Notification of Medical Policy Reviews or Policy Edits: November 2015

Medical Policy	Revision
1. External Infusion Pumps	• New CMS guidance for Parenteral Inotropic Therapy per LCD L33794 • Updated Indications For Coverage with new criteria • Revised language for Subcutaneous Immune Globulin, referencing the IVIG Medical Policy for coverage criteria. • When Coverage Will Not Be Approved – Compounded Drugs (Q9977) will be denied as not reasonable and necessary.
2. Immunoglobulin Therapy (Intravenous and Subcutaneous) in the HOME	• Annual Review • Title updated to reflect addition of subcutaneous immune globulin criteria added to this policy. • Minor update to Description of Procedure or Service per CMS guidance. • Under Indications For Coverage – removed ICD-9 diagnosis codes for item #1 and added item #2 coverage criteria for Subcutaneous Immune Globulin for policy consistency and clarity • Added codes for subcutaneous immune globulin to code section.
3. Oral Anticancer Medications	• Annual Review • No CMS updates, minor revisions to policy for consistency.
4. Speech Language Pathology	• Annual Review • No CMS updates; minor revisions to policy for

	consistency.