

## Notification of Medical Policy Revisions: February 2021

Medical Policy	Revision
Durable Medical Equipment	<ul style="list-style-type: none"> <li>• Staff Clarification; Medicare Benefit Policy Manual; Ch. 15 Section 100</li> <li>• Addition of Special Note “E. Anti-embolism stockings (TED hose), elastic stockings, support hose, foot coverings, leotards, knee supports, surgical leggings, gauntlets, and pressure garments for the arms and hands are examples of items that are not ordinarily covered.”</li> </ul>
Mitral Valve Transcatheter Edge to Edge Repair	<ul style="list-style-type: none"> <li>• CMS Update; Decision Memo CAG-00438-R</li> <li>• Policy Title Changed to Reflect Change in name of Procedure to Mitral Valve Transcatheter Edge-Edge Repair (TEER). Name of procedure updated throughout the policy. Added: When Coverage is not Approved: 1. For patients in whom existing co-morbidities would preclude the expected benefit from a mitral valve TEER procedure. 2. In patients with untreated severe aortic stenosis.</li> </ul>
Orthognathic Surgery	<ul style="list-style-type: none"> <li>• Annual Review; LCD L33738</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>
Pneumatic Compression Device	<ul style="list-style-type: none"> <li>• Annual Review; NCD 280.6; LCD L33829</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>
Temporomandibular Joint Surgery	<ul style="list-style-type: none"> <li>• Annual Review; Corporate Medical Policy</li> <li>• No Criteria Updates. Minor Revisions Only.</li> </ul>