



Medical Policy Updates Effective June 1, 2010

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the March and April meetings. 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 Reference 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 and/or *Fast Fax* 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 Reference section. The update section will list new policies and/or policy revisions at least 30 days prior to their effective date.

Note: Coming soon "MVP Medical policies in a new format!" As soon as all policies are converted to the new format and posted in the BIM a document will be posted that will provide clear interpretation of the various sections of the new policy format. We are anticipating that the newly formatted policies will be available effective on June 1, 2010.

Policy Updates Effective June 1, 2010

Acute Inpatient Rehabilitation

- Exclusion was added stating that "Services will be denied as not medically necessary when there is not a reasonable expectation of improvement in quality of life or level of functioning" which is consistent with Medicare criteria.
- A note was added that states "in order to be classified as an inpatient rehabilitation facility a facility must meet federal regulations."

Air Medical Transport

- No criteria changes were made to this policy.

Allergy Testing & Allergen Immunotherapy

- No criteria changes have been made since the last policy review.

Alopecia/Wigs/Scalp Prosthesis

- Language was added to the policy criteria indicating that treatment for alopecia with intralesional corticosteroids are covered for medical conditions resulting in hair loss.
- Artificial hair/wigs are not covered unless there is a contractual benefit.

Ambulatory Holter Monitoring & 30 Day Cardiac Event Monitors

- This policy addresses various cardiac monitors.
- No changes have been made to the policy criteria.
- Mobile cardiac outpatient telemetry is considered not medically necessary for Commercial members.

- There is a Medicare Variation that allows coverage of mobile cardiac outpatient telemetry based upon criteria listed in the policy.

Bariatric Surgery

- Criteria have been removed regarding pharmaceutical treatment of weight loss which is no longer required.
- The 10% pre-operative weight loss requirement was reduced to a 5% pre-operative weight loss in order to qualify for surgical treatment.
- Crohn's disease was added to the policy as an exclusion.

Cardiac Output Monitoring by Thoracic Electric Bioimpedance

- There have been no changes to this policy since the last review.
- This is a non-coverage policy for Commercial members.
- There is a Medicare Variation that allows coverage based on criteria listed.

Cardiac Procedures

- This policy was renamed from Cardiac Revascularization, External Enhanced Counterpulsation, Intravascular Brachytherapy, Transmyocardial Laser Revascularization, & Drug Eluting Stents.
- There have been no changes to the policy criteria.

Cardiac Rehabilitation Phase II

- Coverage is allowed for Phase II cardiac rehabilitation.
- Coverage is limited to 12 weeks for Commercial members and 18 weeks for a Medicare member.

CT Abdomen, Abdomen/Pelvis, Cervical/Thoracic/Lumbar Spine, Chest, Pelvis

- There were no changes to the policy criteria for the CT scans.
- These policies follow InterQual[®] criteria.

Chiropractic Care

- An Exclusion was added regarding ordering of advanced radiological studies e.g. CT, MRI and PET scans.

Experimental or Investigative Procedures

- Language has been added clarifying to the policy clarifying the definition of the FDA designated Category B medical devices being studied under Investigational Device Exemptions (IDE).
- A note was added under the Exclusion section of the policy stating that "Category B devices are not FDA approved medications".

Extracorporeal Shock Wave Therapy

- ESWT for musculoskeletal conditions is considered not medically necessary and coverage is not allowed for Commercial members.
- There is a Medicare Variation in the policy that supports coverage for Medicare members.

Home Uterine Activity Monitoring

- There are no changes to the policy.

Injection Procedures for Management of Chronic Spinal Pain

- The policy contains both Commercial and Medicare indications.

Magnetoencephalography and Magnetic Source Imaging – NEW Policy

- These procedures are not supported in the literature as improving patient health outcomes and are, therefore, considered investigational.

Insulin Infusion Pump

- This policy follows InterQual® and Medicare criteria.

Laser Treatment for Port Wine Stains

- Policy criteria have been clarified regarding that medical documentation of a functional deficit that interferes with activities of daily living must be provided.
- Language was added that Laser treatment for warts is considered medically necessary when there is documentation in the medical record that the patient has failed the listed conventional therapy.

