

Notification of Medical Policy Revisions: January 2021

Medical Policy	Revision
<p>Refractive Surgical Procedures</p>	<ul style="list-style-type: none"> <li>• Annual Review; NCD 80.7</li> <li>• <b>Added</b> 1) a. “full thickness” corneal transplantation. 2) “full thickness” corneal transplantation- to distinguish from other transplant procedures like DSEK and DMEK per Ext. Physician Consultant. <b>Removed</b> 3) “Epikeratophakia may be covered in aphakic adult patients who are not candidates for secondary implantation of an intraocular lens due to one or more contraindications (e.g. vitreous in the anterior chamber, history of uveitis, severe anatomic abnormalities of the anterior chamber, significant corneal endothelial disease, or gross post-traumatic corneal irregularity).” Per external physician consultant as this is no longer performed in the US.</li> </ul>
<p>Respiratory Assist Devices for OSA and Breathing Related Disorders</p>	<ul style="list-style-type: none"> <li>• Annual Review; NCD 240.4; LCD L33800</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>
<p>Ventricular Assist Devices</p>	<ul style="list-style-type: none"> <li>• CMS Update; Decision Memo CAG-00453N</li> <li>• <b>Removed</b> Indications for Coverage 3. B. “The member is active on the waitlist maintained by the Organ Procurement and Transplantation Network (OPTN)” as this is no longer a CMS requirement.</li> </ul>