

## Notification of Medical Policy Revisions: December 2016

Medical Policy	Revision
ForeSee Home AMD Policy	Newly Developed Policy Developed for criteria for prior authorization requests until CMS institutes NCD/LCD guidance.
Transplant: Solid Organ	Revised for Staff Clarification Removed Stem Cell transplant information; otherwise, minor revisions only.
Transplant: Stem Cell	Revised for Staff Clarification NCD 110.23 Separated Stem Cell information from Solid Organ and created two separate policies per Medical Coverage Policy Committee recommendation. Added: "Procedure to be performed on outpatient basis" under Special Notes Section.
Transcatherter Aortic Valve Replacement (TAVR)	Revised for Staff Clarification NCD 20.32 Definition section removed verbiage "CMS maintains a registry of facilities that have agreed to the clinical indications specified in the NCD." Indications for Coverage: Removed: "Has to be done in an inpatient facility" as it isn't indicated in NCD as definitive criteria. Removed "Preauthorization by the Plan is required" as the level of care is what requires the Prior Authorization not the procedure itself. Removed Verbiage: "Appropriate volume requirements for hospital to be eligible to perform the TAVR procedure as outlined in the NCD for TAVR." since facility wouldn't be on the registry if they didn't meet requirements. Added "Medicare may cover TAVR for uses that are not expressly listed as an FDA approved indication when performed within a Medicare qualified clinical trial; approved studies must be identified on the CMS website: <a href="https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/TAVR.html">https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/TAVR.html</a> ." Special Notes: Added: "TAVR is performed at the inpatient level of care."
Refractive Surgical Procedures	Revised for Staff Clarification NCD 80.7 Under Description Section: Definition updated. Reformatted previous paragraph list of procedures and changed it to a list beginning with "Refractive Surgical Procedure Include:" Also added "Obsolete refractive procedures include radial keratotomy and standard keratomileusis. Both have been replaced by procedures that are more effective, more predictable and less prone to complications." Indications for Coverage: Added verbiage "Refractive surgical procedures are considered medically necessary in only a limited number of well-defined clinical scenarios, as outlined below" (List with criteria). Removed old verbiage and included more updated information per American Association of Ophthalmology. Under When Coverage will not be approved: Added Astigmatic keratotomy (AK), Femtosecond laser astigmatic keratotomy (FLAK) and Limbal relaxing incisions (LRI) performed in conjunction with cataract surgery are considered not medically necessary.