

# Healthy Practices



A quarterly publication for MVP Health Care® Providers.

## Health Inequity

Summer 2021  
Volume 17 Number 3

### Talking to the Vaccine-Hesitant

Vaccines are a critical tool against COVID-19. The more people that are vaccinated, the less disease we'll have in our communities and the safer we will all be. While many people have already received a COVID-19 vaccine in New York and Vermont, there are still those who have questions and concerns about COVID-19 vaccination. Patients seek health information from trusted sources, including health care providers and pharmacists. Your patients often consider you as one of their most trusted sources of information when it comes to vaccines. Your answers to their questions matter and will help them make an informed decision about getting a COVID-19 vaccination.

There are a few best practices to keep in mind when discussing vaccines with patients who may be hesitant:

**Non-judgmental listening:** Start from a place of empathy and understanding, and ensure patients feel comfortable sharing their questions and concerns.

**Informed decision-making:** Help patients understand that it is ultimately their own decision to get the vaccine or not. Your conversations allow patients to gather the information they need to make an informed decision about vaccination.

**Have the right information:** In addition to raising awareness about the benefits of vaccination and making a strong recommendation for vaccination, it is important to be ready to answer patient questions with clear and accurate information. Providers should correct misinformation and be ready to acknowledge uncertainty where it exists to facilitate trust.

**Address safety concerns:** Let your patients know that the vaccines have been tested among all different ethnicities to promote that they are safe.

**Equity in access:** Exploring any barriers a patient might have to obtaining the vaccine is an important practice to ensure equity in access. Providers should help patients with a plan if they have decided to get the vaccine and connect them to resources to overcome any barriers such as locating a vaccine site, registration, and/or transportation.

Many patients will not make a decision about vaccination after just a single conversation with a provider, so it is important to let patients know you are available to continue the conversation if they have additional questions or concerns.

Your patients often consider you as one of their most trusted sources... Your answers to their questions matter and will help them make an informed decision about getting a COVID-19 vaccination.

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**We welcome  
your comments.**

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**Customer Care  
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# Training Requirement Reminder

## Transition of Children in Voluntary Foster Care into NYS Medicaid Managed Care

As of July 1, 2021, children placed in voluntary foster care have transitioned into Medicaid Managed Care. Voluntary Foster Care Agencies (VFCAs) who obtain an Article 29-I licensure can provide core limited health-related services (CLHRS) to foster care children, and other limited health related services (OLHRS). All providers that participate in NYS Medicaid programs are required to take training on VFCA.

### Accessing the training:

The training is self-directed; however, MVP PR representatives will be happy to assist or answer any questions. Providers are required to verify they have completed one of the trainings.

### Training options:

- MVP Providers who are not eligible for Article 29-I licensure should complete the **MVP Medicaid Children's Foster Care Training for Providers**.
- MVP Providers who are requesting the new Article 29-I licensure should complete the **MVP Medicaid Children's Foster Care Training for Foster Care Agencies**.

The trainings can be found at [mvphealthcare.com/VFCAeducation](https://mvphealthcare.com/VFCAeducation). Select the appropriate training document to meet your specific requirement.

## Access and Availability Standards

### Order your laminated copies

Providers are required to conform to access and availability standards to ensure health care services are provided in a timely manner. MVP strongly encourages you to review the current standards at [mvphealthcare.com/providers/AAS](https://mvphealthcare.com/providers/AAS) to ensure that your patients have timely access to necessary health care.

### Request free, laminated copies of the access and availability standards including:

- New York Behavioral Health Variation to Access Standards
- New York Foster Care Access Standards
- New York Medical Health Access Standards
- Vermont Health Access Standards

To request laminated copies of any of the standards listed above, please make your request at [mvphealthcare.com/AAcopies](https://mvphealthcare.com/AAcopies).

## Sharing and Receiving Information from MVP

### A Survey for Commercial, Essential, and Vermont Marketplace Providers

MVP strives to create the best experience for our Members. Therefore, we are asking Participating Commercial, Essential, and Vermont Marketplace Medical and Behavioral Health Providers to participate in a brief survey. This survey assesses both the sharing and receiving of information with MVP Participating Providers to make sure that it is accurate, appropriate, and sufficient for treating our Members. The feedback will assist MVP in improving both the Provider and Member experience. The survey is available at [mvphealthcare.com/PFS](https://mvphealthcare.com/PFS). We look forward to hearing from you.

