

Notification of Medical Policy Reviews or Policy Edits: April 2015

Medical Policy	Revision
1. Electrical Stimulation - Neuromuscular	<ul style="list-style-type: none">• Annual Review• No CMS criteria changes• Minor revision for device clarification under Indications For Coverage, item #3
2. Electrical Stimulation – Osteogenesis	<ul style="list-style-type: none">• Annual Review• No CMS criteria changes• Minor edits to Special Notes section referencing updated language for Transcutaneous Electrical Joint Stimulating Device
3. Sacral Nerve Stimulator for Urinary Incontinence and Fecal Incontinence	<ul style="list-style-type: none">• Annual Review• Under Indication For Coverage section, item 2-a, removed language referencing retired LCD L9777 as it is no longer current CMS criteria for coverage.