

## Notification of Medical Policy Revisions: June 2017

Medical Policy	Revision
Transplant: Stem Cell	<p>Provider Review Requested</p> <p>Special Notes Section: Removed #3 “3. Stem cell transplants are typically performed in the outpatient setting. If Inpatient Level of Care is requested for the procedure, then it will require Medical Director Review. The documentation in the medical record must support that an inpatient admission is necessary, and is subject to medical review.”</p>
Reconstructive Eyelid Surgery	<p>CMS Update/Staff Clarification</p> <p>LCD L34411 (LCD 33765 retired)-Reference section updated to reflect this change.</p> <p>Indications for coverage: B) 1) ii. Removed “Reviewers should review for the accepted average of 11mm to assess measurements in the photographs. If the patient’s iris deviates from this by 0.5mm, the reason should be clearly documented in the record.” Added “(See Special Notes)”. Special Notes: Added: “For reference in Blepharoptosis, the colored part of the eye is about 11 mm in diameter, so the distance between the light reflex and the lid would need to be about one fifth that distance or less for the MRD to be 2.0 mm or less.”</p> <p>Coding Section: Added 67950 per committee approval.</p>
Durable Medical Equipment	<p>Annual Review</p> <p>Indications for Coverage: A) Separated HMO and PPO requirements.</p>
Pulmonary Rehabilitation	<p>Annual Review</p> <p>No CMS Updates to Coverage Criteria.</p> <p>Updated “Classification of COPD table” per 2017 GOLD.</p>