

Notification of Medical Policy Revisions: July 2021

Medical Policy	Revision
ForeSee Home AMD Monitoring	<ul style="list-style-type: none"> <li>• Annual Review; External Physician’s Review</li> <li>• No Updates Required, criteria remains consistent with current and best practice.</li> </ul>
Breast Implant Removal	<ul style="list-style-type: none"> <li>• Staff Clarification; LCD L34698</li> <li>• Added: Indications for Coverage: D. All stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance. (The Women’s Health and Cancer Rights Act of 1998).<a href="https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet">https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet</a></li> </ul>
Breast Reduction	<ul style="list-style-type: none"> <li>• Staff Clarification; LCD L34698</li> <li>• Added: Indications for Coverage: D. 1. All stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance. (The Women’s Health and Cancer Rights Act of 1998).<a href="https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet">https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet</a></li> </ul>
Dental Services and Procedures in a Hospital, Outpatient Facility, or Ambulatory Surgery Center	<ul style="list-style-type: none"> <li>• Annual Review; LCD L34574</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>
Pharmacy Updates: Eyela and Lucentis program name is changing and can now be found under <b>Ocular Angiogenesis Inhibitors</b>  Addition of <b>IV Iron Agents</b>	<ul style="list-style-type: none"> <li>• Program name change and addition of policies</li> </ul>