

Medical Policies			
Policy Title	Summary	Products Affected	Effective Date
Bariatric Surgery	Annual review. - Updated LCDs. - Fixed typos. - Updated exclusions. BariatricSurgeryNov2026.pdf	All products	11/1/2026
Bone Growth Stimulators	Ad hoc review. Material change. - Updated ACO section to reference LCDs when no MassHealth criteria for DME exists. BoneGrowthStimulatorsDec2026.pdf	MassHealth ACO	12/1/2026
Continuous Glucose Monitors	Ad hoc review. - Updated ACO section to reference LCDs when no MassHealth criteria for DME exists. ContinuousGlucoseMonitors.pdf	MassHealth ACO	10/1/2026
Durable Medical Equipment	Ad hoc review. - Updated ACO section to reference LCDs when no MassHealth criteria for DME exists. DME.pdf	MassHealth ACO	10/1/2026
Elevidys	Annual review. Material change. - Expanded age range eligibility for treatment. - Updated list of exclusions based on FDA label. - References updated. ElevidysDec2026.pdf	Med Adv and DSNP	12/1/2026
Encelto (Prime)	Annual hoc review. - Editorial changes throughout; policy statements unchanged. Gateway	Commercial and QHP	12/1/2026
Enteral and Parenteral Nutrition Formulas and Supplements	Annual review. Material change. - Lowered eligibility age for RELiZORB® from 2 years to one. - Code list and references updated. EnteralNutritionFormulasandSupplementsDec2026.pdf	All products	12/1/2026

Hearing Devices	Ad hoc review. - Updated ACO section to reference LCDs when no MassHealth criteria for DME exists. HearingDevices.pdf	MassHealth ACO	10/1/2026
High-Intensity Focused Ultrasound	Annual review. - Updated LCDs. - Updated code list. HIFU.pdf	All products	10/1/2026
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea	Ad hoc review. Material change. - Updated ACO section to reference LCDs when no MassHealth criteria for DME exists. HypoglossalNerveStimulationforObstructiveSleepApneaDec2026.pdf	MassHealth ACO	12/1/2026
IB-Stim	Annual review. - References updated. IBStim.pdf	All products	10/1/2026
Insulin Pumps	Ad hoc review. - Reformatted policy. - Updated ACO section to reference LCDs when no MassHealth criteria for DME exists. InsulinPumps.pdf	MassHealth ACO	10/1/2026
Intravenous Ketamine for Treatment-Resistant Depression	Annual review. - Reformatted policy. - Added paragraph to Medicare section explaining criteria development. - Removed statement claiming IV ketamine is E&I in all other situations. IVKetamineforTreatmentResistantDepression.pdf	All products	10/1/2026
Lenmeldy (MGBHP)	Annual review. - Reformatted policy. - Added paragraph to Medicare section explaining criteria development. - References updated. Lenmeldy.pdf	Med Adv and DNSP	10/1/2026
Lutathera (MGBHP)	Annual review. - Reformatted policy. - Added paragraph to Medicare section explaining criteria development.	Med Adv and DSNP	10/1/2026

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Neuromodulation for Overactive Bladder and Fecal Incontinence	Ad hoc review. Material change. • Updated ACO section to reference LCD when no MassHealth criteria for DME exists. • NeuromodulationforOveractiveBladderandFecalIncontinenceDec2026.pdf	MassHealth ACO	12/1/2026
Oral and Maxillofacial Surgery and Procedures	Ad hoc review. • Separated code lists into those requiring PA for Commercial/QHP/ACO and for MA/DSNP • OralandMaxilloFacialSurgeryandProcedures.pdf	All products	10/1/2026
Prostheses – Lower Limb	Ad hoc review. Material change. • Updated ACO section to reference LCD when no MassHealth criteria for DME exists. • Updated code list. • Prostheses-LowerLimbDec2026.pdf	All products	12/1/2026
Prostheses – Upper Limb	Ad hoc review. • Updated ACO section to reference LCDs when no MassHealth criteria for DME exist. • Updated code list. • Prostheses-UpperLimb.pdf	All products	10/1/2026
Skysona (MGBHP)	Annual review. Material change. • Rearranged criteria and added requirement that member be screened for renal insufficiency. • References updated. • SkysonaDec2026.pdf	Med Adv and DSNP	12/1/2026
Speech Generating Devices	Ad hoc review. • Updated ACO section to reference LCDs when no MassHealth criteria for DME exist. • SpeechGeneratingDevices.pdf	MassHealth ACO	10/1/2026
Therapeutic Lens	Ad hoc review. • Updated ACO section to reference LCDs when no MassHealth criteria for DME exist. • TherapeuticLens.pdf	MassHealth ACO	10/1/2026

Zolgensma (MGBHP)	Annual review. Material change. • Reformatted policy. • Added link to Itvisma medical necessity guidelines. • Expanded exclusions based on FDA label. • References updated. • ZolgensmaDec2026.pdf	Med Adv and DSNP	12/1/2026
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