

Notification of Policy Revisions - Posted on 06/07/2013

Medical Policy	Revision
Implantable Infusion Pump	<ul style="list-style-type: none"> • One edit from LCD; Minor edit to Criteria B
Breast Implant Removal	<ul style="list-style-type: none"> • Annual Review • Minor Edits for clarification
Breast Reduction	<ul style="list-style-type: none"> • Annual Review/ Reformatted Policy
Dental Services and Procedures in a Hospital, or Ambulatory Surgery Center	<ul style="list-style-type: none"> • Annual Review; No Revisions
Durable Medical Equipment	<ul style="list-style-type: none"> • Annual Review • Minor updates for clarification for Staff • Loaner DME when DME is being repaired • Enteral Nutrition and TPN are covered under the DME Benefit
Electrical Stimulation - Osteogenesis	<ul style="list-style-type: none"> • Annual Review • Reformatted to mirror the NCD
Morbid Obesity Surgery	<ul style="list-style-type: none"> • All procedures edited to mirror NCD. • Added Criteria for Lap Sleeve Gastrectomy • Updated the language in Non-covered procedures. • Minor edits for clarification
Neuropsychological Testing	<ul style="list-style-type: none"> • Updated codes • Edits to non-coverage • Require records for more than 8 hours • One additional test may be done by the same provider if needed for medical decision making within 12 months, but still requires PA.
Vertebroplasty and Percutaneous Vertebral Augmentation	<ul style="list-style-type: none"> • Annual Review • Reformatted to mirror the NCD