## MVP Case Management

### Working Together with You

MVP offers dedicated Case Management programs to MVP Members living with multiple or chronic health concerns, both physical and behavioral. Drawing on the combined strength of our registered nurses, respiratory therapists, social workers, registered dietitians, and other health care professionals, MVP offers a highly focused, integrated approach that promotes quality, cost-effective health care. As part of our business agreement, representatives of the MVP Case Management team will at times need to contact your practice to obtain health information and/or contact information regarding our Members. The information requested is HIPAA compliant and helps ensure a collaborative partnership between MVP and your office to give your patients—our Members—the best care possible. We appreciate your timely response to requests from our team.

## SARS-CoV-2 Antibody Test

### What Your Patients Need to Know

On May 19, 2021, the U.S. Food and Drug Administration issued a communication to both health care providers and the public against the use of SARS-CoV-2 antibody test results in the evaluation of immunity or protection from COVID-19.

SARS-CoV-2 antibody tests play an important role in assessing whether patients have had a current or recent COVID-19 infection. However, these tests have not been evaluated to assess the immunity induced by COVID-19 vaccination. This may be confusing to some patients, so it is important to help them understand that we do not know how much protection the antibodies provide.

## Virtual Care and COVID-19 Treatment Cost-Share Update

As COVID-19 vaccination rates rise, many of the emergency coverage changes put into place over the last year are ending. MVP is following all guidance put forth by all regulating bodies and providing coverage accordingly. Below, please see updates to our policies related to Member cost-share for telehealth and COVID-19 treatment.

### New York and Vermont Telehealth

- Effective August 1, 2021, MVP will no longer waive the cost-share for audio/visual and audio only visits. Commercial Members will be charged a regular, in-person cost-share for audio/visual and audio only visits according to their plan details.
- For MVP Medicare Members, MVP will continue to waive cost-share for audio/visual and audio only visits through December 31, 2021.

### COVID-19 Treatment: New York Only

- Effective August 1, 2021, MVP will no longer waive the cost-share for COVID-19 treatment.

### COVID-19 Treatment: Vermont Only

- MVP will continue to cover COVID-19 treatment in full until March 1, 2022 as is required by Vermont Rules.

## Receive Monthly Tips for Closing Gaps in Care

MVP is here to provide you our tactical expertise in closing gaps in care with your patients. If you are interested in learning the latest “tips and tricks for closing gaps,” please go to [mvphealthcare.com/GICtips](https://mvphealthcare.com/GICtips) and provide us with your email address to receive valuable information every month.

## PROFESSIONAL RELATIONS PROFILE

### Say Hello to Theresa Hardesty

#### In her words:

The Hudson Valley is where I have always called home, and I love this area. I am a mother of two boys and have recently become a new “fur” mommy to a four-month-old puppy! Now that the weather is finally nice again, I’m looking forward to the great outdoors, hiking, and kayaking (with and without the puppy).



I have worked in the health care industry for 20 years and started in the Radiology field as a receptionist and was later promoted to team leader. I worked in Radiology for over 10 years and have developed great relationships with many providers within the Mid-Hudson Region. I am looking forward to working with our MVP Providers and assisting them with their needs.

Theresa serves Southern Westchester County.

## Online Provider Demographic Information Review Reminder

The Centers for Medicare and Medicaid Services (CMS) regulation 42 CFR § 422.111(b)(3) and (h)(2)(ii), 422.112, 423.128(d)(2) mandate that a health plan require its participating provider network to perform reviews of its provider demographic information found in the plan’s online directory\*. As a Participating Provider with MVP, you must review the listed information and ensure it remains accurate and up to date.

### Please follow these steps and complete your review:

#### Step 1

Visit [mvphealthcare.com/searchproviders](https://mvphealthcare.com/searchproviders).

#### Step 2

Select *Search by Location & Plan Type*. Then, click *Choose a location and plan* and enter a zip code for your desired search. Select *Browse a list of plans*, then select *All Plans* at the bottom of the page.

