



Medical Policy Update

Effective August 1, 2009

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.

Policy Changes Effective August 1, 2009

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

- Acute Inpatient Rehabilitation
- Air Medical Transport
- Allergy Testing & Allergen Immunotherapy
- Alopecia/Wigs/Scalp Prosthesis
- Ambulatory Holter Monitors/30-day Cardiac Event Recorders/Monitors
- Cardiac Output Monitoring by Thoracic Electrical Bioimpedance
- Cardiac Rehabilitation Phase II
- Cardiac Revascularization
- Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Indications
- Home Uterine Activity Monitoring
- Insulin Infusion Pump
- Methadone Maintenance/Opioid Substitution Therapy
- MR Spectroscopy
- Needle-free Insulin Injectors
- Nuclear Stress Testing
- Obstructive Sleep Apnea (non-surgical)
- Obstructive Sleep Apnea (surgical)
- Orthognathic Surgery
- Panniculectomy and Abdominoplasty
- Psoriasis Treatment
- Pulmonary Rehabilitation (Ambulatory Respiratory PT)
- Rhinoplasty
- Sacral Nerve Stimulation for Urinary Incontinence and Retention
- Skin Endpoint Titration
- Spinal Cord Stimulator for Intractable Pain
- Virtual Colonoscopy/CT Colonoscopy
- Vitiligo

Buprenorphine Maintenance/Opioid Substitution Therapy

- Policy approved for Archive effective July 1, 2009.

Policy Updates Effective August 1, 2009

Benign Skin Lesions

- Language was added stating that the medical literature does not support that total body photography improves the health outcomes; therefore, it is considered not medically necessary.
- Language was also added regarding Dermoscopy stating that when used in the analysis of skin lesions it is considered part of the office evaluation and is not separately reimbursable.

Biofeedback Therapy

- Under Exclusions/Limitations; language added “Vaginal probes for biofeedback provided in a physician’s office are covered. A DME benefit/rider is required. The member is responsible for the applicable DME co-payment”.

Botulinum Treatments

- Language revised to read “Coverage will be limited to treatments given at intervals of ≥ 90 days” in order to be consistent with Medicare language as well as the package insert.
- “Language related to Members treated with Botox A & B must have a functional impairment was made more general by deleting “associated with the dystonia or spasticity being treated”.
- Specialty restrictions added under Dermatologic.

Capsule Endoscopy

- Language added under Exclusions/Limitations reflecting coverage is not allowed for the AGILE Patency System for verification of gastrointestinal patency. It is not supported in the medical literature,
- The policy is consistent with Medicare coverage and the Hayes assessment.

Chemical Dependency

- A note was added under the Description Section, per the request of the Behavioral Health Department, stating that services provided by more than one clinician at the same time is considered not medically necessary unless clear clinical rationale is documented in the patient’s medical record and submitted for medical necessity review before the service is rendered.

Dental Care Services

- Under the section for Outpatient Facility Services for Dental Care. The language has been changed to reflect that coverage for hospitalization charges for general anesthesia services is allowed when due to the complexity of the procedure or when sedation is needed for member management. This language is applies to the MVP Option products. Previously this benefit was automatically covered for children under the age of six (6) years.

Ground Ambulance Services/Ambulette Services

- Language added under the Description regarding prudent layperson.
- This policy is consistent with Medicare coverage.

Immunotherapy for Recurrent Spontaneous Abortion

- The Evidence Basis, Overview, and Reference Sections of the policy were updated.
- The policy remains a non-coverage policy.

Mental Health Services

- A note was added under the Description Section, per the request of the Behavioral Health Department, stating that services provided by more than one clinician at the same time is considered not medically necessary unless clear clinical rationale is documented in the patient's medical record and submitted for medical necessity review before the service is rendered.

Thermal Intradiscal Procedures (TIPs)

- The policy follows a recent Medicare decision concerning a group of procedures for the spine that are considered not medically necessary.
- This policy replaces the Investigational Back Surgery (IDET) policy.

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.