

Notification of Medical Policy Revisions: July 2016

Medical Policy	Revision
Cardiac Rehabilitation	Annual Review NCD 20.10 LCD L34412 No changes to policy (no change to CMS guidelines) except added the following to Non-Coverage Indications: Acute congestive heart failure is not a covered condition of cardiac rehabilitation and Special Notes: Removed Bullet 2 in reference to Intensive Cardiac Rehab as this will not be part of the 2017 PA List.
Clinical Trial Services	Annual Review NCD 310.1 No CMS updates. No changes to policy, minor revisions only.
Observation Services	Annual Review LCD L34552 No CMS updates, minor revisions to policy for consistency.
Oral Antiemetic Medications	CGS notification of New Oral Antiemetic Drug Varubi effective 7-1-16. LCD L33827 Article A52479 Updated Indications For Coverage Section: C.1 Changed two to three and added rolapitant Q0181 and removed Q9978. C.2 Added "or rolapitant" to make consistent with LCD.
Varicose Vein Treatment	CMS update notification LCD L33454 Policy updated under item 3b to read (small or great) to make consistent with LCD. Other changes were minor revisions only.