

Notification of Medical Policy Revisions: May 2020

Medical Policy	Revision
External Infusion Pumps	<ul style="list-style-type: none"> • CMS Update; LCD L33794 • Indications for Coverage: 8. D. Addition of “***NOTE***There is now a newly approved subcutaneous immune globulin drug called Xembify (J7799) that is administered subcutaneously via an infusion pump. Coverage is available when the following requirements have been met: The criteria for subcutaneous immune globulin via external infusion pump are met. (See Medical Coverage Policy: Immunoglobulin Therapy (Intravenous and Subcutaneous) in the home)”
Immunoglobulin Therapy (Intravenous or Subcutaneous) in the Home	<ul style="list-style-type: none"> • CMS Update; LCD L34580 • Addition of: Indications for Coverage: A. 2. - “NOTE: There is now a newly approved subcutaneous immune globulin drug called Xembify (J7799) that is administered subcutaneously via an infusion pump. Coverage is available when the following criteria are met: The criteria for subcutaneous immune globulin via external infusion pump are met (See Medical Coverage Policy External Infusion Pump).
Cardiac Rehabilitation-ARCHIVED	<ul style="list-style-type: none"> • N/A
Pulmonary Rehabilitation-ARCHIVED	<ul style="list-style-type: none"> • N/A