

Notification of Policy Revisions Effective 01/9/2013 (Posted 01/15/2014)

Medical Policy	Revision
Neuromuscular Stimulation	<ul style="list-style-type: none"> • Addition of NESS H200 device
Ventricular Assist Device	<ul style="list-style-type: none"> • Updated per Medicare Coverage Decision regarding BTT and Destination Therapy
Morbid Obesity Surgery	<ul style="list-style-type: none"> • Updated per Medicare Coverage Decision which no longer requires bariatric procedures is done in Medicare certified facilities. • Added criteria for Lap sleeve per LCD; which per NCD, has jurisdiction to develop criteria for this procedure. • Noted that LCD does require Lap sleeve for member over 61 years of age to be done in a Certified Bariatric Facility.
Reconstructive Eye Surgery	<ul style="list-style-type: none"> • Incorporated changes in LCD • Updated references • Added code 67811
Skilled Care Services	<ul style="list-style-type: none"> • Re-edited to include clarification regarding maintenance. • Mirrored Medicare's definition of Home Bound
IVIG	<ul style="list-style-type: none"> • Edited to include IVIG under Part B when LCD criteria are met. • Change the policy title to better reflect the intent.