

Notification of Medical Policy Revisions: January 2017

Medical Policy	Revision
External Infusion Pump	<p>Revised for Staff Clarification</p> <p>Added under Subcutaneous Immune Globulin- **Note: There is now a newly covered, FDA approved subcutaneous immune globulin drug called Cuvitru (Shire). It is filed with unlisted code (J7799). Coverage is available when the following requirements have been met: (1)The criteria for subcutaneous immune globulin via external infusion pump are met.”</p> <p>Removed “Only E0779 infusion pump is covered for the administration of subcutaneous immune globulin. If a different pump J1575 to make consistent with LCD.</p>
Immunoglobulin Therapy (Intravenous and Subcutaneous) in the Home	<p>Revised for Staff Clarification</p> <p>Added under Part B Coverage Criteria: #2. Subcutaneous Immune Globulin- NOTE: There is now a newly covered, FDA approved subcutaneous immune globulin drug called Cuvitru (Shire) that is administered subcutaneously via an infusion pump. Coverage is available when the following criteria are met: (1) The criteria for subcutaneous immune globulin via external infusion pump are met (See Medical Coverage Policy External Infusion Pump)</p>
Respiratory Assist Devices for Obstructive Sleep Apnea and Breathing Related Sleep Disorders	<p>Annual Review LCD L33800 No Changes Made, Minor Revisions only.</p>
Surgical Treatment of Obstructive Sleep Apnea	<p>Annual Review LCD L34526 No Changes Made, Minor Revisions only.</p>