

**Notification of Medical Policy Reviews or Policy Edits: September 2015**

Medical Policy	Revision
<p>1. Erythropoietin Stimulating Agents</p>	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated Description of Procedure or Service with current CMS guidance and removed reference of coverage for Peginesatide as it has been recalled by the FDA as of July 1, 2015 and no longer covered for ESRD patients.</li> <li>• Minor updated to policy per LCD L31074.</li> <li>• Added two codes to the coding section as referenced in the LCD and removed code J0890 for Peginesatide.</li> </ul>
<p>2. Immunosuppressant Medications</p>	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Minor edits for policy consistency.</li> <li>• Added the 2<sup>nd</sup> paragraph to Special Notes section per the LCD L11521.</li> <li>• No new CMS criteria, no further revisions to policy.</li> </ul>
<p>3. Refractive Surgical Procedures</p>	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated Description of Procedure or Service per NCD 80.7.</li> <li>• Indications For Coverage - added language related to coverage of keratoplasty and removed coverage contingencies for PTK (phototherapeutic keratectomy) per CMS guidance.</li> <li>• When Coverage Will Not Be Approved – added two additional references for noncoverage per CMS guidance.</li> </ul>

	<ul style="list-style-type: none"><li>• Added statement to Special Notes for staff clarification.</li></ul>
4. Varicose Veins	<ul style="list-style-type: none"><li>• Annual Review</li><li>• Indications For Coverage – added item #7 per LCD L31796 and L30143 and at suggestion of Medical Directors.</li><li>• When Coverage Will Not Be Approved – added item A and revised item D.</li><li>• Added language to Special Notes as reflected in the LCDs.</li></ul>