



## Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the September and October meetings. Some of the medical 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 Reference section of the Provider portal. The "Current Updates" page of the BIM lists all medical policy updates. If you have questions regarding the medical policies, or wish to obtain a paper copy of a policy, contact your Professional Relations representative.

*Healthy Practices* and/or *FastFax* will continue to inform your office about new and updated medical 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 Reference section.

### Medical Policy Updates **Effective December 1, 2011**

- **Autologous Chondrocyte Implantation (ACI):** Autologous Chondrocyte Implantation (ACI) remains not covered. There are no changes to this policy.
- **Breast Reduction Surgery (Reduction Mammoplasty):** The Indications/Criteria section now states that the minimum amount of breast tissue (in grams) to be removed is determined by the member's body surface area. The policy was updated to include the Schnur sliding scale. There is also a web link in the policy to assist with determining the body surface area as it relates to the Schnur sliding scale link.
- **Chemosensitivity & Chemoresistance Assays:** This policy addresses ChemoFX<sup>®</sup>, Fluorescent Cytoprint Assay and Human Tumor Stem Cell Drug Sensitivity Assays. ChemoFX<sup>®</sup>, Fluorescent Cytoprint Assay and Human Tumor Stem Cell Drug Sensitivity Assays are considered investigational and, therefore, are not covered.
- **Compression Stockings:** The policy has been updated to reflect recent changes in Medicaid criteria.
- **Continuous Glucose Monitoring:** The policy criteria was updated to state that 72 hour glucose monitoring will be covered in members with poorly controlled diabetes despite evidence of optimized diabetic treatment as indicated by clinical situations listed in the policy. Recurrent ketoacidosis has been added as an indication.
- **Durable Medical Equipment:** The policy follows Medicare criteria and includes prosthetics and orthotics. The following language; "select medical supplies, including diabetic supplies, should be billed through the pharmacy benefit manager under the member's pharmacy benefit" was included in the MVP Option and MVP Option Family Variations section.
- **Genetic Counseling & Testing:** There are no changes to this policy.



- **Genetic Testing (BRCA Testing):** The policy title has been changed to “BRCA Testing”. The BRCA 1, BRCA 2, and multi-site BRCA 3 testing follows the 2011 NCCN Guidelines.
- **Hip Surgery (FAI):** Hip Surgery (FAI) remains not covered. There are no changes to this policy.
- **Home Prothrombin Time Monitoring:** There are no changes to this policy.
- **Hospice Care:** The Variations for MVP Option Child and Option Family have been updated. MVP Option Child includes language that for children less than 21 years of age, medically necessary curative services are covered while receiving hospice care. MVP Option Family includes language that for children 19 to 21 years of age, medically necessary curative services are covered while receiving hospice care.
- **Laser Treatment of Port Wine Stains:** Language has been included to the Indications/Criteria section to clarify that laser treatment of warts is considered medically necessary when there is documentation in the medical record that the patient “has had complications from conventional therapy” as well as failure of conventional therapy.
- **MRI Breast:** The policy Exclusions section now states that there is insufficient evidence in the peer-reviewed literature that computer-aided detection of Breast MRI results in proven beneficial outcomes and is, therefore, considered investigational and not covered.
- **Oxygen Therapy for the Treatment of Cluster Headaches:** There are no changes to this policy.
- **Personal Care Services for MVP Option: New Policy** This is policy is for Option products only. The policy outlines the coverage criteria for personal care services for Option members. It follows the Medicaid mandate. Prior authorization is required.
- **Platelet-rich Plasma Injections: New Policy** This policy addresses platelet-rich plasma injections. Platelet-rich plasma injections are considered investigational and, therefore, are not covered.
- **Prosthetic Devices External (Eye & Facial):** There are no changes to the policy. The policy follows Medicare criteria.
- **Prosthetic Devices (Upper & Lower Limb):** The policy title has been changed to include the upper limb. Indications and criteria for the upper limb have been added which follow Medicare criteria. The lower limb indications and criteria have been updated to reflect Medicare criteria.
- **Umbilical Cord Blood Banking: New Policy** Collection and storage of cord blood from a neonate may be considered medically necessary when criteria are met. Prophylactic collection and storage of umbilical cord blood for an unspecified future use for an autologous stem cell transplant is considered not medically necessary.



- **Wheelchairs (Electric) and Power Scooters:** The policy has been updated to include the recent changes to Medicare criteria regarding weight requirements.
- **Yttrium-90 Microspheres for the Treatment of Liver Cancer:** The policy has been updated to include criteria for additional treatment under Indications/Criteria section (i.e., repeat treatment of a single lobe and treatment of additional lobes).
- **List of medical policies reviewed and approved in 2010 for approval without changes in September and October 2011**
  - Biofeedback
  - Bone Growth Stimulator
  - Burn Garments & Lymphedema Sleeves
  - Cochlear Implants & Osseointegrated Devices
  - Cosmetic & Reconstructive Surgery
  - CT Chest/Small Pulmonary Nodules Follow-up
  - Intensity Modulated Radiation Therapy (IMRT)
  - Prophylactic Mastectomy/Oophorectomy
  - Ventricular Reduction Surgery

*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.*