplasty, and expanded the indications with additional subtypes of intra-articular temporomandibular disorder.
Orthognathic Surgery: Requirement for dental model assessments were removed to streamline criteria as there are variations in practice in how these models are completed, utilized, and documented in the medical record.

Orthopedic – Upper Extremity

Median Nerve Decompression +/- Neurolysis, Wrist: added severity of symptoms for carpal tunnel syndrome (CTS) as defined by guidelines. Created distinct pathways for patients who have mild, moderate, and severe carpal tunnel syndrome (CTS). Included the CTS-6 score and ultrasound (US) or MRI that can be utilized to help confirm the diagnosis of carpal tunnel syndrome prior to surgical intervention. Clarified that nerve conduction studies (NCS) with or without electromyography (EMG) are appropriate for diagnosis of carpal tunnel syndrome (CTS). Added corticosteroid injection as a conservative treatment for patients with carpal tunnel syndrome (CTS). Added limited evidence pathways in patients who have moderate severity symptoms of carpal tunnel syndrome (CTS) with a high probability CTS-6 score of at least 12 without prior conservative treatment.

Median Nerve Decompression +/- Neurolysis, Wrist

•Left wrist; Right wrist. Changed 2-point discrimination > 6 mm in median nerve distribution or Semmes-Weinstein value > 3.61 To Constant sensory deficits in median nerve distribution. The change was made to align with current guidelines. Severe carpal tunnel syndrome (CTS) is described as a constant loss of sensation in the median nerve distribution.

•Left wrist; Right wrist. Changed Electromyography (EMG) and nerve conduction study (NCS) positive for median nerve compression at the wrist To Nerve conduction studies (NCS) with or without electromyography (EMG) shows moderate or severe median nerve compression at the wrist When Weakness of thenar muscles; Atrophy of thenar muscles; Constant sensory deficits in median nerve distribution. The change was made to align with current guidelines. Nerve conduction studies (NCS) with or without electromyography (EMG) can be performed to confirm carpal tunnel syndrome (CTS).

•Left wrist; Right wrist. Added Ultrasound (US) or MRI shows moderate or severe median nerve compression at the wrist; CTS-6 score ≥ 12; None of the above, more choices When Weakness of thenar muscles; Atrophy of thenar muscles; Constant sensory deficits in median nerve distribution. Median nerve decompression is appropriate in patients who have severe clinical symptoms or findings of carpal tunnel syndrome (CTS) along with findings of moderate or severe median nerve compression by Ultrasound (US) or MRI or a high probability CTS-6 score of at least 12.

•Left wrist; Right wrist. Changed Pain in median nerve distribution; Paresthesias or numbness in median nerve distribution To Pain or paresthesias or numbness in median nerve distribution When None of the above, more choices. The change was made to streamline and expand criteria to include clinical presentation of moderate carpal tunnel syndrome (CTS) to align with current guidelines.

•Left wrist; Right wrist. Added Frequent nighttime awakenings or frequent activity-related symptoms When None of the above, more choices. Frequent nighttime awakenings or frequent activity-related symptoms are symptoms of a patient who has moderate carpal tunnel syndrome (CTS).

•Left wrist; Right wrist. Changed rule of at least ONE to a combination rule for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices. The severity and appropriate treatment of carpal tunnel syndrome (CTS) depend on the individual's symptom presentation. This criteria rule change supports different treatment pathways based on whether the condition is classified as mild or moderate. Patients who have moderate CTS present with frequent nighttime awakenings or frequent activity-related symptoms or impaired dexterity with or without pain, paresthesias or numbness in median nerve distribution. Patients who have mild CTS present with pain, paresthesias or numbness in median nerve distribution.

•Left wrist; Right wrist. Changed Decreased light touch or vibratory sense or 2-point discrimination in median nerve distribution To Decreased light touch or vibratory sense or 2-point discrimination When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity. The change was made to streamline criteria. Median nerve distribution was moved to a header in the pathway for patients who have moderate carpal tunnel syndrome (CTS).

