

**Notification of Policy Revisions Effective September 17, 2012 (Posted September 28, 2012)**

Medical Policy	Revision
<b>Epogen Procrit Medications</b>	<p>Annual Review</p> <p>Added reference to darbepoetin alfa (DPA) to the policy.</p> <p>Inserted the coverage criteria from the Medicare LCD -L31074.</p> <p>Deleted references to Method II home dialysis due to language is no longer in the LCD.</p>
<b>Investigation (Experimental) Services</b>	<p>Annual Review.</p> <p>Added language from Evidence of Coverage- “Experimental medical and surgical procedures, equipment, and medications covered by Original Medicare or under a Medicare-approved clinical research study are eligible for coverage. See the Clinical Trial Services medical coverage policy.”</p> <p>Under the Applicable Code section, added the reference and link to the Prior Approval Code list located on the BCBSNC external Website.</p>
<b>Intravenous Immunoglobulin (IVIG) Medication</b>	<p>Annual Review</p> <p>No criteria changes</p>
<b>Lung Volume Reduction Surgery</b>	<p>Annual Review</p> <p>No criteria changes. Codes added to policy related to the diagnostic service and pulmonary therapy required preceding and after the procedure.</p>
<b>Penile Implants</b>	<p>Annual Review</p> <p>No criteria changes</p>
<b>Pneumatic Compression Device</b>	<p>Annual Review</p> <p>Policy title changed from Lymphedema Pumps- Pneumatic Compression Device to Pneumatic</p>

	<p>Compression Device because the coverage criteria for the device includes chronic venous insufficiency as well as lymphadema.</p> <p>Criteria added for coverage of a pneumatic compression device after the 4 week rental period.</p>
<b>Varicose Vein Treatment</b>	<p>Annual Review</p> <p>Changed criteria to mirror the CMS LCDs. Treatment of spider veins/telangiectasis will be considered medically necessary only if there is associated hemorrhage.</p> <p>Added criteria for specific individual procedures: injection/compression sclerotherapy, surgical ligation or stripping, ambulatory or stab phlebectomy, and subfascial endoscopic perforator surgery</p> <p>Deleted reference to “sclerotherapy will not be covered as a standalone treatment”. The LCD L31796 now allows coverage of sclerotherapy for symptomatic tributaries that have failed conservative measures when there is no insufficiency.</p>