#### Step 3

If all information is accurately displayed in the Provider directory, then no further action is required. If demographic information is **incorrect**, please update your information online using the *Provider Change of Information* form at [mvphealthcare.com/demographics](https://mvphealthcare.com/demographics). Delegated providers should contact their delegate administrator to update their demographic information.

#### Step 4

If the update applies to multiple providers in the group, choose *Contracted Group* on the form and attach a roster of all providers for which change applies and include each provider’s name and NPI.

#### Step 5

A reference number will be provided to you once the form is submitted. Please keep this for your records and use it when inquiring the status of your change request.

#### Step 6

Log in to your CAQH ProView account and make any demographic updates to your CAQH profile, so it matches the information you are submitting to MVP and re-attest your CAQH.

\*This notice only applies to credentialed physicians. Registered Mid-Level Providers and Hospitalist Physicians based solely in the hospital will not be listed in the online directory.

## Demographic Data Reminder

As outlined in the Provider Resource Manual, MVP requires all MVP Participating Providers to be listed in the MVP Provider directory to ensure Members can easily find all in-network providers. All MVP Participating Providers will be visible to Members. If you have any questions, please refer to the Provider Resource Manual at [mvphealthcare.com/PRM](https://mvphealthcare.com/PRM) or reach out to your MVP Professional Relations Representative.

# Quality Corner



## Improving Outcomes for Children

### **Kids Quality Agenda Performance Improvement Project (PIP)**

The focus of the NYS Kids Quality Agenda PIP has been to improve access to services and create better outcomes for children in their first three years. MVP shares this commitment and wants to remind you that we have developed helpful information, resources, and suggested best practices for providers.

#### **Developmental Screening Best Practices**

The American Academy of Pediatrics (AAP) recommends routine screening with a standardized developmental screening tool at various points during the first 30 months of life. It is especially important to recognize that children insured by Medicaid are twice as likely to be at risk for developmental delays. To access helpful information visit [mvphealthcare.com/providers](https://mvphealthcare.com/providers) and select *Quality Programs*, then *NYS Kids Quality Agenda Performance Improvement Program*, then select *Developmental Screening*. Additional Resources are also available to assure that your patients get off to the right start.

Additional training materials including Managing Blood Lead and self-guided NYSIIS training videos can be accessed by signing in to the *Health Commerce System* at [commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html).

### **Coordination of Care: ADHD**

For children with ADHD, six years of age and older, the AAP recommends medication and behavior therapy together.

Once medication treatment has been established, conduct parent or guardian education, and include the child in these discussions as much as possible. Understanding what the medication is going to do and how it will make them feel is an important part of establishing awareness and ensuring better compliance. Discuss potential side effects and how they should respond if they occur.

Set up a follow-up visit plan with the child and their parents/guardians. Establish this visit within two to three weeks of the initial medication therapy. Be sure to communicate that medications will not be refilled until the initial follow-up visit is complete. Once the child attends the initial follow-up visit, schedule the additional two visits within nine months of the start of the medication. If in-person visits are not an option for your patient, discuss telehealth options if available. Telehealth visits, e-visits, and virtual check-ins can be conducted for the initial and continuing follow-up visits.

Health care providers should talk with parents about ADHD treatment and explain the benefits of behavior therapy, including:

- Improved behavior, self-control, and self-esteem for children
- Better relationships and reduced stress for families
- Benefits are lifelong for children and families

For additional best practices in coordination of care visit [mvphealthcare.com/providers](https://mvphealthcare.com/providers) and select *Reference Library*, then *2021 HEDIS Reference Guides*, and then *Follow-Up Care for Children Prescribed ADHD Medication for Attention Deficit Disorder (ADD)*.

## Coordination of Care: Child and Adolescent Well Care Visits (WCV)

It's almost back to school season, which means it's time for children and adolescent well visits, along with age-appropriate vaccines and screenings.

