Notification of Policy Revisions Effective 01/28/2013 (Posted 02/15/2013)

Medical Policy	Revision
Policy Name External Infusion Pumps	• Reformatted criteria to mirror LCD. • No changes in criteria
Policy Name Electrical Stimulators-Neuromuscular	• Minor edit to 3.2 (To maintain an upright support posture independently) • Added HCPCS code EO731
Policy Name Rehabilitation Inpatient	• Annual Review • No changes in criteria
Policy Name Prosthesis	• This is a New Policy • The plan requires prior approval on certain prosthetics. The policy provides criteria for coverage of the upper and lower extremity prosthesis. • The Criteria was obtained from LCD's and the NCD.