

## Notification of Medical Policy Revisions: January 2022

Medical Policy	Revision
Vertebroplasty and Percutaneous Vertebral Augmentation	<ul style="list-style-type: none"><li>• CMS Update; Retired LCD L33373, and New criteria in LCD L38213</li><li>• Policy Reformatted to align with New LCD.</li></ul>
Oral Anticancer Medications	<ul style="list-style-type: none"><li>• Annual Review: LCD L33826; LCA A52479</li><li>• No CMS Updates. Minor Revisions Only.</li></ul>
Rehabilitation Therapy-Inpatient	<ul style="list-style-type: none"><li>• Annual Review; MBPM Ch. 1, Section 110</li><li>• No CMS Updates. Minor Revisions Only.</li></ul>