Effective 2020, WCV now replaces the former Well Child Visits for third, fourth, fifth, and sixth years of life (W34) and Adolescent Well Care Visits (AWC). In addition, the new measure includes Members aged seven to 11. For all ages (3–21), one Well Care visit during the year is required. Use these visits as an opportunity to discuss the following with the Member or their parents/caregivers:

- Annual dental visits
- Upcoming vaccinations or screenings
- Weight assessments and counseling for nutrition and physical activity
- Behavioral health concerns or medications they may be taking

## Children Living with Asthma

Each summer, MVP mails asthma action plans to caregivers of school-aged Members living with asthma so they are prepared before the new school year starts. While everyone living with asthma should have an asthma action plan in writing, it is especially important for school-aged children. Asthma action plans notify school staff and other childcare providers about the child's asthma and what to do in the event of asthma attack. If you are conducting a WCV make sure to review and provide asthma prevention education material during the visit to help parents and the Member better understand asthma management and ensure adherence with the asthma action plan. While it may take extra time to review asthma prevention strategies, this high-value care prepares families and may prevent unnecessary emergency visits or hospital admissions.

For additional information to help improve WCV and other childhood health care outcomes visit [mvphealthcare.com/Providers](https://mvphealthcare.com/Providers) and select *Reference Library*, and then *2021 HEDIS Provider Reference Guides*.



## August is Summer Sun Safety Month

As we move into the summer months, it's important to remind your patients of the importance of taking the proper precautions to avoid the risk of skin cancer. The American Cancer Society provides information that is important to reinforce this time of year.

**Time of day:** Remind patients that UV rays are strongest in the middle of the day, between 10 am and 4 pm.

**Cloud cover:** The effect of clouds can vary, but it's important to know that UV rays can get through to the ground, even on a cloudy day.

**Protect yourself:** It may be obvious, but it's important to remind patients to limit their exposure to UV rays and seek shade. Direct exposure to sunlight for too long can be harmful. Also, remind them to wear sunglasses, clothing, and a hat to protect the skin.

**Apply sunscreen:** Patients should be encouraged to wear sunscreen and read the labels to understand the levels of protection. It's also important to note that some sunscreen products are designed specifically for water resistance. Labels should be read carefully so that sunscreen is applied properly.

Additional information can be found at [cancer.org](https://cancer.org) and select *Stay Healthy*.



# The *Heart* of the Matter

## Heart Health Education Series

MVP has developed a new Member-education series focused on understanding the risk factors for heart disease as well as information on how they can develop heart-healthy habits. Members can view videos such as *Eat Smart for a Healthy Heart*, *Keep Your Heart Fit*, *High Cholesterol Got You Down*, and other important topics. This is a must-see series for your patients at risk for heart disease. These resources can be found by visiting [mvphealthcare.com/hhes](https://mvphealthcare.com/hhes).

## Pharmacy Policy Updates

**EFFECTIVE MAY 1, 2021**

### Compounded (Extemporaneous) Medications

- Removed hydromorphone from exclusions section under intrathecal medications. Hydromorphone now has an orphan drug designation for intrathecal treatment of complex regional pain syndrome.

**EFFECTIVE JUNE 1, 2021**

### Atopic Dermatitis

- Updated the indication for Dupixent from patients aged 12 years and older to patients six and older.

### CAR-T Cell Therapy

- Added criteria for the new CAR-T Cell therapy, Breyanzi.
- Added a statement to the drug criteria section for each medication stating criteria and use must follow the FDA package label and the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology.
- Updated Yescarta to include new indication for relapsed/refractory follicular lymphoma.

### Cosmetic Drug Agents

- Added Kataryaxn, Ketarva, and Kuvarva to the list of medications that reject for cosmetic use.
- Updated finasteride to include the strength.

### Eskata

- Archived policy due to Eskata being discontinued by the manufacturer. Additionally, there has been no recent utilization.

### Immunoglobulin Drug Therapy

- For Commercial/Exchange added a statement that IVIG and SCIG must be obtained from a preferred contracted IVIG vendor.

### Multiple Sclerosis Agents

- The section highlighted in yellow is a Medicaid Carve Out administration change approved at February Pharmacy and Therapeutics Committee. The Carve Out date has been updated to May 1, 2021. The highlighted section is contingent on the Carve Out date and will be removed if necessary.

