

Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the July and August 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 October 1, 2013

- **Artificial Intervertebral Disc Cervical and Lumbar:** Lumbar and cervical artificial disc are covered when the medical policy indications and criteria are met. For Medicare products, lumbar artificial disc replacement is not covered for Medicare members over 60 years of age.
- **Autologous Chondrocyte Implantation (ACI):** There are no changes to the medical policy.
- **Breast Reduction Surgery (Reduction Mammoplasty):** There are no changes to the medical policy.
- **Canaloplasty and Visco canalostomy:** A Medicare Variation has been added to the policy. The Ex-PRESS™ Miniature Glaucoma Implant device, the Ahmed Glaucoma Valve, the OptiMed Glaucoma Shunt, and the Baerveld Glaucoma Shunt is covered for Medicare products only. The Ex-PRESS™ Miniature Glaucoma Implant device, the Ahmed Glaucoma Valve, the OptiMed Glaucoma Shunt, and the Baerveld Glaucoma Shunt is not covered for Commercial products.
- **Capsule Endoscopy:** The Medicare Variation for capsule endoscopy has been removed. The indications and criteria for capsule endoscopy apply to all products.
- **Cryoablation of Breast Fibroadenomas:** The medical policy has been updated to include indications and criteria for cryoablation of breast adenoma.
- **Endovascular Repair of Aortic Aneurysms and Percutaneous Transluminal Angioplasty:** The policy was previously titled “Endovascular Procedures”. The policy follows InterQual criteria.
- **Endovenous Ablation of Varicose Veins:** The policy was previously titled “Varicose Veins of the Lower Extremities - Surgical Treatment”. “Endovenous radiofrequency ablation or endovenous laser ablation may be considered medically necessary when the procedure is performed in one visit and criteria in the policy are met” has been added to the Indications/Criteria section. Requests for repeated treatments on the same leg must be accompanied by documentation as to the medical necessity of additional treatments.
- **Evaluation of New Technology:** There are no changes to the medical policy.
- **High Frequency Chest Wall Oscillation Devices:** The policy follows Medicare criteria. Additional language has been added supporting treatment for patients >7 years of age.

- **Home Care Services:** There are no changes to the medical policy.
- **Laser Treatment of Port Wine Stains:** Language for wart treatment has been updated to state “Wart treatment and removal will be covered according to the criteria for medical necessary listed in the MVP Medical Policy for Benign Skin Lesions”.
- **Low Vision Aids:** Low vision aids are considered not medically necessary for Commercial and Medicare members. A Medicare Variation has been added. Coverage will be considered for Option members when criteria in the policy are met.
- **Personal Care & Consumer Directed Services:** The policy was previously titled “Personal Care Services for MVP Option”. Language has been added under the Overview for the Consumer Directed Personal Assistant Program (CDPAP). The CDPAP services have combined personal care Level 1 and Level 2 into one benefit. Exclusions have been added that the “Member’s home is a health/safety concern for the personal care aide” and “Member is non-compliant with personal care aide appointments and/or nurse assessment visits.”
- **Umbilical Cord Blood Banking:** There are no changes to the medical policy.
- **Policies reviewed and approved without changes in June and August 2013:**
 - Amniotic Membrane Transplant for the Treatment of Ocular Conditions
 - Audiologic Screening (OAE)
 - Breast Pumps
 - Dental Care Services Accidental Injury
 - Dental Care Services Facility Services
 - Dental Care Services Prophylactic Dental Extractions
 - External Breast Prosthesis
 - Heart Transplant Rejection Testing
 - Home Prothrombin Time Monitoring
 - Immunizations/Childhood/Adolescent/Adult
 - Knee Arthroscopy
 - OnDose
 - Orthognathic Surgery
 - Oxygen & Oxygen Equipment
 - Panniculectomy/Abdominoplasty
 - Prophylactic Mastectomy/Oophorectomy
 - Robotic & Computer Assisted Surgery
 - Sclerotherapy for Varicose Veins of the Lower Extremities
 - Sinus Surgery – Endoscopic
 - Therapeutic Footwear for Diabetics
 - Ventricular Reduction Surgery
 - Video EEG Monitoring

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.