

Notification of Medical Policy Revisions: January 2019

Medical Policy	Revision
Refractive Surgical Procedures	<ul style="list-style-type: none"> • Annual Review • No Criteria Updates, Minor Revisions Only.
External Infusion Pumps	<ul style="list-style-type: none"> • Annual Review; Staff Clarification • LCD L33794 • Indications for Coverage: B. Diabetes heading changed to Insulin Pump. Indications for Coverage D. 8. Removed "NOTE: There is now a newly covered, FDA approved subcutaneous immune globulin drug called Cuvitru (Shire). It now has an assigned code of J1555). Coverage is available when the following requirements have been met: The criteria for subcutaneous immune globulin via external infusion pump are met" Per committee recommendation, Also made the word "and" bold within this section to highlight importance of all of the criteria being met.
Respiratory Assist Devices for Obstructive Sleep Apnea and Breathing Related Sleep Disorders	<ul style="list-style-type: none"> • Annual Review; LCD L33800 • No CMS Updates. Minor Revisions Only.
Surgical Treatment of Obstructive Sleep Apnea	<ul style="list-style-type: none"> • Annual Review; LCD L34526 • No CMS Updates. Minor Revisions Only.
Immunoglobulin Therapy (Intravenous and Subcutaneous) in the Home	<ul style="list-style-type: none"> • Annual Review; Staff Clarification; LCD L33610 • Indications for Coverage Part B-A.2-"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: The criteria for subcutaneous immune globulin via external infusion pump are met (See Medical Coverage Policy External Infusion Pump)" removed per committee recommendation.