MR Spectroscopy

- The policy is a non-coverage policy.

Needle-Free Insulin Injector

- No changes have been made to this policy since the last review.
- This is a non-coverage policy.

Nesiritide Infusion for Heart Failure (Outpatient)

- The policy language was clarified to specifically address that Nesiritide in the outpatient setting is not medically necessary which follows Medicare coverage criteria.

Nuclear Stress Testing

- This policy follows InterQual® criteria.
- A Medicare Variation allows coverage when the Medicare criteria are met.

Obstructive Sleep Apnea (Surgical Treatment)

- The policy addresses Uvulopalatopharyngoplasty (UPPP) and Mandibular Maxillary Osteotomy.
- No criteria changes have been made to the policy.
- The criteria are consistent with Medicare.

Panniculectomy/Abdominoplasty

- Language was added to the Criteria indicating that members with intertrigo must have failed three (3) months of conservative therapy under the direction of an appropriate specialist for conditions listed in the policy.

Phototherapy, Photochemotherapy, Excimer Laser Therapy for Dermatologic Conditions

- This policy was renamed from "Psoriasis Treatment."
- The Description was updated to include the different treatments that are outlined in the policy.
- The only medical management on this policy is for DME/Home UVB Therapy Treatments.

Pulmonary Rehabilitation (Respiratory PT - Ambulatory)

- There have been no changes to this policy since the last review.

Robotic and Computer Assisted Surgery - NEW POLICY

- This policy clarifies that coverage is provided for surgical procedures that are medically necessary and meet criteria in the policy. However, MVP does not provide additional professional or technical reimbursement for the use of robotic or computer assisted instrumentation.

- The literature does not support that the use of robotic and computer devices improve the outcomes over non-robotic alternatives.

Speech Generating Devices

- No changes were made to the policy criteria.
- The policy follows InterQual® and Medicare criteria.

Spinal Cord Stimulator for Intractable Pain

- The policy follows InterQual® criteria.
- A Medicare Variation was added to the policy.

Stereotactic Radiosurgery - Brain

- “Brain Metastasis” was added to the first bullet in the Criteria section of the policy.
- Additional language was added under the Exclusion section of the policy stating that the use of robotic devices such as Cyberknife® are not covered.

Virtual Colonoscopy

- Under specific circumstances Virtual Colonoscopy is covered for screening when optical colonoscopy is incomplete.
- Medicare does not allow coverage for virtual colonoscopy when used for screening.

Vitiligo Treatment

- Treatment for Vitiligo remains not covered as treatment is considered not medically necessary.
- The Medicare Variation has been deleted from the policy as there is no longer any local Medicare coverage determination regarding treatments for vitiligo. Therefore, Vitiligo treatments are not covered.

New York Members

The following Behavior Health policies were reinstated. These policies do not conflict with the Value Options criteria. There is no change to the current process of contacting Value Options for Behavior Health services.

- Chemical Dependency
- Eating Disorders
- Mental Health Services
- Methadone Maintenance
- Psychological Testing

Vermont & New Hampshire Members

The following Behavior Health policies were reinstated. Please continue to follow the established contact procedures for Behavior Health services.

- Chemical Dependency
- Eating Disorders
- Mental Health Services
- Methadone Maintenance
- Psychological Testing

The following list of policies was presented to the QIC at the March & April meetings. The policies were recommended for approval without changes. These policies were comprehensively reviewed during 2008. QIC approved the recommendation.

- Bone Density Study for Osteoporosis (DEXA)
- Brachytherapy for Breast Cancer
- Cryoablation of Breast Fibroadenomas
- Dermabrasion
- EEG Monitoring and Anesthesia Awareness
- Hyaluronic Acid Derivatives
- Negative Pressure Wound Therapy Pumps
- Temporal Mandibular Joint Dysfunction NY/NH
- Temporal Mandibular Disorders VT
- Varicose Veins Lower Extremities (Surgical Treatment)

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.