- Excluded brand Tecfidera; generic Tecfidera (dimethyl fumarate) remains a preferred agent that does not require prior authorization.
- Added Bafiertam as a preferred agent that does not require prior authorization.
- Added Zeposia, preferred agent, to the policy.

### Onychomycosis

- Updated Jublia section to include documentation of a positive KOH or positive pathogenic fungal culture and a documentation requirement for itraconazole and ciclopirox therapy.
- Updated Kerydin to include a documentation requirement for a Jublia trial.

### Topical Agents for Pruritis

Added the following exclusions:

- Age, dosing, and/or frequency exceeding the FDA approved package labeling.
- Untreated narrow angle glaucoma and tendency to urinary retention.

### Valchlor

- Added continuation requests criteria.

### Ulcerative Colitis, Select Agents

- Updated the Humira indication due to recent FDA approval for pediatric patients five years of age and older with moderate to severe ulcerative colitis.
- Updated age requirement in exclusion section to "Age, dose, frequency outside of FDA approved labeling."

### No Changes

- Luxturna

## Formulary Updates

### COMMERCIAL, MARKETPLACE, AND MEDICAID

**New Drugs (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid)**

DRUG	INDICATION
<b>Imcivree</b> (excluded for Medicaid)	Weight Loss/Management
<b>Orgovyx</b>	Prostate Cancer
<b>Zokinvy</b>	Hutchinson-Gilford Progeria Syndrome (HGPS)
<b>Gemtesa</b> (excluded for Commercial/Exchange)	Overactive Bladder (OAB)
<b>Klisyri</b>	Actinic Keratosis (AK)
<b>Verquvo</b>	Chronic Heart Failure
<b>Cabenuva</b> (medical)	HIV-1 Infection
<b>Lupkynis</b>	Lupus Nephritis
<b>Bronchitol</b>	Cystic Fibrosis
<b>Tepmetko</b>	Metastatic Non-Small Cell Lung Cancer (NSCLC)
<b>Ukoniq</b>	Relapsed or Refractory Follicular Lymphoma (FL)
<b>Breyanzi</b> (medical)	Large B-Cell Lymphoma CAR-T Cell Therapy
<b>Evkeeza</b> (medical)	Homozygous Familial Hypercholesterolemia (HoFH)
<b>Cosela</b> (medical)	Extensive-Stage Small Cell Lung Cancer (ES-SCLC)

### DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

<b>Zepzelca</b> (medical)	<b>Rukobia</b>	<b>Bafiertam</b>
<b>Twirla</b>	<b>Mycapssa</b>	<b>Monjuvi</b> (medical)
<b>Phesgo</b> (medical)	<b>Ortikos</b>	<b>Blenrep</b> (medical)
<b>Inqovi</b>	<b>Upneeq</b>	<b>Armonair Digihaler</b> (limit 2 inhalers per 23 days)

### DRUG EXCLUSION

**Gemtesa** (Commercial/Exchange)

**Lyumjev**

### NEW GENERICS

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
<b>Glucagon Kit*</b>	glucagon (RDNA) for injection kit	Tier 1	Tier 1	Tier 2
<b>Veletri</b>	epoprostenol injection	Medical, prior authorization	Medical, prior authorization	Medical, prior authorization
<b>Zomig Spray</b>	zolmitriptan spray	Tier 1 (Current UM in place for the brand will also apply)	Tier 1 (Current UM in place for the brand will also apply)	Tier 2 (Current UM in place for the brand will also apply)

All other brands will be non-formulary, Tier 3

\*Brand name will be Tier 2



## Miscellaneous Updates

### COVID-19 VACCINES

Claims for COVID-19 vaccines are processing. Vaccines are covered by the federal government and the administration costs are covered by plans.

### MEDICAID FORMULARY

**Medicaid Carveout Update:** New York State decided to postpone the Medicaid Pharmacy Carveout until April 1, 2023. MVP will continue to provide prescription benefits to our Medicaid Members.

