

Notification of Policy Revisions Effective 03/18/2013

Medical Policy	Revision
Policy Name: Pulmonary Rehab	<ul style="list-style-type: none"> ▪ Added lifetime maximum of 72 Sessions ▪ Copd table was updated
Policy Name: Sacral Nerve Stimulation for UI and FI	<ul style="list-style-type: none"> ▪ No criteria changes for Urinary Incontinence ▪ Added Indication- Fecal Incontinence ▪ Criteria for FI added mirroring LCD and Palmetto Article ▪ Added criteria for when coverage is not approved ▪ Code L8684 added
Policy Name: Electrical Stimulation for Deep Brain	<ul style="list-style-type: none"> ▪ No edits to the policy ▪ Recommendations to remove codes that required PA for the second phase procedure and the replacement battery, i.e. L8689, 61880, 61888
Policy Name: Ambulance and Medical Transport Services	<ul style="list-style-type: none"> ▪ Minor edits to mirror NCD/LCD ▪ Deleted several codes no longer applicable.
Policy Name: Electrical Stimulation for Spinal Cord	<ul style="list-style-type: none"> ▪ Criteria to #2 indicating the need for a psychological evaluation. ▪ #3 : added language for clarity ▪ Added descriptive to #5 to mirror LCD ▪ Added coverage is not approved in cases of substance abuse ▪ Listed conditions in which therapy may be initiated. ▪ Removed several codes no longer applicable.