

Notification of Medical Policy Revisions: April 2016

Medical Policy	Revision
Neuropsychological Testing	<p>Annual Review LCD L34646 – updated clinical criteria. Description of Procedure/Service - Removed 2nd paragraph – this language is taken from retired LCD L3202, retired as of 2013 and no longer found in the current LCD. Replaced this paragraph w/applicable language from L34646. Indications For Coverage - Removed items 1-4 as this is criteria is from retired LCD L3202, retired as of 2013. Replaced with items 1-13 per current LCD. When Coverage Will Not Be Approved - Minor edits for consistency with LCD. Appendix - Language in this section was moved to the Indications For Coverage section as noted in the LCD.</p>
Vagus Nerve Stimulator	<p>Annual Review Indications For Coverage – Updated language in item A for consistency with LCD, and moved the original language in item A to item B. for clarification. Code section - Removed L8680 (not covered by Medicare) Reference section - Updated and removed Corp. medical policy reference.</p>
Ventricular Assist Device	<p>Annual Review Special Notes - Removed web link for OPTN (bridge to transplant) as this is a link for member waitlist not for approved facilities. Keeping as is References - Updated reference section</p>
Positive Airway Pressure for Obstructive Sleep Apnea and Breathing Related Disorders	<p>Annual Review Indications For Coverage - Added NOTE to item 2 to define “ineffective” reference, for clarification. Special Notes - Added item #5 as referenced in the LCD. Codes: - Added A7033 and E0470 per LCD. Reference - Added reference to LCD L33718 PAP Devices for the Treatment of Obstructive Sleep Apnea.</p>