

## Notification of Medical Policy Revisions: December 2020

| Medical Policy   | Revision   |
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| <a href="#">External Infusion Pump</a>                 | <ul style="list-style-type: none"><li>• Staff Clarification; LCD L33794</li><li>• Indications for Coverage B.4. Added: (See Additional Information about Integrated Pumps under Special Notes Section).</li><li>• Added “Special Notes: The only Medicare approved integrated pump is the Tandem pump because the CGM used with this pump is the Dexcom CGM and is billed with K0554 code. All other CGMs are not billed with a Medicare approved code.”</li></ul> |
| <a href="#">Transcatheter Mitral Valve Replacement</a> | <ul style="list-style-type: none"><li>• Annual Review; CAG-00438N</li><li>• No CMS Updates. Minor Revisions Only.</li><li>• Updated Hyperlinks accordingly.</li></ul>  |