

Notification of Medical Policy Reviews or Policy Edits: August 2014

Medical Policy	Revision
1. Dermabrasion	<ul style="list-style-type: none"> • Annual Review; • Mirrored NCD/LCD.
2. Electrical Stimulation: Spinal Cord	<ul style="list-style-type: none"> • Per LCD, Tumor Treatment Field is no longer covered by Palmetto; L34655; • Note added under “When coverage will not be approved”.
3. Morbid Obesity	<ul style="list-style-type: none"> • Deleted the criteria for a signed consent for the LSG member over 61. It was felt the member who meets all the other criteria has been educated and informed. Consent would generally not be available until surgery.
4. Observation Services	<ul style="list-style-type: none"> • Annual Review; no changes.
5. Pneumatic Compression Device	<ul style="list-style-type: none"> • Annual Review; • Minor edits to mirror NCD and LCD.
6. Vertebroplasty & Percutaneous Vertebral Augmentation	<ul style="list-style-type: none"> • Revised to eliminate the time frame for conservative therapy for criteria B (Percutaneous Vertebral Augmentation); • Also, multidisciplinary was deleted regarding the decision for treatment.