June 25, 2012 #35





MEDICAL POLICIES AVAILABLE FOR PROVIDERS AT WWW.MVPHEALTHCARE.COM

All policies may be viewed by logging in on the provider page of the MVP Health Care Web site at www.mvphealthcare.com. Next, click the "Online Resources" link and then select "Medical Policies" for a listing that includes all current policies. All policies are reviewed at least once annually. A FastFax will be sent out one month prior to the effective date listing the policies and their status. Policies can fall into one of the following categories:

New – Denotes a new policy.

- **Archived** Policy is not active.
- **Updated** Updated policies have content changes which may affect coverage criteria for services and/or drugs.
- Review/No Changes Policies that have been reviewed but have no content change.

The following policies are effective **August 1, 2012** and will be available for viewing on or before **July 1, 2012**. Hard copies of the policies are available upon request.

Policy Name	<u>Status</u>	Policy Name	<u>Status</u>
Ambulatory Holter Monitors	Update	Magnetoencephalography	Review
Artificial Intervertebral Discs Cervical & Lumbar	Review	Mechanized Spinal Distraction Therapy	Review
Artificial Heart	Update	Medical Policy Development, Impl, Review Process	Review
Benign Skin Lesions	Review	Monitored Anesthesia Care	New
Canaloplasty / Viscocanalostomy	Review	Needle-free Insulin Injector	Review
Capsule Endoscopy	Review	Negative Pressure Wound Therapy Pumps	Review
Cardiac Output Monitor Thoracic Electrical Bioimpedence	Review	Nesiritide Infusion for Heart Failure Outpt	Review
Cardiac Procedures	Update	Obstructive Sleep Apnea: Surgical Tmt.	Review
Cardiac Rehabilitation Phase II	Review	Oncotype DX Test/Breast Cancer Prog	Review
Chiropractic Care	Review	Pectus Excavatum	Update
Cold Therapy Devices	Review	Phototherapy, Photochemotherapy	Update
Cryoablation of Breast Fibroadenomas	Review	Pulmonary Rehabilitation (Respiratory PT)	Update
Deep Brain Stimulation	Review	Rhinoplasty	Update
EEG Monitoring & Anesthesia Awareness	Review	Sacral Nerve Stimulation	Review
Emergency Department Services	Update	Septoplasty	Review
Emergency Services	Archive	Skin Endpoint Titration	Update
Foot Care	Review	Spinal Cord Stimulator for Intrac Pain	Update
Home Uterine Activity Monitoring	Review	Temporomandibular Joint Dysfunction NY/NH	Review
Hyperbaric Oxygen Therapy (HBO)	Update	Temporomandibular Joint Dysfunction VT	Review
Immunotherapy for Recurrent Spon. Abortion	Review	Thermal Intradiscal Procedures (TIPS)	Review
Insulin Infusion Pumps	Update	Transplants	Update
Laminectomy, Hemilaminectomy Lumbar	Review	Vision Therapy (Orthoptics, Eye Exercises)	Review
Light Therapy for SAD	Review	Vitiligo	Review
	I	Wheelchair (Manual)	Update

The following policy is effective October 1, 2012 and will be available for viewing on or before July 1, 2012.

Obstructive Sleep Apnea: Diagnosis	New	Obstructive Sleep Apnea: Diagnosis (NY)	Archive
		Obstructive Sleep Apnea: Diagnosis (VT/NH)	Archive