

Notification of Medical Policy Revisions: March 2016

Medical Policy	Revision
Oral Antiemetic Medications	Update to LCD L33827 with revised effective date of 1/1/16. Indications For Coverage – updated item C. 1 and 2 with current LCD guidance with additional coverage of NK-1 antagonist rolapitant; deleted code Q9978 as it is no longer a covered code for netupitant/palonosetron.
Ablative Therapy	New policy created based on inconsistency of review and LCD L34527.