

## Notification of Medical Policy Revisions: March 2017

Medical Policy	Revision
Ambulance and Medical Transport Services	Annual Review LCD L34549 No Criteria Changes; No Revisions to policy
Prostheses-Artificial Limbs and Components	Annual Review LCD L33787 No Criteria Changes; No Revisions to policy
Transcatheter Mitral Valve Replacement (TMVR)	Annual Review Decision Memo TMVR No Criteria Changes; No Revisions to policy
Electrical Stimulation-Neuromuscular	Annual Review NCD 160.12 Indications for Coverage: #3, Subpoint #8-"with" changed to "without" to mirror NCD.
Electrical Stimulators-Osteogenesis	Annual Review NCD 150.2 Indications for Coverage: Removed "nonunion status confirmed by x-ray" from #1 as this doesn't apply to all stimulators.
Sacral Nerve Stimulator for Urinary and Fecal Incontinence	Annual Review NCD 230.18 No updates to coverage criteria; No revisions to policy
ForeSee Home AMD Device	Coding update Code 0379T added to coding section and Unlisted code 66999 removed. No updates to coverage criteria