

## Notification of Medical Policy Revisions: March 2020

Medical Policy	Revision
Dental Services and Procedures in a Hospital, Outpatient Facility, or Ambulatory Surgery Center	<ul style="list-style-type: none"> <li>• Staff Clarification</li> <li>• Update to Indications for Coverage 2. H. "Renal Transplant" changed to "Organ Transplant" per committee recommendation to expand coverage for our members.</li> </ul>
Electrical Stimulators-TENS	<ul style="list-style-type: none"> <li>• Annual Review; NCD 160.27; LCD L33802</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>
Medical Necessity and Non-Covered Services other than CPT Category III Noncovered Services	<ul style="list-style-type: none"> <li>• <b>ARCHIVED</b></li> </ul>
Vagus Nerve Stimulators	<ul style="list-style-type: none"> <li>• Annual Review; NCD 160.18</li> <li>• <b>Policy Title Change</b> due to CMS update of coverage of VNS for Treatment Resistant Depression through Coverage Evidence Development (CED). Addition of Definition of CED under Definition section; Indications for Coverage: Addition of Criteria 3. a, b, c, d, and e. Limitations Section: Addition of Treatment Resistant Depression a, b, c, d, e, f, and g and removal of Mental Retardation information.</li> </ul>