



## Medical Policy Updates Effective December 1, 2009

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The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the September & October 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](http://www.mvphealthcare.com). Providers can directly access the online BIM through the References section of the Provider portal. The "Current Updates" page 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](http://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.

### **ROCHESTER/BUFFALO HP Version Intro**

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the September & October meetings. Some of the benefit interpretation policies may reflect new technology while others clarify existing benefits.

*Healthy Practices* will continue to inform your office about new and updated policies. MVP encourages your office to review all policy revisions and updates communicated to you on a regular basis via Fast Fax, email and Healthy Practices.

### **Policy Updates Effective December 1, 2009**

**The following list of policies was presented to the QIC at the September and October meetings. The policies were recommended for approval without changes. QIC approved the recommendation.**

- Breast Reconstruction Surgery
- Cold Therapy Devices
- Emergency Services
- External Breast Prosthesis
- Foot Care
- Lyme Disease
- Lymphedema Pumps/Compression Garments
- Mechanized Spinal Distraction Therapy
- Orthotic Devices
- Oxygen & Oxygen Equipment
- Photodynamic Therapy for Cancer
- Sclerotherapy for Varicose Veins – Lower Extremity
- Therapeutic Footwear for Diabetics
- Transplants

- Vertebroplasty/Kyphoplasty
- Video EEG Monitoring
- Wheelchairs (Electric) and Power Scooters

## **Policy Revisions**

### **Autologous Chondrocyte Implantation (ACI)**

- Language was clarified stating that ACI for all joints including; the knee, shoulder, and ankle joints is considered not medically necessary and, therefore, is not covered.
- This policy follows HAYES and NIH guidelines.
- The evidence basis for this policy is considered potential but unproven benefit.

### **Bone Growth Stimulator**

- Coverage is the same for Commercial & Medicare products.
- The policy follows Medicare Guidelines.

### **Durable Medical Equipment (DME)**

- This policy provides general information regarding DME, Prosthetics & Orthotics.
- Providers are to refer to specific related DME policies. These policies are listed at the end of the DME policy.
- The DME policy follows Medicare and for the Option members follows the Medicaid DME Provider Manual.
- A link was added in the code section to the DME Prior Authorization List.
- Links were also added to the MVP DME Coverage and Purchasing Guidelines, Medicare and NHIC Corp.
- For efficiency and accuracy the DME Unit located in Schenectady will review all DME requests.

### **Genetic Testing for BRCA 1 & BRCA 2**

- The policy was updated to be consistent with NCCN guidelines.
- NCCN restricts testing to close blood relatives that include first, second and third degree relatives.
- Under the Indications section; the statement “an individual of ethnicity associated with higher mutation frequency” was moved and now appears under “for individuals with a personal history of breast cancer.”

### **Hip Surgery (FAI) - NEW Policy**

- Arthroscopic surgery for Femoroacetabular impingement is considered to be experimental.
- There is no long-term data available to support its use, therefore it is not covered.

### **Immunoglobulin Therapy**

- Please refer to the UM section of this issue for Important Information regarding this policy.

### **Laminectomy/Hemilaminectomy – Lumbar Spine - New Policy**

- This policy follows InterQual criteria.

### **Obstructive Sleep Apnea (OSA) Devices**

- A Medicare Variation was added allowing coverage of home sleep studies to determine a diagnosis of OSA for use of CPAP and Bi-PAP.
- The criteria was modified to include that studies for children must be ordered by a Pediatric Pulmonologist or an ENT sub-specialist.
- Language was clarified regarding compliance criteria for continuation of CPAP.

### **Private Duty Nursing**

- Language was clarified under Exclusions/Limitations addressing non-coverage of custodial/maintenance care.
- Facility Based Private Duty Nursing is listed as an exclusion.

### **Septoplasty – New Policy**

- This policy follows InterQual criteria.

### **Speech Therapy (Outpatient)**

- Outpatient speech therapy is covered on a case-by-case basis for acute conditions listed in the policy.
- Coverage is not covered in a group setting.

### **Spinal Fusion – Lumbar – New Policy**

- This policy follows InterQual criteria.

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.

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