

Notification of Medical Policy Reviews or Policy Edits: January – February 2015

Medical Policy	Revision
1. Transplant: Solid Organ, Bone Marrow & Stem Cell	<ul style="list-style-type: none"> • Annual Review • Clarification to follow NCD/LCD for specific transplant coverage criteria • Language added under Special Notes clarifying coverage of transplants outside the Plan's service area • Codes updated
2. Orthotics	<ul style="list-style-type: none"> • New policy created based on LCD updates and clarification of coverage criteria
3. Orthognathic Surgery	<ul style="list-style-type: none"> • Annual Review <p>No criteria updates or revisions</p>
4. RAD-Respiratory Assist Device	<ul style="list-style-type: none"> • Annual Review • Minor updates per LCD for Severe COPD, Hypoventilation and sleep studies • Clinical definitions updated
5. TMJ-Temporomandibular Joint Surgery	<ul style="list-style-type: none"> • Annual Review • No criteria updates or revisions