Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the November and December 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 February 1, 2013

- **Breast Reconstruction Surgery:** Language has been added under Documentation Requirements to include partial mastectomy which also includes lumpectomy as required by NYS Dept. of Health mandate.

- **Cochlear Implants & Osseointegrated Devices:** There are no changes to the medical policy.

- **Dermabrasion:** There are no changes to the medical policy. Dermabrasion is considered to be cosmetic and, therefore, is not medically necessary.

- **Durable Medical Equipment:** The following language has been added to the policy:
  
  - Replacement of lost, stolen, or irreparably damaged items requires a new physician order documenting the medical necessity and documentation should include statements indicating the reason for the replacement.
  
  - Under supplies, “quantity limits may apply” has been added.
  
  - Language has been updated under the Medicare Variation and is consistent with Medicare guidelines that a prescription drug benefit is not required for diabetic supplies and insulin when billed through the pharmacy benefit manager. A prescription drug benefit is required for insulin and supplies under the Medicare Part D prescription benefit. A prescription drug benefit is not required for medications deemed Part B. Disposable medical supplies are covered in accordance with Medicare coverage criteria.

- **Early Childhood Development Disorders Vermont:** The policy was previously named Autism Spectrum Disorders Vermont. The Vermont legislature has expanded coverage of the previous Autism Spectrum Disorders (ASD) mandate to include childhood disorders from birth to age 21. The diagnosis and treatment of early childhood developmental disorders is covered in accordance with the Vermont state mandate. Treatment for early childhood developmental disorders means evidence-based care (medical and behavioral) and related equipment prescribed or ordered for an individual by a licensed health care provider or a licensed psychologist who determines the care to be medically necessary.
Hyperbaric Oxygen Therapy (HBO): The policy follows Medicare guidelines. Language has been added to clarify that documentation must indicate that the member has tried and failed negative pressure wound therapy prior to requesting HBO (See the MVP Medical Policy Negative Pressure Wound Therapy Pumps).

Indirect Handheld Calorimeter: There are no changes to the medical policy. There is insufficient evidence in the peer-reviewed literature that indirect handheld calorimeters provide superior outcomes, therefore, they are considered not medically necessary. Specialist opinion is in agreement with the policy as written.

Ovacheck® Proteomic Pattern Analysis of Blood: New Policy - This is a new policy. There is insufficient evidence in the peer-reviewed literature that Ovacheck® results in proven beneficial outcomes and is, therefore, considered investigational.

Prosthetic Devices (Upper & Lower Limb): Language regarding functional capabilities has been updated under Documentation Requirements. The prosthetist's record must be corroborated by the patient’s information in the physician’s medical record. Microprocessor controlled knee requires documentation that the member is at a Functional Level 3 or above as determined by the Amputee Mobility Predictor test score. Criteria were also added under Upper Limb that myoelectric upper arm prosthetic components may be considered when criteria in the policy are met.

Spinal Fusion – Lumbar: There are no changes to the medical policy. The policy follows InterQual criteria.

Varicose Veins of the Lower Extremities: Language has been added that “It must be documented in the medical record that the patient must have failed a trial of conservative, non-surgical management for at least six (6) weeks when criteria in the policy are met. Conservative therapy includes the following NSAIDS, unless not tolerated; exercise e.g., walking, bicycling, swimming, leg lifts, leg squats; avoid standing or sitting in one position for more than 30 minutes; elevate legs, take several short breaks daily to elevate legs above the level of the heart; compressive hose; weight loss (if applicable); avoid alcohol and high sodium foods; avoid sitting with legs crossed.

List of Medical Policies Reviewed & Approved in 2011 Recommended for Approval without Changes in November 2012
- Autism Spectrum Disorders NH
- Dynamic Splinting Devices
- Experimental or Investigational Procedures
- Hyaluronic Acid Derivatives
- Neuropsychological Testing
- Private Duty Nursing
- Psychological Testing
- Radiofrequency Ablation for Pain (Rhizotomy)

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.