

Notification of Medical Policy Revisions: February 2017

Medical Policy	Revision
Orthognathic Surgery	Annual Review LCD L33738 No Criteria Changes, Minor Revisions only.
Temporomandibular Joint Surgery	Annual Review LCD L34574 No Criteria Changes, Minor Revisions only.
Investigational/Experimental Services	Annual Review LCD L34555 No Criteria Changes, Minor Revisions only.
Transplant: Stem Cell	Staff Clarification Review NCD 110.23 Under Indications for Coverage: #3. e) Added "and International Staging System Stages II or III"; Under Special Notes: #3. Removed previous verbiage and rephrased to read: "Stem cell transplants are typically performed in the outpatient setting. If Inpatient Level of Care is requested for the procedure then it will require Medical Director review. "
Varicose Vein Treatment	CMS Update LCD L33454 Indications for Coverage Section updated to mirror updates to LCD. (#2, #4, #5, and #7). Also added to #2 "If Medical Record is received to support the consideration to waive conservative therapy, it must be sent to the Medical Director for review". When Coverage will Not be Approved also updated to make consistent with LCD.