



## Medical & Pharmacy Policy Updates Effective 2/1/2009

- Policies updated with 2009 CPT& HCPCS code changes.
- MVP Prior Authorization List reformatted and updated.
- MVP Imaging Authorization Requirements added to the BIM. *You can locate this document by clicking on the MVP Prior Authorization + in the left hand contents panel.*

### **Policies Archived effective 2/1/2009:**

- Genetic Counseling (addressed in the Genetic Testing policy).
- High Dose Chemotherapy for Metastatic Breast Cancer.
- Nutritional Counseling (addressed in the Nutrition Therapy for NY policy).

### **Policy Updates:**

#### **ACI Autologous Chondrocyte Implantation**

- Literature reviewed and no updates made to policy.
- Procedure is considered not medically necessary, therefore is not covered.

#### **Cosmetic & Reconstructive Surgery**

- The definition of reconstructive surgery was clarified under the Indications/Criteria section as to when it would be medically necessary.
- Policy reviewed by the Legal Department and is compliant, as written, with Medicare and NYS regulations.

#### **Genetic Counseling & Testing**

- Statement added to the policy regarding genetic testing to predict a response to specific medication as indicated by the FDA. This testing will be considered on a case-by-case basis.
- Genetic Counseling language added to the policy.

#### **Nutritional Therapy for New York**

- Language added addressing Failure to Thrive and GERD.
- Enteral Formulas are now clearly defined.
- Policy is compliant with Medicare and the NYS Mandate.

#### **Ventricular Assist Device**

- Literature was reviewed and a statement was added to the policy under Exclusions/Limitations that the evidence is inadequate to support coverage of an artificial heart, therefore, coverage is not allowed.

### **Ventricular Reduction Surgery**

- Peer reviewed literature is consistent that this procedure is considered investigational and is, therefore, not covered.

### **Vision Therapy (Orthoptics, Eye Exercises)**

- Due to the lack of efficacy in the peer reviewed literature, vision therapy/orthoptics is considered investigational, and is, therefore not covered.