

Notification of Medical Policy Revisions: October 2018

Medical Policy	Revision
Electrical Stimulators-Osteogenesis	<ul style="list-style-type: none">• Staff Clarification; LCD L33796• Converted Indications for Coverage A) 4. –into a list for quick reference and added subpoint #1. “Failed spinal fusion where a minimum of 9 months has elapsed since the last surgery” to make consistent with the LCD.
Reconstructive Eyelid Surgery	<ul style="list-style-type: none">• Staff Clarification; LCD 34411• Removed “upper” from Indications for Coverage A) 1. to ensure consistency with LCD.