

Notification of Medical Policy Revisions: May 2017

Medical Policy	Revision
Breast Reduction	Annual Review LCD L34698 No Updates to Coverage Criteria; Minor Revisions to Policy
Breast Implant Removal	Annual Review LCD L34698 No Updates to Coverage Criteria; Minor Revisions to Policy
Oral Antiemetic Medication	CMS Update LCD L33827 New Code assigned to previously added drug (7/2016) Rolapitant-was Q0181 and Is now J8670. Indications for Coverage: Part B coverage Criteria C.1-changed Q0181 to J8670. Coding Section updated to reflect this change as well.
Transcatheter Mitral Valve Replacement (TMVR)	Staff Request for Clarification Indications for Coverage #7. Updated the link to the Clinical Trial Registry as it was incorrect and removed the word "AND" from end of sentence.
ForeSee Home AMD Monitoring	Coding Section Update Added Code 0378T to Coding Section. No changes to Coverage Criteria.
Transplant: Stem Cell	Staff Clarification NCD 110.23 No updates to coverage criteria; Special Notes Section: #3 updated with ""The documentation in the medical record must support that an inpatient admission is necessary, and is subject to medical review."