

Notification of Medical Policy Reviews or Policy Edits: March 2015

Medical Policy	Revision
1. Ambulance and Medical Transport Services	<ul style="list-style-type: none"> • Annual Review • No criteria changes or revisions
2. External Infusion Pumps	<ul style="list-style-type: none"> • New coverage criteria added for Levodopa-Carbidopa enteral suspensions and Blinatumomab per updated LCD L11555 • Codes updated
3. Implantable Infusion Pumps	<ul style="list-style-type: none"> • Annual Review; • No criteria changes made • Codes updated
4. Investigational (Experimental) Services	<ul style="list-style-type: none"> • Category B IDE Device for IDE Studies coverage criteria added per CMS update • Information and clarification for routine care and services added under Special Notes
5. Prostheses-Artificial Limbs and Components	<ul style="list-style-type: none"> • Annual Review • No criteria changes or revisions • Codes updated
6. Transcatheter Mitral Valve Replacement (TMVR)	<ul style="list-style-type: none"> • New policy created based on CMS-Final Decision Memorandum for TMVR Coverage with Evidence Development
7. Transcatheter Aortic Valve Replacement (TAVR)	<ul style="list-style-type: none"> • Under Indications For Coverage, moved #7 referencing medical director review up to #2 for consistency w/the TMVR policy. No other changes to policy