

## Notification of Medical Policy Revisions: July 2019

Medical Policy	Revision
Dental Services and Procedures in Hospital, Outpatient Facility, or Ambulatory Surgical Center	<ul style="list-style-type: none"> <li>• Annual Review; L34574</li> <li>• Re-ordered covered services list to mirror the Dental LCD and Rephrased Indications for Coverage 2. (c). to mirror LCD "Wiring of the teeth when performed in connection with the reduction of a jaw fracture"</li> </ul>
Investigational (Experimental) Services	<ul style="list-style-type: none"> <li>• Annual Review; L34555</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>
Oxygen and Oxygen Supplements	<ul style="list-style-type: none"> <li>• Annual Review; L33797</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>