### COMMERCIAL AND EXCHANGE FORMULARIES APRIL 1, 2021 CHANGES

- Sutab added to Tier 3 (and to the ACA program)
- Prepopik is excluded (and removed from the ACA program)

### COMMERCIAL AND EXCHANGE FORMULARIES APRIL 1, 2021 CHANGES

- Brand Amitiza moved to Tier 3
- Brand Tecfidera is excluded
- High-cost drug changes listed below

### HIGH-COST DRUG EXCLUSIONS AND UTILIZATION MANAGEMENT FOR COMMERCIAL AND EXCHANGE FORMULARIES

DRUGS TO REVIEW	ACTION	FORMULARY ALTERNATIVES
Acyclovir cream	Exclude	Acyclovir ointment
Calcipotriene ointment and cream	Add quantity limit 60 g/30 days	No prior authorization required when within the quantity limit
Chlorzoxazone 500 mg	Exclude	Baclofen, carisoprodol, cyclobenzaprine, fexmid, methocarbamol, tizanidine
Diflorasone 0.05% ointment	Add quantity limit 60 g/30 days	No prior authorization required when within the quantity limit
Hydrocortisone 0.1% cream and ointment	Exclude NDC for the manufacturer Oceanside	Other NDCs available from different manufacturers
Hydrocortisone 0.1% lotion	Add quantity limit 59 mL/30 days NDC Block for the manufacturer Oceanside	No prior authorization required when within the quantity limit Other NDCs available from different manufacturers
Lidocaine 5% ointment	Exclude NDC for the manufacturer Teligent	Other NDCs available from different manufacturers
Metaxalone 800 mg	Exclude	Baclofen, carisoprodol, cyclobenzaprine, fexmid, methocarbamol, tizanidine
Pimecrolimus cream	Exclude NDC for the manufacturer Oceanside	Other NDCs available from different manufacturers

## Medical Policy Updates

### EFFECTIVE MARCH 1, 2021

**Applied Behavior Analysis:** This is a new standalone behavioral health/medical policy, replacing InterQual, that includes the indications and criteria for treatment for Autism Spectrum Disorder (ASD) using applied behavior analysis (ABA). The policy indicates that a Member must be diagnosed with ASD per DSM-5 criteria to qualify for ABA treatment and outlines the documentation requirements for prior authorization. It also addresses the importance that ASD treatments include a multidisciplinary treatment approach as the standard of care.

### EFFECTIVE APRIL 1, 2021

**Breast Implantation and Removal:** Updated to new format, added examples of indications that may apply to each criteria point, added documentation requirements, and added additional exclusion for cosmetic breast implants.

**Breast Reduction Surgery (Reduction Mammoplasty):** Updated to new format, added criteria for age of individuals, removed brachial plexus compression from the indications/criteria, and added column with total grams of tissue to reference table in policy.

**Deep Brain Stimulation:** Updated to new format. Prior authorization was removed from the implanted pulse generator. The procedures still require prior authorization.

**Endovenous Ablation of Varicose Veins:** The use of medical adhesive (also referred to as cyanoacrylate superglue, n-butyl-cyanoacrylate) (e.g., VariClose Vein Sealing System, VenaSeal Closure System) for the treatment of varicose veins is considered experimental and investigational because its effectiveness has not been established in the medical literature.

**High Frequency Chest Wall Oscillation Devices:** Updated to new format. No changes were made to the policy indications or criteria.

### EFFECTIVE JUNE 1, 2021

**Automatic External Defibrillator:** The Medicare variation was removed as MVP follows Medicare criteria for all Lines of Business. The policy format was updated.

**Breast Reconstruction Surgery:** No changes were made to the policy indications or criteria. The policy format was updated.

**Cell-Free Fetal DNA Based Prenatal Screening:** An exclusion was added stating the test may not be used for purposes of gender confirmation only.

**Cranial Orthotics:** No changes were made to the policy indications or criteria. The policy was updated to the new format.

**Genetic and Molecular Diagnostic Testing:** Based upon assessment of the peer-reviewed literature, molecular panel testing to identify targeted ovarian cancer treatment using myChoice CDx is considered investigational for Commercial and Medicaid plans. Medicare coverage updated for patients with germline (inherited) cancer when performed in a CLIA-certified laboratory, when ordered by a treating physician, and when specific requirements are met.

