

Notification of Medical Policy Revisions: September 2019

Medical Policy	Revision
Part B Step Therapy	<ul style="list-style-type: none"> • Criteria Update • Update added to page 2 with the addition of Fasenra to the program. Update added to page 3 where Xolair has been stepped out as it has a separate indication for coverage. Addition of Fasenra drug coded added to page 9 and also to page 11 within the drug table. Update also added to drug table on page 11 where Nucala's approved equates to just Nucala. References updated on page 12. Updates to be promoted on October 1, 2019.
Breast Implant Removal	<ul style="list-style-type: none"> • Staff Clarification; L34698 • Removing the Medical Director Review Requirement because criteria have become more clearly defined since that requirement was placed on the policy.
Breast Reduction	<ul style="list-style-type: none"> • Staff Clarification; L34698 • Removing the Medical Director Review Requirement because criteria have become more clearly defined since that requirement was placed on the policy.
Observation Services	<ul style="list-style-type: none"> • Annual Review; LCD L34552 • No CMS Updates. Minor Revisions Only.
Transcatheter Mitral Valve Replacement	<ul style="list-style-type: none"> • Staff Clarification • Reworded Indications for Coverage (6). To say "The participating hospital must be on the TVT (Transcatheter Valve Technology) registry for TMVR approved facilities found at https://www.ncdr.com/TVT/Home/Default.aspx and request should have a NCT number found at or that is listed on the CMS clinical trial under CED page (link provided in #7)."