Medical Policies				
Policy Title	Summary	Products Affected	Effective Date	
Autologous Chondrocyte	Annual review.	All products	8/1/2025	
Implantation in the Knee	Fixed wording in MassHealth variation			
	Updated code disclaimer	A.I	0/4/2025	
Basivertebral Nerve Ablation	Annual review.	All products	8/1/2025	
	<ul> <li>Policy retired; content moved to new Interventional</li> <li>Pain Management of the Spine policy</li> </ul>			
Bone Growth Stimulators	Annual review.	All products	8/1/2025	
Bone Growth Stillidiators	Added links to CMS documents	All products	0,1,2023	
	Updated code disclaimer			
Epidural Steroid Injections	Annual review.	All products	8/1/2025	
,	Policy retired; content moved to new Interventional	,		
	Pain Management of the Spine policy.			
Experimental and	Ad hoc review.	All products	8/1/2025	
Investigational	Updated codes			
IB-Stim	New policy.	MassHealth ACO	8/1/2025	
Interventional Pain	New policy.	All products	8/1/2025	
Management of the Spine				
Prostate-Specific Membrane	Ad hoc review.	All products	8/1/2025	
Antigen Imaging for Patients	Expanded criteria for initial workup			
with Prostate Cancer	Expanded criteria for restaging/recurrence			
	Added new criteria for workup of previously treated			
	patients			
	Updated code disclaimer     Deformance undeted.			
Prostheses – Lower Limb	References updated  Annual review.	All products	8/1/2025	
Prostneses – Lower Limb	Simplified references to customized subsets and added	All products	8/1/2023	
	info about customization			
	Updated code disclaimer			
Prostheses – Upper Limb	Annual review.	All products	8/1/2025	

	<ul> <li>Simplified wording in myoelectric upper limb prosthesis criteria</li> <li>Clarified Medicare variation</li> <li>Updated code disclaimer</li> </ul>		
Vertebral Body Tethering	Annual review.	All products	8/1/2025
	Updated code disclaimer		