

Notification of Medical Policy Revisions: April 2019

Medical Policy	Revision
Breast Implant Removal	<ul style="list-style-type: none"> • Annual Review; LCD L34698 • No CMS Updates. Minor Revisions Only.
Breast Reduction	<ul style="list-style-type: none"> • Annual Review; LCD L33428 • No CMS Updates. Minor Revisions Only.
Transplant: Solid Organ	<ul style="list-style-type: none"> • CMS Update; NCD 260 • Indications for Coverage #5. Removed "(with the exception of Heart/Lung and Kidney/Pancreas combination transplants-which are CMS approved)" as CMS no longer has approved combination therapy procedures.
Varicose Vein Treatment	<ul style="list-style-type: none"> • CMS Update to LCD; LCD L33454 • Removed multiple criteria within the LCD to make compliant with future effective LCD. Reorganized Policy to mirror future LCD subheadings. Description Section: Edited Definitions to match new LCD definitions. Moved CEAP Classification to the descriptions section for determination of symptoms. Indications for Coverage: Removed "The interventional treatment of varicose veins (only with techniques outlined in this policy and only under the conditions described below) may be medically necessary if the member remains symptomatic after a 6-8 week trial of conservative therapy." Added: 2) New Subheading "Conservative Therapy" "Components of conservative therapy must be documented in the medical record and should include, but are not limited to: A. Oral venoactive drugs (including but not limited to horse chestnut seed extract and micronized purified flavonoid fraction); some of which are not covered by Medicare" Removed**Note: In the presence of advanced skin changes, ulceration or bleeding, the need for a conservative therapy period may be waived. In cases where such complications are present, the medical record must include detailed documentation of the nature and extent of the complications. In these scenarios, the medical record or documentation that supports the consideration to waive conservative therapy must be sent to the Medical Director for review. **Note: The conservative therapy must be documented in the medical record. Conservative treatment may slow down progression of disease or may demonstrate (if symptoms reduced) that treating the disease may eliminate the symptoms. Removed: "The member is considered symptomatic if any of the following signs and symptoms of significantly diseased vessels of the lower extremities are documented in the medical record: Stasis ulcer of the lower leg Significant pain and/or significant edema that interferes with activities of daily living bleeding associated with the diseased vessels of the lower extremities recurrent episodes of superficial phlebitis stasis dermatitis, or Refractory dependent edema" Reformatted as: "1) Saphenous Veins (Greater, Small or Accessory) Endovenous thermal ablation (laser and radiofrequency), mechanical/chemical (MOCA) ablation of the saphenous veins (only with techniques outlined below and only under the conditions described wherein) will be considered reasonable and necessary when any of the following signs or symptoms AND CEAP class C2 of saphenous vein (greater, small or accessory) reflux (>500 msec) are documented in the medical record: Ulceration secondary to venous stasis OR Significant pain and/or significant edema associated with saphenous reflux that interferes with activities of daily living OR bleeding associated with the ruptured superficial varicosity OR recurrent episodes of superficial phlebitis OR stasis dermatitis, OR Refractory dependent edema. Added New Subheading to mirror LCD: "Perforator Veins Surgical ligation (including subfascial endoscopic perforator surgery) or endovenous radiofrequency or laser ablation of incompetent perforator veins may be considered medically necessary as a treatment of leg ulcers associated with chronic venous insufficiency when the following

	<p>conditions have been met: There is demonstrated perforator reflux; AND The superficial saphenous veins (great, small, or accessory saphenous and symptomatic varicose tributaries) have been previously eliminated; AND Ulcers have not resolved following combined superficial vein treatment and compression therapy for at least 3 months; AND The venous disease is not secondary to acute deep venous thromboembolism.”</p>
Ventricular Assist Device	<ul style="list-style-type: none">• CMS Update; Staff Clarification; NCD 20.9.1• Updated Hyperlink to Approved Facilities Registry. https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/VAD-Destination-Therapy-Facilities.html