

Notification of Medical Policy Revisions: February 2022

Medical Policy	Revision
External Infusion Pumps	<ul style="list-style-type: none"> • Annual Review; NCD 240.18; LCD L33794 • No CMS Updates. Minor Revisions Only.
Transcranial Magnetic Stimulation Treatment	<ul style="list-style-type: none"> • CMS Update; LCD L34869 • Addition of Added Coverage for a Diagnosis of OCD under Indications for Coverage. (Future effective date of 3/13/2022)
Vagus Nerve Stimulator	<ul style="list-style-type: none"> • Annual Review: NCD 160.18 • No CMS Updates. Minor Revisions Only.
Pharmacy updates	<ul style="list-style-type: none"> • New Drug Triluron added to Intra- articular Hyaluronan Injections Program effective 04/04/2022