

Notification of Medical Policy Reviews or Policy Edits: June 2015

Medical Policy	Revision
1. Antiemetic Medications	<ul style="list-style-type: none"> • Annual Review • Section: Part B Coverage Criteria, item C, added new reference to Akynzeo coverage per CMS guidance and reformatted the section for clarity • Updated codes
2. Dental Services and Procedures in a Hospital, Outpatient Facility, or Ambulatory Surgery Center	<ul style="list-style-type: none"> • Annual Review • Section: Special Notes, added clarifying excluded criteria per CMS guidance
3. Pulmonary Rehabilitation	<ul style="list-style-type: none"> • Annual Review • Updated Classification of COPD per GOLD 2015 • No new CMS guidance, no further revisions to policy.
4. Transcatheter Aortic Valve Replacement (TAVR)	<ul style="list-style-type: none"> • Updated CMS guidance per NCD 20.32 Section: Indications For Coverage added item #7, "Appropriate volume requirements for hospitals to be eligible to perform the TAVR procedure as outlined in the NCD for TAVR. The participating hospital must be confirmed to be in the Registry listed below: https://www.ncdr.com/TVT/Home/Default.aspx." • Section: Special Notes, added the current list of North Carolina facilities that have met the volume requirements for TAVR, through the CMS-approved Transcatheter Valve Therapy (TVT) registry.