

Notification of Medical Policy Reviews or Policy Edits: May 2015

Medical Policy	Revision
1. Breast Implant Removal	<ul style="list-style-type: none"> • Annual Review • No CMS criteria changes • Updated Benefit section for policy formatting consistency • Section: When Coverage Will Not Be Approved-removed item B, "Patient anxiety related to the possibility of developing systemic disease or anxiety related to influence of breast implants on a current "autoimmune disease" in the absence of complications as noted above" no longer CMS guidance referencing this as a limitation for coverage.
2. Breast Reduction	<ul style="list-style-type: none"> • Annual Review • No CMS criteria changes • No revisions to policy
3. Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Annual Review • No CMS criteria changes • No revisions to policy
4. Implantable Infusion Pumps	<ul style="list-style-type: none"> • Medical Policy not being used for Organization Determinations by staff • Requests and reviews focus on medications used in the infusion pumps, not for the actual pumps. • The infusion pumps do not require prior approval • Medical Policy Committee agreed to archive medical policy
5. Skilled Care Services	<ul style="list-style-type: none"> • Section: Indications For Coverage-under item B, added 2nd bullet: "Services received at hospitals, skilled nursing facilities, or rehabilitation centers when they involve equipment too cumbersome to bring to the home", as referenced in the Medicare Benefit Manual Chapter 7.
6. Sacral Nerve Stimulators for Urinary and Fecal Incontinence	<ul style="list-style-type: none"> • Policy formatting update only