

Notification of Medical Policy Revisions: October 2019

Medical Policy	Revision
Morbid Obesity Surgery	<ul style="list-style-type: none"> • Annual Review; LCD L34576; NCD 100.1 • CPT Codes 43842 and 43843 removed from coding section
Positive Airway Pressure Therapy for Obstructive Sleep Apnea and Breathing Related Sleep Disorders	<ul style="list-style-type: none"> • Annual Review; L33718, L33611 • Added to Indications for Coverage: 1. A. in parentheses: “(Sleep Study must be interpreted by a physician who has a current certification in Sleep Medicine by the American Board of Sleep Medicine (ABSM); or, current subspecialty certification in Sleep Medicine by a member board of the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA); or have completed residency or fellowship training by an ABMS or AOA member board and has completed all the requirements for subspecialty certification in sleep medicine except the examination itself and only until the time of reporting of the first examination for which the practitioner is eligible; or, is an active staff membership of a sleep center or laboratory accredited by the American Academy of Sleep Medicine (AASM), Accreditation Commission for Health Care (ACHC), or The Joint Commission (TJC, formerly the Joint Commission on Accreditation of Healthcare Organizations – JCAHO)” and
Nebulizer Medications	<ul style="list-style-type: none"> • Annual Review: LCD L33370 • No CMS Updates. Minor Revisions Only.
X-Stop Interspinous Process Decompression System-ARCHIVED	<ul style="list-style-type: none"> • Annual Review • Policy Archived per committee recommendation.
Vertebroplasty and Percutaneous Vertebral Augmentation	<ul style="list-style-type: none"> • Staff Clarification • Limitations Section Updated: D. If vertebroplasty is being performed to the sacral region (sacroplasty), this is a non-covered service even when billed with a covered code (ex. 22511).