

**Notification of Policy Revisions Effective March 19, 2012 (Posted April 13, 2012)**

<b>Medical Policy</b>	<b>Revision</b>
<p><b>Ambulance and Medical Transport Services</b></p>	<p>Annual Review.</p> <p><u>Indications for Coverage</u>- inserted language to be consistent with the Medicare LCD guidelines for coverage of non- emergent transportation</p> <ul style="list-style-type: none"> <li>• "...and the member's medical condition is such that other methods of transportation are contraindicated..." This is in addition to the current criteria: bed-confined (unable to get up from bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair).</li> <li>• Addressed transportation to the physician's office. It is only covered if the member is in dire need for professional attention, and immediately thereafter, the ambulance continues to a covered destination.</li> </ul> <p>This policy is consistent with the Medicare criteria for coverage of non-emergent ambulance transport.</p>
<p><b>Durable Medical Equipment (DME)</b></p>	<p>Annual Review.</p> <p>To decrease the risk of staff applying the DME prior approval criteria to prostheses, references to prostheses were deleted. A new policy specific to prosthetics will need to be created since prosthetics are on the prior approval list.</p> <p>Deleted reference to "C" codes from the policy. These codes are billed by the facility and are usually associated with an APC payment. Therefore, if prior approval review is required, the DME would be included in the overall outpatient service review.</p>