

Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the May and June meetings. Some of the medical policies may reflect new technology while others clarify existing benefits. All policy updates are listed online in the Medical Policy Manual. Visit MVP online at www.mvphealthcare.com. Providers can directly access the online Medical Policy Manual through the Reference section of the Provider portal. The "Current Updates" page of the Medical Policy Manual 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 *FastFax* 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 Medical Policy Manual Interpretation Manual located on www.mvphealthcare.com in the Reference section.

Medical Policy Updates Effective August 1, 2011

- **Artificial Intervertebral Disc: Cervical and Lumbar:** Artificial Intervertebral Discs are not covered. There have been no changes to this policy.
- **Bariatric Surgery:** Partial gastrectomy procedures are now covered for Medicaid products only. This is a variation for MVP Option and Option Family. Partial gastrectomy procedures are not covered for Medicare or Commercial members.
- **Benign Skin Lesions:** The language regarding skin lesion description has been clarified to state "Description of inflamed lesions alone is insufficient. Documentation must include physical examination findings that demonstrate inflammation."
- **Canaloplasty & Viscocanalostomy:** Canaloplasty and viscocanalostomy are not covered as they are considered investigational. Medicare allows coverage for canaloplasty. A Medicare variation has been added to the policy.
- **Capsule Endoscopy:** Capsule endoscopy is covered for obscure source of gastrointestinal bleeding, suspected Crohn's disease, and suspected small bowel tumor. There have been no changes to the policy.
- **Chiropractic Care:** Osteopathic manipulation is a non-covered benefit unless specifically identified in the member's contract or required to be covered by regulation.
- **Cryoablation of Breast Fibroadenomas:** Cryoablation of breast fibroadenomas are not covered. There are no changes to the policy.
- **Deep Brain Stimulation:** There are no changes to the policy.

➤ **Dental Care Services - Archived Policy:**

Previously there was one Dental Care Services policy which addressed accidental injury to sound and natural teeth, medical complications of dental care, facility services for dental care treatment, and prophylactic dental extractions. The policy has been separated into four policies to address each specific topic.

➤ **Dental Care Services: Accidental Injury to Sound Natural Teeth and Congenital Disease and Anomalies - New Policy:** This policy addresses dental care services related to accidental injury to sound natural teeth and dental care services for congenital disease and anomalies.

➤ **Dental Care Services: Facility Services for Dental Care - New Policy:** This policy addresses medical care rendered to a member in the outpatient department or inpatient department of the hospital or ambulatory surgical center for dental services. The policy is compliant with the various state mandates regarding facility services for dental care.

➤ **Dental Care Services: Medical Services for Complications of Dental Problems - New Policy:** This policy addresses medical conditions related to dental problems or treatment which may require medical care.

➤ **Dental Care Services: Prophylactic Dental Extractions - New Policy:** Prophylactic dental extractions of teeth are covered when the services are a pre-requisite of radiation therapy.

➤ **EEG Monitoring and Anesthesia Awareness:** The policy is consistent with Medicare. There are no changes to the policy.

➤ **Electromyography and Nerve Conduction Studies:** There are specific specialty provider limitations for performing needle electromyography. Surface electromyography is not covered. There are no changes to the policy.

➤ **Ground Ambulance and Ambulette Services:** Ambulance treatment without transport (A0998) is covered when no medical emergency exists. A Medicare variation was added to the policy to reflect Medicare's position regarding ambulance treatment without transport (A0998). A0998 is not a covered benefit. The Medicare ambulance benefit is a transportation benefit and without transportation there is no payable service. The member's condition must require both the ambulance transportation itself and the level of service provided in order for the service to be considered medically necessary.

➤ **Hyaluronic Acid Derivatives:** Hyaluronic acid derivatives are covered when policy criteria are met. There are no changes to the policy.

➤ **Immunotherapy for Recurrent Spontaneous Abortion:** Immunotherapy for Recurrent Spontaneous Abortion is not covered. There have been no changes to the policy.