•Left wrist; Right wrist. Changed Decreased light touch or vibratory sense or 2-point discrimination in median nerve distribution To Decreased light touch or vibratory sense or 2-point discrimination When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity
The change was made to streamline criteria. Median nerve distribution was moved to a header in the pathway for patients who have moderate carpal tunnel syndrome (CTS).
•Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows moderate or severe median nerve compression at the wrist; Ultrasound (US) or MRI shows moderate or severe median nerve compression at the wrist; None of the above, more choices When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity. Median nerve decompression is appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of moderate or severe median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG) or findings of moderate or severe median nerve compression by Ultrasound (US) or MRI.
•Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows moderate or severe median nerve compression at the wrist; Ultrasound (US) or MRI shows moderate or severe median nerve compression at the wrist; None of the above, more choices When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity. Median nerve decompression is appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of moderate or severe median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG) or findings of moderate or severe median nerve compression by Ultrasound (US) or MRI.
•Left wrist; Right wrist. Added High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices. Median nerve decompression may be appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with a high probability CTS-6 score of at least 12.
•Left wrist; Right wrist. Added High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices. Median nerve decompression may be appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with a high probability CTS-6 score of at least 12.
•Left wrist; Right wrist. Added Corticosteroid injection When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 Corticosteroid injections are appropriate to perform as a conservative treatment when indicated prior to median nerve decompression for patients who have moderate carpal tunnel syndrome (CTS).

•Left wrist; Right wrist. Added Corticosteroid injection. When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12. Corticosteroid injections are appropriate to perform as a conservative treatment when indicated prior to median nerve decompression for patients who have moderate carpal tunnel syndrome (CTS).
•Left wrist; Right wrist. Added No conservative treatment attempted When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12. The change was made to expand the criteria to include patients who have moderate carpal tunnel syndrome (CTS) clinical symptoms and findings and a high probability CTS-6 score of at least 12 that did not attempt conservative treatment.
•Left wrist; Right wrist. Added No conservative treatment attempted. When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12. The change was made to expand the criteria to include patients who have moderate carpal tunnel syndrome (CTS) clinical symptoms and findings and a high probability CTS-6 score of at least 12 that did not attempt conservative treatment.
•Left wrist; Right wrist. Recommendation. Added new recommendations Median Nerve Decompression +/- Neurolysis, Left Wrist (Limited Evidence, additional review required), Median Nerve Decompression +/- Neurolysis, Right Wrist (Limited Evidence, additional review required) When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 When Rule of ONE and is No conservative treatment attempted. There is some evidence to support median nerve decompression for patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with a high probability CTS-6 score of at least 12 without having completed any conservative treatment prior to surgical intervention.
•Left wrist; Right wrist. Recommendation. Added new recommendations Median Nerve Decompression +/- Neurolysis, Left Wrist (Limited Evidence, additional review required), Median Nerve Decompression +/- Neurolysis, Right Wrist (Limited Evidence, additional review required). When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When YES High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 When Rule of ONE and is No conservative treatment attempted. There is some evidence to support median nerve decompression for patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with a high probability CTS-6 score of at least 12 without having completed any conservative treatment prior to surgical intervention.

•Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows mild median nerve compression at the wrist; Ultrasound (US) or MRI shows mild median nerve compression at the wrist; Intermediate probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 5 and < 12 When None of the above, more choices When Rule of at least TWO for Pain or paresthesias or numbness in median nerve distribution; Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When NO High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12 Median nerve decompression is appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of mild median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG), findings of mild median nerve compression by Ultrasound (US) or MRI, or intermediate probability CTS-6 score after undergoing conservative treatment.
•Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows mild median nerve compression at the wrist; Ultrasound (US) or MRI shows mild median nerve compression at the wrist; Intermediate probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 5 and < 12 When None of the above, more choices When Rule of ONE and is Frequent nighttime awakenings or frequent activity-related symptoms; Impaired dexterity When None of the above, more choices When NO High probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 12
Median nerve decompression is appropriate in patients who have moderate clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of mild median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG), findings of mild median nerve compression by Ultrasound (US) or MRI, or intermediate probability CTS-6 score after undergoing conservative treatment.
•Left wrist; Right wrist. Added Positive Phalen test or Tinel sign or median nerve compression test; Decreased light touch or vibratory sense or 2-point discrimination When None of the above, more choices When Rule of ONE and is Pain or paresthesias or numbness in median nerve distribution. Patients who have mild carpal tunnel syndrome (CTS) symptoms or findings must also have physical examination findings of either a positive orthopedic test (i.e., Phalen test, Tinel sign, median nerve compression) or decreased sensory testing (i.e., light touch, vibratory sense, 2-point discrimination).
•Left wrist; Right wrist. Added Nerve conduction studies (NCS) with or without electromyography (EMG) shows positive median nerve compression at the wrist; Ultrasound (US) or MRI shows median nerve compression at the wrist; High or intermediate probability of carpal tunnel syndrome (CTS) with CTS-6 score ≥ 5 When None of the above, more choices When Rule of ONE and is Pain or paresthesias or numbness in median nerve distribution. Median nerve decompression is appropriate in patients who have mild clinical symptoms or findings of carpal tunnel syndrome (CTS) along with either findings of median nerve compression by nerve conduction studies (NCS) with or without electromyography (EMG), findings of median nerve compression by Ultrasound (US) or MRI, or intermediate or high probability CTS-6 score after undergoing conservative treatment.

Orthognathic Surgery (Pediatric)

Orthognathic Surgery (Pediatric): Requirement for dental model assessments were removed to streamline criteria as there are variations in practice in how these models are completed, utilized, and documented in the medical record.
Anteroposterior discrepancy; Vertical discrepancy; Transverse discrepancy; Asymmetry. Changed Medical record contains preoperative dental model assessment and facial photographs to Medical record contains preoperative facial photographs. Completion of dental model assessments in the preoperative process is a standard component of an evaluation for orthognathic surgery; however, there are variations for how these are completed, utilized for surgical planning, and documenting it in the medical record.

Specialty Rx Non Oncology Criteria

Apremilast (Otezla)

***Otezla is managed under the Pharmacy Benefit.**

•Subset Changed indication Psoriatic arthritis to Psoriatic arthritis in adults. This change was made to clarify the intent of criteria for Psoriatic arthritis to apply to adult patients since a new indication for juvenile idiopathic arthritis was added.

Plaque Psoriasis

•Initial authorization. Changed Age ≥ 18 years and Age < 18 years to Age ≥ 18 years, Age ≥ 6 years and < 18 years, and Age < 6 years. Apremilast is now FDA approved for treatment of moderate-to-severe plaque psoriasis in individuals 6 years of age and older.

•Initial authorization. Added Topical treatment, systemic treatment or phototherapy contraindicated or not tolerated When Age ≥ 18 years. Apremilast is indicated when patients are not able to receive, or do not tolerate, topical treatment, systemic treatment or phototherapy.

Esketamine (Spravato) for Major depressive disorder

***Otezla is managed under the Pharmacy Benefit.**

•Initial authorization. Removed Not currently pregnant and risks of pregnancy discussed with patient or caregiver, or pregnancy testing not indicated and Not currently breastfeeding or risks of breastfeeding discussed with patient or caregiver. Although esketamine is not recommended in pregnant or breastfeeding women, they are not included in the prescribing information's boxed warnings or contraindications.

•Initial authorization and Treatment-resistant depression confirmed by psychiatrist. Recommendation Added Esketamine (Spravato) to be given As monotherapy and added recommendation esketamine, nasal spray, 1 mg (Limited Evidence, additional review required). There is now limited evidence to support esketamine monotherapy in patients with treatment-resistant depression.

•Authorization renewal. Removed Used in combination with oral antidepressant. In select clinical scenarios, esketamine may be administered as monotherapy.