

Notification of Medical Policy Revisions: February 2020

Medical Policy	Revision
External Infusion Pumps	<ul style="list-style-type: none"> • CMS Update; LCD L33794 • Update Indications for Coverage: B. 4. Added “****Note HCPCS code E0787 is an external ambulatory insulin infusion pump, with dose rate adjustment using therapeutic continuous glucose sensing. Coverage for this HCPCS code is only met if the member meets all the coverage criteria for insulin pumps and meets all criteria for a therapeutic Continuous Glucose Monitor (CGM) as outlined in LCD L33822.” Indications for Coverage: Blinatumomab -updated from 4 to 9 cycles to make consistent with LCD.
Varicose Vein Treatment	<ul style="list-style-type: none"> • Staff Clarification; LCD L33454 • Update to verbiage of Indications for Coverage 6. A. to read “Injection/Compression Sclerotherapy 1. For local small to medium symptomatic varices measuring 3-6 mm in size” for consistency with LCD.
Durable Medical Equipment	<ul style="list-style-type: none"> • Prior Authorization Threshold Amount Increase for 2020 • Indications for Coverage A. Updated to reflect new Threshold amount of \$1,200 (Increased from \$600).