

Notification of Medical Policy Reviews or Policy Edits: October 2015

Medical Policy	Revision
1. Nebulizer Medications	<ul style="list-style-type: none"> • Annual Review • Indications For Coverage – removed ICD-9 reference codes. Minor formatting changes. • When Coverage Will Not Be Approved – added a Note to item C and added D, and E per CMS guidance. • Updated references • No further revisions to policy
2. X Stop: Interspinous Process Decompression	<ul style="list-style-type: none"> • Annual Review • Indications For Coverage – added item #3. • When Coverage Will Not Be Approved – added reference to severe osteoporosis as indicated in FDA criteria, and removed reference to BMI as this is not an indication of non-coverage. • Added statement to Special Notes referencing Medical Director Review is required for inpatient level of care requests.
3. Orthotics: Ankle-Foot/Knee-Ankle-Foot	<ul style="list-style-type: none"> • Provider questioned the 3-month limit for authorization of E1811 – Static Progressive Splint • No CMS guidance for this code limiting authorization to 3 months. • Confirmed code is set to authorize for 10 months, rent-to-purchase. • Removed language within the policy referencing limitation.