

## Notification of Medical Policy Revisions: October 2020

Medical Policy	Revision
Varicose Vein Treatment	<ul style="list-style-type: none"> <li>• Annual Review; CMS Update; LCD L34536</li> <li>• Restructured entire policy to align with the New LCD. (LCD L33454 now retired).</li> </ul>
External Infusion Pumps	<ul style="list-style-type: none"> <li>• CMS Update; L33794</li> <li>• Indications for Coverage B. 4. Note updated to read “****NOTE-HCPCS code E0787 has become an invalid code effective 9/15/2020 and will now need to be filed using E0784 plus K0554. These codes are for an external ambulatory insulin infusion pump, with dose rate adjustment using therapeutic continuous glucose sensing. Coverage for this HCPCS code is only met if the member meets all the coverage criteria for insulin pumps and meets all criteria for a therapeutic Continuous Glucose Monitor (CGM) as outlined in LCD L33822.</li> </ul>
Transplant: Solid Organ	<ul style="list-style-type: none"> <li>• Staff Clarification; NCD 260.1</li> <li>• When Coverage Will Not be Approved: removed #2 “Combined kidney and liver transplant.”</li> </ul>