

Notification of Medical Policy Revisions: June 2018

Medical Policy	Revision
Ambulance and Medical Transportation Services	<ul style="list-style-type: none"> • Staff Clarification • Added to "When Coverage Will Not Be Approved": "Transportation is for the purpose of receiving a service that could have been safely and effectively provided at the point of origin, then the transport is not covered even if the member could only have gone by ambulance." • Added to Special Notes: "When a Member is in a SNF stay, in order to review whether transport is covered under Part A (Consolidated Billing) or Part B (Separately Billable) benefits please see Chapter 10 of the Medicare Benefit Policy Manual, and Chapter 15, of the Medicare Claims Processing Manual."
Cardiac Rehabilitation	<ul style="list-style-type: none"> • Annual Review; LCD L33412 • Added to Special Notes: "This Policy is not to be referenced when determining if the member qualifies for the initial 36 visits of Cardiac Rehabilitation, but the additional 36 visits when necessary."
External Infusion Pump	<ul style="list-style-type: none"> • CMS Update; LCD L33794 • Updated Indications For Coverage 1. D. Blinatumomab- (1) Up to four (4) cycles for adult and pediatric beneficiaries with relapsed or refractory (R/R) B-cell precursor acute lymphoblastic leukemia (ALL); or (2) Up to two (2) cycles for adults with Philadelphia chromosome negative (Ph-) B-cell precursor ALL in first or second remission with minimal residual disease (MRD) greater than or equal to 0.1%, and who are awaiting an allogeneic hematopoietic stem cell transplantation.
Peripheral Nerve Stimulation and Peripheral Nerve Field Stimulation	<ul style="list-style-type: none"> • Annual Review; LCD L34328 • No CMS Updates. Minor Revisions Only.