

Notification of Policy Revisions Effective November 17, 2010 (Posted December 7, 2010)

Medical Policy	Revision
Neuropsychological Testing	<p>Annual policy review. The policy was revised to reflect current CMS guidelines. The coverage indications for medical testing include: to assist with diagnosis and management following clinical evaluation when a mental illness or neuropsychological abnormality is suspected; to provide a differential diagnosis from a range of neurological/psychological disorders that present with similar symptoms; to determine the clinical and functional significance of a brain abnormality, or to delineate the specific cognitive basis of functional complaints.</p> <p>Added indications when neuropsychological testing will not be considered reasonable and necessary. They include: the member is not neurologically and cognitively able to participate; as screening tests given to the individual or general populations; when abnormalities of brain function are not suspected; educational or vocational purposes; self-administered or self-scored inventories, or screening tests of cognitive function; when the member has a substance abuse background, when the member is on certain daily medications that may confound the interpretation of results; neuropsychological assessments can be obtained through the clinical evaluation alone; the member has been diagnosed previously with brain dysfunction, and there is no expectation that the testing would impact the member's management; the member has an adjustment disorder or dysphoria associated with moving to a SNF; and when standardized batteries of tests, not individualized to the member's complaint or referral, are administered when only a subset of tests is required.</p> <p>Added statement that a report may be requested to indicate the medical necessity of testing that exceeds 11 hours.</p>
Deep Brain Stimulation for Essential Tremor and Parkinson's disease	<p>Annual policy review was conducted. Coverage criteria were expanded for conditions not related to Parkinson's disease, tremors, or dystonia. Include the implantation of the stimulator is used only as a late or last resort for patients with chronic intractable pain; and other treatment modalities (pharmacologic, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory; were judged unsuitable, or were contraindicated for the patient; and the patient has undergone careful screening and diagnosis by a multidisciplinary team before implantation; and all the facilities, equipment, and professional support personnel required for the proper diagnosis, treatment, training, and follow-up of the patient are available; and demonstration of pain relief with a temporarily (percutaneous) implanted electrode precedes permanent implantation; and no documentation of drug addiction.</p>

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<p>Electrical Stimulators - Neuromuscular</p>	<p>Annual policy review was conducted. Deleted the requirement for a one month trial period and additional approval for rental or purchase.</p>
<p>Electrical Stimulators - Osteogenesis</p>	<p>Annual policy review was conducted. The title of this policy was revised from Bone Growth Stimulator to Osteogenesis Stimulator. Removed coverage for Scaphoid nonunion fractures and Jone's fracture of the 5th metatarsal. These are not covered by Medicare. Ultrasonic Osteogenesis stimulator is now covered for nonunion of a fracture if the fracture is not of the skull, vertebrae, or tumor related. Code E0762 - Transcutaneous Electrical Joint Stimulating Device is an FDA approved code; however it is not approved for coverage under Medicare.</p>
<p>Spinal Cord Stimulator</p>	<p>Annual policy review was conducted. A coverage criterion for chronic stable angina pectoris was deleted. These are not indications for coverage by Medicare.</p>
<p>TENS Stimulator</p>	<p>Annual policy review was conducted. Coverage criteria were added to indicate pain must have been present for 3 months and appropriate treatment modalities tried and failed in order for TENS to be covered. Conductive garments are covered.</p>