

Notification of Medical Policy Revisions: August 2019

Medical Policy	Revision
Step Therapy: Part B Medications	<ul style="list-style-type: none"> Criteria for Tysabri was updated due to the addition of 2 new preferred immunologic agents: Gilenya and Mayzent.
Percutaneous Left Atrial Appendage Closure	<ul style="list-style-type: none"> Annual Review; NCD 20.34 No CMS Updates. Minor Revisions Only.
Orthotics: Ankle-Foot (AFO) and Knee-Ankle-Foot (KAFO)	<ul style="list-style-type: none"> Annual Review; LCD L33686 No CMS Updates. Minor Revisions Only.
Orthotics: Lumbar Sacral (LSO) and Thoracic Lumbar Sacral (TLSO)	<ul style="list-style-type: none"> Annual Review; LCD L33790 No CMS Updates. Minor Revisions Only.
Intravenous Immunoglobulin Therapy	<ul style="list-style-type: none"> CMS Update; MLN MM11295 Addition of new diagnosis codes approved for IVIG in the home
Varicose Vein Treatment	<ul style="list-style-type: none"> Staff Clarification; LCD L33454 Revised When Coverage Will Not be Covered (E) from #5 to #7.