

Notification of Medical Policy Reviews or Policy Edits

Medical Policy	Revision
1. Respiratory Assist Devices and OSA and Breathing Related Disorders.	Annual Review; Minor Edits to mirror LCD; Revised codes.
2. Electrical Stimulation-Spinal Cord	Annual Review; Edited for clarification; Added a special note regarding Tumor Transmitting Fields; Revised codes.
3. Rehabilitation Therapy – Inpatient	Put CMS revised edits in policy regarding criteria related to ongoing medical necessity. (Bullet 3; Patients need not be expected to achieve complete independence in the domain of self-care, nor be expected to return to his or her prior level of functioning in order to meet criteria.)
4. Electrical Stimulation for Essential Tremor and Parkinson (Coding Edit)	Revised codes only
5. Sacral Nerve Stimulation for Urinary and Fecal Incontinence (Coding Edit)	Revised codes only