



Medical Policy Updates Effective April 1, 2010

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the February meeting. Some of the benefit interpretation policies may reflect new technology while others clarify existing benefits. All policy updates are listed online in the Benefits Interpretation Manual (BIM). Visit MVP online at www.mvphealthcare.com. Providers can directly access the online BIM through the References section of the Provider portal. The "Current Updates" page in the BIM lists all policy updates. If you have questions regarding the policies or wish to obtain a paper copy of a policy, contact your Professional Relations representative.

Healthy Practices will continue to inform your office about new and updated policies. MVP encourages your office to look at all of the revisions and updates on a regular basis in the Benefit Interpretation Manual (BIM) located on www.mvphealthcare.com in the References section. The update section will list new policies and/or policy revisions at least 30 days prior to their effective date.

Note: Beginning April 1, 2010 you will notice a new format for the MVP Medical policies. We have refined the policy format to provide a clear concise policy. A document will be posted on the website, where the policies are housed, that will provide clear interpretation of the various sections of the new policy format.

Policy Updates Effective April 1, 2010

Policy Updates

Blepharoplasty, Browlift, Ptosis Repair

- Language in the Indications/Criteria section was changed from "at least one eye" to "both eyes."
- A Medicare Variation was added to the policy.

Botulinum Toxin Treatment

- Physiatrist has been added to the Neuromuscular section and also under DYSPORT™ as a provider who can order and administer Botox or DYSPORT.
- Botox is only allowed in the office setting and should not be delivered at a higher level of care unless documentation supports the medical necessity. Examples of medical necessity to support botulinum toxin treatment administered in a higher level of care were added to the policy.

Breast Implantation

- No criteria changes were made.
- Under Indication/Criteria the bullets listed have been changed from "and" to "or" as all of the criteria are not required.

Breast Reduction Surgery (Reduction Mammoplasty)

- The Documentation Requirements section was deleted as it contained redundant information.
- The Indications/Criteria section was reformatted for clarification.

Breast Surgery for Gynecomastia

- Under Indications/Criteria language revised to clarify “that breast surgery for a cancer diagnosis, including a mastectomy, is considered medically necessary.
- The last bullet in the Exclusions/Limitation section was revised to read “Surgery performed without testing that supports a cancer diagnosis.”

Hyperhidrosis Treatments

- The policy addresses three treatments for hyperhidrosis including the use of Botox, DME treatments or equipment, as well as surgical treatments.
- Under the Indications/Criteria section; the second bullet was reworded, stating that the member is unable to perform activities of daily living.

Implantable Cardioverter Defibrillators

- The criteria follows InterQual and Medicare criteria.
- The Medicare Variation has been updated to clarify that members receiving the defibrillator implantation for primary prevention must be enrolled in a clinical trial.

Infertility Advanced Services

- This policy is now split into two separate policies one that addresses the medical/surgical component and pharmacologic treatment is addressed in the Infertility (Drug Therapy) Pharmacy policy.
- The review of these two policies will be coordinated so they will be effective at the same time.
- Language was added to the medical policy under Exclusions/Limitations that coverage is not allowed for members following voluntary sterilization.

Interspinous Process Decompression Systems (IPD)

- XSTOP[®] has been deleted from the title of this policy.
- Criteria have been added that the Dynesys[®] Dynamic Stabilization System is intended for use as an adjunct to spinal fusion. It is currently being used off-label as a substitute for spinal fusion.
- IPD systems are considered investigational for all indications and coverage is not allowed for Commercial members.
- There is a Medicare Variation that allows coverage for the XSTOP system when policy criteria are met.

Lymphadema Pumps, Compression Garments, Appliances

- Language was added under the Criteria/Indications section regarding coverage of segmental pneumatic appliances for use with compressor, trunk or chest for Commercial members only as Medicare does not allow coverage.

Mifepristone

- No changes were made to this policy.
- The policy follows FDA indications and the package insert.
- No prior authorization is required.

Obstructive Sleep Apnea – Diagnosis

- No criteria changes were made.
- Language was clarified under the Description
- Home Sleep Studies are not allowed for Commercial members.
- A Medicare Variation allowing home sleep studies has been added.

Phototherapeutic Keratectomy, Refractive Surgery (PTK)

- No criteria changes have been made.
- Prior authorization is not required.
- References were updated.

Pressure Garments

- The first sentence under Indications/Criteria was revised to read, "Pressure garments are not considered durable medical equipment." Reference to the disposable medical supplies rider was deleted.

Prolotherapy

- This remains a non-coverage policy.
- Language was clarified under the Indications/Criteria section that prolotherapy is considered investigational and not medically necessary.

Prostatic Brachytherapy

- No criteria changes have been made.
- Prior authorization is not required.

Please refer to the coding section on the policies to identify any code changes (e.g., new, deleted) or codes no longer requiring prior authorization for a specific policy. Each policy grid defines the prior authorization requirements for a specific product.