**Investigational Procedures:** Three additions were made to the policy. Corneal Cross-linking is covered as of June 1, 2021. Gastrointestinal Pathogen Nucleic acid panels manufactured by BioFire were added to the policy. Testing is covered when testing for less than 12 targets. Medicare covers this test. Respiratory pathogen nucleic acid panels for 12+ targets were also added to this policy based on a review of the current literature. Pharmacogenomics testing for opioid treatment has also been added to the policy as investigational based on review.

### EFFECTIVE JUNE 1, 2021

The Inpatient Procedure and Outpatient Procedure lists have been updated and are available by visiting [mvphealthcare.com/provider](http://mvphealthcare.com/provider) and Sign In to your account, then select Resources then Other Resource.

**Hyperbaric Oxygen Therapy (HBO):** Updated to new format. No changes were made to the policy indications or criteria.

**Indirect Handheld Calorimeter:** Updated to new format. No changes were made to the policy indications or criteria.

**Mechanical Stretching Devices:** Updated to new format. No changes were made to the policy indications or criteria.

**Non-Invasive Liver Fibrosis Testing:** The definition of noninvasive imaging procedures considered investigational was expanded.

**Orthognathic Surgery:** Updated to new format. Examples of malnutrition were added. Criteria for obstructive sleep apnea diagnosis, modernized intra-oral appliance descriptions, and examples of physical therapy were added. A Medicaid Managed Care (MMC) variation was added to the policy.

**Sacroiliac Joint Fusion:** This is a new policy with prior authorization for sacroiliac joint fusions using minimally invasive arthrodesis iFuse Implant System. The criteria are based on the patient selection criteria used in a majority of studies and insurers.

**Serological Testing for Inflammatory Bowel Disease (IBD):** Updated to new format. Noncoverage statement regarding Medicare was added to the policy to illustrate consistency with original Medicare.

**Neuropsychological Testing:** The policy was updated to the new format. No changes were made to the policy indications or criteria.

**Obstructive Sleep Apnea:** Devices: Cystic Fibrosis criteria added for BiPAP devices. Cystic Fibrosis with severe CO2 retention with clinical indications including: Dyspnea, fatigue, morning headaches, and PaCO2 ≥55 mmHg; or PaCO2 50-54 mmHg and nocturnal desaturation; or PaCO2 50-54 mmHg and ≥ two hospitalizations in the preceding year for respiratory failure.

**Phototherapeutic Keratectomy/ Refractive Surgery:** Keratoprosthesis has become a standard of care and will be removed from investigational status. Collagen cross-linking for patients with progressive keratoconus will be covered under the criteria outlined in the policy.

**Pneumatic Compression Devices:** The policy format was updated. No changes were made to the policy indications or criteria.

**Robotic and Computer Assisted Surgery:** This policy has been archived and replaced with a Payment Policy.

**Scoliosis Bracing:** Medicare and Medicaid variations were added outlining Medicare and Medicaid criteria for Tension Based Scoliosis Orthoses.



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# Join MVP

## Provider Participation Refresh on [mvphealthcare.com](https://mvphealthcare.com)

MVP values our network of Providers throughout New York and Vermont. As your partner, we are committed to improving the tools and resources available to you while doing business with MVP. As part of that commitment, we are pleased to announce the launch of our new Join MVP page which can be found at [mvphealthcare.com/providers](https://mvphealthcare.com/providers). The new webpage includes:

