

## Notification of Medical Policy Revisions: October 2021

Medical Policy	Revision
Ventricular Assist Device	<ul style="list-style-type: none"> <li>• Staff Clarification; NCD 20.9.1</li> <li>• Added Defining Information for “New York Heart Association (NYHA) Classification for the Stages of Heart Failure” to the Special Notes Section.</li> </ul>
Morbid Obesity Surgery	<ul style="list-style-type: none"> <li>• Annual Review; NCD 100.1; LCD L34576</li> <li>• Removed from Indication for Coverage: All of #2 and replaced it with “Previously unsuccessful with medical treatment for obesity” to make consistent with LCD.</li> <li>• Removed When Coverage Will Not Be Approved #3 as this information isn’t referenced in the NCD or LCD.</li> </ul>
Nebulizer Medications	<ul style="list-style-type: none"> <li>• Annual Review; LCD L33370, LCA A52466</li> <li>• Indications for Coverage: Addition of 2. A) “or revefenacin” for consistency with LCD.</li> </ul>
Positive Airway Pressure Therapy for the Treatment of Obstructive Sleep Apnea and Breathing Related Disorders	<ul style="list-style-type: none"> <li>• Annual Review; LCD L33718; LCD L33611; NCD 240.4</li> <li>• No CMS Updates. Minor Revisions Only.</li> </ul>
Oral Antiemetic Medications	<ul style="list-style-type: none"> <li>• CMS Update; LCD L33827, LCA A52480</li> <li>• Addition of New Code in coding section as well as Indications for Coverage: C. 1 &amp; 3 for consistency with LCA.</li> </ul>