

Notification of Medical Policy Revisions: May 2021

Medical Policy	Revision
Breast Implant Removal	<ul style="list-style-type: none"> <li>• Annual Review; Staff Clarification LCD L33428 and L34698</li> <li>• Discussion concluded addition of When Coverage Will Not Be Approved “D. After removal of a failed implant for complications, reinsertion not related to a previous mastectomy should be considered on a case by case basis and sent to the Medical Director for review.”</li> </ul>
Immunoglobulin Therapy (Intravenous and Subcutaneous) in the Home	<ul style="list-style-type: none"> <li>• Coding Update</li> <li>• Addition of J1554 to coding section as it was added to LCD. No other revisions at this time.</li> </ul>
Oral Antiemetic Medications	<ul style="list-style-type: none"> <li>• Annual Review; LCD L33827</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>
Penile Implant	<ul style="list-style-type: none"> <li>• Annual Review; NCD 230.4</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>