Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the March and April meetings. Some of the medical policies may reflect new technology while others clarify existing benefits. 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. To access the BIM, log in to your account, visit Online Resources and click BIM under Policies. The Current Updates page of the BIM lists all medical policies updates. If you have questions regarding the medical policies, or wish to obtain a paper copy of a policy, contact your Professional Relations representative.

Medical Policy Updates Effective June 1, 2013

- **Botulinum Toxin Treatment:** The policy was updated to include the FDA approved indication for overactive bladder in adults. The FDA indication is only for OnabotulinumtoxinA (BOTOX®).

- **Canaloplasty and Viscocanalostomy:** There are no changes to the medical policy.

- **Capsule Endoscopy:** There are no changes to the medical policy.

- **Chemical Dependency:** There are no changes to the medical policy.

- **Eating Disorders:** There are no changes to the medical policy.

- **EEG Monitoring & Anesthesia Awareness:** There are no changes to the medical policy.

- **Electrical Stimulation Devices & Therapies New Policy:** This is a new policy. The policy follows Medicare’s National and Local Coverage Determination. Coverage is allowed for TENS for chronic low back pain when criteria in the policy are met. Medicare does not allow coverage of TENS for low back pain.

- **Epidermal Nerve Fiber Density Testing:** There are no changes to the medical policy.

- **Gender Reassignment Surgery New Policy:** This is a new policy which addresses the indications and criteria for gender reassignment surgery. There are Medicare, MVP Option, and Vermont variations. Gender reassignment surgery is not covered for Medicare, MVP Option, and Vermont products.

- **Hip Surgery (Arthroscopic) for Femoroacetabular Impingement (FAI):** Open or arthroscopic treatment of FAI may be medically necessary when criteria in the policy are met.

- **Immunotherapy for Recurrent Spontaneous Abortion:** There are no changes to the policy. Immunotherapy treatment for recurrent spontaneous abortion is considered investigational and, therefore, not medically necessary.

- **Injection Procedures for the Management of Chronic Spinal Pain:** The Indications/Criteria section for Paravertebral Facet Joint/Nerve Block – Diagnostic and Therapeutic for both lumbar and sacral facet blocks and cervical and thoracic facet blocks has been updated. Indications for sacroiliac joint injections – diagnostic and therapeutic,
have been added to the policy. There is a MVP Option variation which states that there is no coverage of therapeutic facet joint injections in the lumbar and sacral regions. There is a Medicare Variation that allows coverage of facet blocks for the cervical, thoracic, or sacral spine when criteria in the policy have been met.

- **Intraoperative Neurophysiologic Monitoring:**
  The following indications have been clarified to read:
  - scoliosis correction with rod implantation and multi-level decompression
  - decompressive procedures where there is evidence of myelopathy or cauda equina syndrome.

  Anterior and posterior cervical spine surgeries has been added as an indication.

  Intraoperative neurophysiological monitoring during routine, non-complicated, cervical and lumbar root decompression procedures or fusion is considered not medically necessary.

- **Mental Health Services:** There are no changes to the medical policy.

- **Methadone Maintenance:** There are no changes to the medical policy.

- **Neuropsychological Testing:** The policy has been updated under the Vermont Variation to include changes in the VT mandate that the age requirement to assess and diagnose early childhood developmental disorders for children beginning from birth and continuing until the child reaches the age of 21. Services that are considered primarily educational or training in nature are considered to be not medically necessary.

- **Obstructive Sleep Apnea: Devices:** The policy follows Medicare criteria for CPAP/BPAP/APAP. A statement has been added under Indications that members must undergo APAP titration unless APAP titration is not appropriate (Refer to the Obstructive Sleep Apnea Diagnosis medical policy).

- **Obstructive Sleep Apnea: Diagnosis:** Criteria have been added for auto-titration positive airway pressure (APAP) titration. Members must undergo auto-titration positive airway pressure (APAP) titration unless APAP is not appropriate. The policy also outlines those conditions not appropriate for APAP.

- **Obstructive Sleep Apnea: Surgical Treatment:** There are no changes to the medical policy.

- **Oncotype DX Testing for Breast Cancer:** There are no changes to the medical policy.

- **Tumor Markers (OVA 1™):** There are no changes to the medical policy.

- **Ventricular Assist Device (Left):** There are no changes to the indications and criteria for left ventricular assist devices. The policy has been updated with language regarding MVP Ventricular Assist Device (VAD) facilities credentialing criteria.

- **Vertebroplasty/Kyphoplasty:** The medical policy has been updated as follows:
  - Documentation requirements for osteoporotic vertebral compression fractures have been added to the medical policy.
  - Percutaneous sacroplasty has not been proven in peer-reviewed literature to improve patient outcomes and is considered to be investigational
  - There is a Medicare Variation.
List of Medical Policies reviewed and approved in 2012 recommended for approval without changes in March and April 2013:

- Acute Inpatient Rehabilitation
- Allergy Testing & Allergen Immunotherapy
- Alopecia/Wigs/Scalp Prosthesis
- Blepharoplasty/Browlift/Ptosis Repair
- Breast Implantation
- Breast Surgery for Gynecomastia
- Electromyography & Nerve Conduction Studies
- Erectile Dysfunction
- Extracorporeal Shock Wave Therapy
- Hearing Aid Services
- Hip & Shoulder Joint Resurfacing
- Hyperhidrosis Treatment
- Imaging Procedures
- Implantable Cardioverter Defibrillators
- Infertility Advanced Services
- Interspinous Process Decompression Systems (IPD)
- Lenses for Medical Conditions of the Eye
- Lymphedema Pumps, Compression Garments, Appliances
- Mifepristone
- Orthotic Devices
- Penile Implants for Erectile Dysfunction
- Phototherapeutic Keratectomy/Refractive Surgery
- Prolotherapy
- Speech Therapy (Outpatient)

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.