

Notification of Medical Policy Revisions: March 2019

Medical Policy	Revision
Electrical Stimulators-Neuromuscular	<ul style="list-style-type: none"> • Annual Review; NCD 160.12 • Updated Description: (1) Added “of stimulator” “actual” and “is used to” to help with literary fluency. Indications for Coverage: Added “the use of” for literary fluency and added the word “ALL” to make consistent with NCD. #3. Removed “The devices are surface units that use electrical impulses to activate paralyzed or weak muscles in a precise sequence.” and added to the new section of Definitions along with 4 other terms.
Immunosuppressant Medications	<ul style="list-style-type: none"> • CMS Update; LCA A52474 • Added to Indications For Coverage: B. 5. Drugs are allowed to be furnished by multiple delivery methods based on the series of dates below: (i.) For DOS on or after August 1, 2016 through April 2, 2019, mail-order deliveries may be mailed one or two days prior to a member’s discharge from an inpatient facility to a qualified place of service (such as home or custodial facility). The DOS on the claim must be the date of discharge. (ii.) For DOS on or after April 3, 2019 mail-order deliveries may be mailed one or two days prior to a member’s anticipated date of discharge from an inpatient facility to a qualified place of service or alternate address, such as the inpatient hospital that performed the transplant or alternative location where the member is temporarily staying (such as temporary housing). The DOS on the claim must be the date of discharge.
Pneumatic Compression Device	<ul style="list-style-type: none"> • CMS Update; LCD L33829; NCD 280.6 • No Revisions to Policy required. Minor Revisions Only.
Sacral Nerve Stimulator for Urinary and Fecal Incontinence	<ul style="list-style-type: none"> • Annual Review; NCD 230.18 • No CMS Updates. Minor Revisions Only.