### Provider Credentialing and Registration

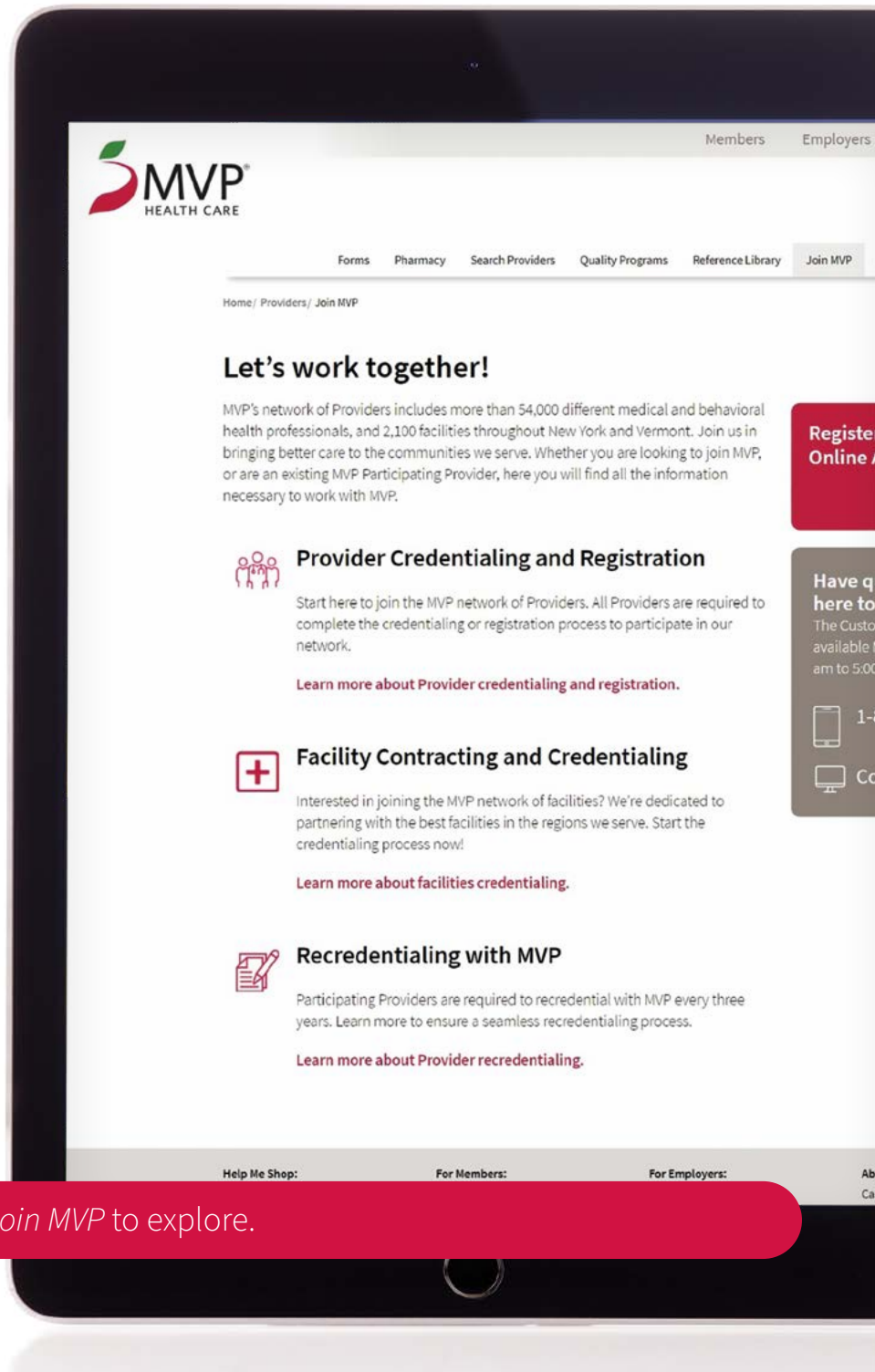
Access step-by-step instructions and resources to participate in the MVP network. Whether a provider is new to MVP, or is being added to an existing group, this is the place to get started.

### Facility Contracting and Credentialing

Facilities that want to join the 2,100 facilities that are already part of the MVP network should start with the information on this webpage.

### Recredentialing with MVP

Participating Providers are required to recredential with MVP every three years. This webpage provides information that will help you to understand your responsibilities as well as what to expect from MVP.



Please visit [mvphealthcare.com/providers](https://mvphealthcare.com/providers) and select *Join MVP* to explore.

Healthy Practices

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### MVP IN THE COMMUNITY

## MVP Assists Ellis McClellan Health Center in a “Rooftop Cleanup”

This spring, seven volunteers got to work sprucing up the rooftop connected to the nursing home unit. After a year in which the facility endured short-staffing, members of MVP decided it was time to pull out weeds, plant new flowers, and sand down and paint the furniture so that it would be ready for summer visitors.

