

## Notification of Medical Policy Revisions: September 2016

Medical Policy	Revision
Peripheral Nerve Stimulation/ Peripheral Nerve Field Stimulation	Annual Review NCD 160.7.1; LCD L34328 Description section updated for consistency. Special Notes section updated to reflect information added to current LCD. Reference section updated to reflect use of LCD L34328 per committee approval.
Vertebroplasty and Percutaneous Vertebral Augmentation	Annual Review LCD L33473, L34592 No CMS updates. Policy Revised by removing Limitations Section: Sub point (A) to reflect changes to the updated LCD (L33473). No other changes. Minor revisions only.