

## Notification of Medical Policy Reviews or Policy Edits: July 2015

| Medical Policy                   | Revision   |
|----------------------------------|--|
| 1. Reconstructive Eyelid Surgery | <ul style="list-style-type: none"> <li>• Annual Review</li> <li>• No new CMS criteria</li> <li>• Minor edits for consistency with LCD L31696</li> <li>• No further revisions to policy</li> </ul>  |
| 2. Oxygen and Oxygen Supplements | <ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Under Indications For Coverage – updated the initial coverage for Group I and II per Plan benefit</li> <li>• Added item #10 to section – When Coverage Will Not Be Approved per CMS guidance</li> <li>• Add Maintenance criteria to Special Notes section – last bullet , per CMS guidance</li> </ul>  |
| 3. Morbid Obesity                | <ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Added obesity classification to the Procedure/Service Description and Surgical Procedures Covered sections per LCD for clarification</li> <li>• Removed language referencing Medicare approved bariatric centers as criteria for coverage per CMS guidance</li> <li>• Reference for non-coverage of Stomach Intestinal Pylorus Sparing (SIPS) as investigational was added to the section –When Coverage Will Not Be Approved</li> </ul> |
| 4. Penile Implant                | <ul style="list-style-type: none"> <li>• Updated Description of Procedures section with current NCD 240.4 language</li> <li>• Reformatted item #1 under Indications For Coverage for clarity</li> <li>• Added VES device language</li> </ul>   |

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|  | of non-coverage per CMS guidance and removed language under 1 <sup>st</sup> bullet in Special Notes section |
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