

**Medical Policy Update
Provider News Summer 2014
Updates to Medical Policies**

Highlights of recent medical policy revisions as well as any new medical policies approved by Prevea360 Health Plan's Medical Director Committee are shown below. The Medical Director Committee meetings take place each month. Contribution by specialists during the technology assessment of medical procedures and treatments is appreciated.

To view all medical policies, go to **prevea360.com**. This page is updated as the medical policies become effective. If you have questions regarding any medical policy or would like copies of a complete medical policy, please contact our Customer Care Center at 877.230.7555. All other clinical guidelines used by the Medical Affairs division, such as MCG Guidelines (formerly known as Milliman) and the American Society of Addiction Medicine are accessible to the provider upon request. Contact the Medical Affairs division at (800) 356-7344 ext. 4463 to request the clinical guidelines.

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate. A verbal request for a referral does not guarantee authorization of the referral or the services. After a NaviNet or written referral request has been reviewed in the Medical Affairs division, either a NaviNet or printed notification is sent to the requesting provider and member. Note that prior authorization through the Medical Affairs division may be required for treatments or procedures.

Please note, some of the imaging policies may apply to self-funded ASO groups only. For all other members (HMO, MA, and POS/PPO) please contact National Imaging Associates (NIA). Details about the radiology prior authorization program can be found online at prevea360.com

USPSTF Preventive Care Updates:

- **BRCA Risk Assessment and Genetic Counseling:** Primary care providers will screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2).
- **Gestational Diabetes Mellitus Screening:** The recommendation is to screen for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.
- **Lung Cancer Screening:** The recommendation is for an annual screening for lung cancer with low-dose computed tomography in adult's ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. NIA will manage the prior authorizations, which will be implemented on July 1, 2014.

Medical Policy Updates:

MP9061 Shoes and Shoe Modifications - Effective date July 1, 2014

The committee reviewed and approved adding line 4.0 which will state that when a member is approved for custom shoes, two pairs of diabetic inserts per calendar year can be included without prior authorization.

MP9091 Continuous Glucose Monitoring (title change to “Short Term Continuous Glucose Monitoring) – Effective date July 1, 2014

The committee reviewed and approved changes to the policy to state that glucose monitoring beyond seven days requires prior authorization. The current criteria states monitoring beyond three days requires prior authorization.

MP9132 Polysomnogram (16 channel or greater) Sleep Study and Portable Tests for Sleep Disorders– Effective date July 1, 2014

The recommendation is to add a line stating overnight pulse oximetry does not require prior authorization.

MP9241 Vein Disease Treatment (Endoluminal Radiofrequency Ablation, Endovenous Laser Ablation, Sclerotherapy, or Ultrasound-guided Sclerotherapy) (title change-delete the description in parentheses) – Effective date May 1, 2014

The committee reviewed and approved the continued use of this policy with the title change.

MP9287 Skin Substitutes for Wound Healing – Effective date July 1, 2014

The use of Alloderm for breast reconstruction without prior authorization was approved.

MP9357 Clinical Cancer Trials – Effective date August 1, 2014

The committee reviewed and approved the policy and added the requirement for prior authorization.

MP9362 Epidural Steroid Injections – Effective date August 1, 2014

The committee reviewed and approved changes to the medical policy to cover cervical epidural steroid injections when conservative treatment has failed. Prior authorization is required.

MP9363 Total Ankle Arthroplasty – Effective date July 1, 2014

The committee reviewed and approved that total ankle arthroplasty is restricted to orthopedic surgeons.

MP9445 Hearing Aids – Effective date August 1, 2014

The committee reviewed and approved changes to the Hearing Aid medical policy. The revisions include using a formula to help determine level of hearing impairment. Some of the criteria for prior authorization of a hearing aid is the use of the hearing impairment formula and an evaluation by an in plan audiologist within the last six months.

Pharmacy Related Policies:

MP9309 Omalizumab (Xolair™) – Effective date July 1, 2014

The FDA has approved Xolair to treat Chronic Idiopathic Urticaria in patients 12 years of age or older. Xolair for this indication will need to be prescribed by an allergist or dermatologist. Prior authorization will be required.

MP9405 Tocilizumab (Actemra) – Effective date July 1, 2014

The policy was reviewed and approved with the recommended changes to 1.2. A trial of Cimzia will no longer be required.

MP9451 Obinutuzumab (GAZYVA) – Effective date July 1, 2014

The new policy was presented for Gazyva, an oncology drug used to treat chronic lymphocytic leukemia (CLL). This drug would be restricted to oncologists without prior authorization.

Medical Policies reviewed and approved with No Changes:

MP9016 Auditory Brain Stem and Cochlear Implants

MP9018 Bone Anchored Hearing Aid

MP9023 Acne

MP9055 Hyperbaric Oxygen Therapy (HBO)

MP9074 Foot Orthotics

MP9076 Bone Growth (Osteogenesis) Stimulators (BGS)

MP9077 Pulmonary Rehabilitation

MP9085 Orthosis: Ankle (AFO), Knee Ankle (KAFO), or Knee (KO)

MP9103 Limb Prosthesis

MP9202 Abortion

MP9261 Back or Spinal Orthosis: Lumbosacral (LSO) or Thoracolumbosacral (TLSO)

MP9263 Prothrombin Time (INR) Home Monitoring Device

MP9289 Mechanical Stretching Devices for Contracture and Joint Stiffness

MP9327 Magnetoencephalography

MP9331 Deep Brain Stimulation (DBS)

MP9372 Pulse Oximeter for Home Use

MP9399 Laser Treatment for Psoriasis

MP9435 Transcatheter Aortic Valve Implantation

Medical Policies Discontinued:

MP9259 Extracorporeal Shock Wave Lithotripsy or Therapy – Effective date July 1, 2014

The committee reviewed and approved to delete this policy. Coverage continues with prior authorization.