- **Medical Policy Development, Implementation and Review Process:** This policy address the review process for new medical policies and existing medical policies. It also describes the specific circumstances for policies that may require an expedited review.
- **Negative Pressure Wound Therapy Pumps:** The policy follows Medicare criteria. There are no changes to the policy.
- **Obstructive Sleep Apnea - Surgical Treatment:** Submucosal radiofrequency tissue volume reduction is considered not medically necessary for all products except Medicare. Submucosal radiofrequency tissue volume reduction of the tongue base when performed with other medically necessary surgical procedures for treatment of obstructive sleep apnea is covered for Medicare products only. A Medicare variation has been added to the policy.
- **Oncotype DX Test for Breast Cancer Prognosis:** The policy has been updated to indicate Oncotype DX testing is covered for breast cancer that is node negative or if there is micrometastasis in 1-3 positive axillary lymph nodes.
- **PET Scan Chest/Cardiac:** The policy follows InterQual criteria and contains a Medicare Variation. There are no changes to the policy.
- **PET Scan Whole Body:** This policy was updated to reflect the most recent InterQual indications for PET Whole Body. Multiple myeloma, testicular cancer and baseline part of staging, soft tissue sarcoma and baseline part of staging, and ovarian cancer have been added as indications.
The Medicare Variation section was updated to include bone metastasis for cancer. NaF-18 PET imaging is covered Bone Metastasis for Cancer when the member is enrolled in a clinical registry.
- **Temporomandibular Joint Dysfunction (TMJ) - NY/NH:** The policy follows the American Society of Temporomandibular Joint Surgeons Guidelines. The policy outlines the indications and criteria for non-surgical treatment, surgical treatment, and imaging.
- **Temporomandibular Joint Dysfunction (TMJ) - VT:** The policy follows the VT State Mandate. There are no changes to the policy.
- **Thermal Intradiscal Procedures (TIPS):** Thermal Intradiscal Procedures (TIPS) are not covered. There are no changes to the policy.
- **Vision Therapy (Orthoptics, Eye Exercises):** Vision therapy is indicated for therapy that involves occlusion administered as treatment for amblyopia or therapy that involves prism adaptation prior to surgery administered as treatment for acquired esotropia. There is a MVP Option, MVP Option Family Variation regarding vision therapy.

➤ **List of medical policies reviewed and approved in 2010 for approval without changes in May and June, 2011:**

Artificial Heart
Cold Therapy Devices
Emergency Services
External Breast Prosthesis
Foot Care
Hyperbaric Oxygen Therapy (HBO)
Immunizations/Childhood/Adolescent/Adult
Light Therapy for Seasonal Affective Disorder
Mechanized Spinal Distraction Therapy
Orthognathic Surgery
Orthotic Devices
Oxygen & Oxygen Equipment
Pectus Excavatum
Photodynamic Therapy for Cancer
Rhinoplasty
Sacral Nerve Stimulation
Sclerotherapy for Varicose Veins of the Lower Extremity
Skin Endpoint Titration
Stereotactic Body Radiation Therapy
Therapeutic Footwear for Diabetics
Transplants
Vertebroplasty/Kyphoplasty
Video EEG Monitoring
Wheelchairs (Electric) and Power Scooters
Wheelchair (Manual)

Medical Policy Updates [Effective October 1, 2011](#)

- **Obstructive Sleep Apnea - Diagnosis (NY):** The policy addresses obstructive sleep apnea diagnosis criteria for New York State. The Exclusion criteria section has been updated to list diagnoses and conditions not indicated for polysomnography. Home sleep studies are not covered, except for Medicare products.
- **Obstructive Sleep Apnea - Diagnosis for Vermont and New Hampshire: [New Policy](#)**
- The policy addresses obstructive sleep apnea diagnosis criteria for the states of Vermont and New Hampshire.
 - Home sleep studies are covered for members without prior authorization.
 - Home sleep studies are required to be provided by an MVP contracted vendor (Sleep Management Solutions).
 - Facility-based polysomnography is indicated if the member has a co-morbid or complicating factor listed in the policy. Facility-based polysomnography requires prior authorization.
 - Medicare products do not require prior authorization for either home sleep studies or facility-based polysomnography.

- **Obstructive Sleep Apnea-Devices:** Auto-titrating positive airway pressure (APAP) language was added to the policy. A Medicare Variation for oral appliances was added to the policy. Oral appliances for obstructive sleep apnea are covered when policy criteria are met.

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.

Medical Policy Tips

MVP Health Care medical policies have a new look. The revised look of the individual policies includes all the features of the BIM, along with additional information to make it a more user-friendly tool.

To assist becoming familiar with the new medical policy format, the Medical Policy Tip document provides a brief description of each section of the medical policy. The Medical Policy Tip document is located under "MVP Prior Authorization". Go to Contents, click on MVP Prior Authorization, click on Medical Policy Tips.