Updates to Medical Policies

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

To view all Prevea360 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 formerly known as Milliman Care Guidelines and the American Society of Addiction Medicine, are accessible to the provider upon request. Contact the Medical Affairs division at 877.230.7555 to request the clinical guidelines.

Coverage of any medical intervention discussed in a 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 written referral request has been reviewed in the Medical Affairs division, a 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.

Special Note:

MP9069 Amino Acid – Base (e.g. Neocate, Elecare) and MP9069 Enteral Therapy (Tube Feedings)

- Prevea360 will reimburse for products available by prescription only and which are determined to be medically necessary.
- Prevea360 will not reimburse for over the counter supplements including nutritional support using a g-tube.

Spring 2014 Featured Medical Policy

MP9448 - Facet Joint Injections and Radiofrequency Ablation

Covered Service: Yes–as shown below
Prior Authorization Required: Yes—when meets criteria below

Prevea360 Medical Policy:

1.0 Paravertebral facet joint injections and facet joint denervation in the cervical, thoracic, lumbar or sacral regions for the treatment of chronic spinal pain require prior authorization through the Medical Affairs division and are considered medically appropriate when all of the following are met and provided at the time of request:

1.1 The medical record includes documentation of the duration of the chronic pain and any conservative therapy that has been attempted.

1.2 Documentation in the patient’s medical record of the suspected diagnosis of facet joint pathology.

1.3 When the documentation does not support the established criteria for the service requested, the request will be denied as “not medically necessary”.

2.0 The number of facet joint injections in the diagnostic phase are limited to no more than two sessions, and to no more than three levels whether unilateral or bilateral and require prior authorization through the Medical Affairs division and is considered medically appropriate when all the following are met and provided at the time of request:

2.1 Patients are diagnosed with facet pain resulting in chronic neck or back pain lasting at least three months in duration.

2.2 Failure of three months or more of nonoperative management by one or more of the following treatment modalities: exercise therapy, pharmacotherapy, physical therapy or spinal manipulation.

2.3 A maximum of six injections are covered under this policy per session.

2.4 The repeat injection should not occur sooner than within one week of the initial injection.

2.5 The member must report an 80 percent or greater improvement in pain and demonstrate the ability to perform previously painful maneuvers to proceed to additional facet injections or denervation.

3.0 In the therapeutic phase, no more than four therapeutic facet joint injections per region per patient per year are considered medically necessary.

4.0 Radiofrequency Ablation (RFA) requires prior authorization through the Medical Affairs division and is considered medically appropriate when the member has received effective relief of pain, i.e. 80 percent or greater relief of pain, from facet joint block(s).

4.1 Only one RFA per level per side in a six month period is considered medically necessary.
4.2 Member has had no prior spinal fusion surgery and neuroradiologic studies are negative or fail to confirm disc herniation.

5.0 All other indications not listed above are considered investigational/experimental, and are not a covered service.

Pharmacy Related Medical Policy Updates:

**MP9446 Alpha 1-Antitrypsin - Effective date January 1, 2014**

The use of Alpha 1-Antitrypsin has been reviewed and approved for coverage. Prior authorization is required and is limited to Pulmonary Specialists.

**Medical Policy reviewed and approved with no changes:**

**MP9016 Auditory Brain Stem and Cochlear Implants**

**MP9023 Acne**

**MP9259 Extracorporeal Shock Wave Lithotripsy or Therapy**

**MP9287 Skin Substitutes for Wound Healing**

**MP9331 Deep Brain Stimulation (DBS)**

**MP9357 Clinical Cancer Trials**

**MP9399 Laser Treatment for Psoriasis**

**Medical Policies reviewed and approved with changes:**

**MP9012 Genetic Testing – Effective date January 1, 2014**

The medical policy was reviewed and approved with adding a new indication. The new indication is for prenatal testing to be limited to Obstetricians, Perinatalists, Genetic Counselors and Family Practitioners who perform OB services for our members. Prior authorization is not required for most prenatal genetic tests.

**MP9018 Hearing Aid Benefit (Bone Anchored Hearing Aid - BAHA) – Effective date January 1, 2014**

The medical policy was reviewed and approved with some language changes. The criteria remains the same and information was deleted for the non-bone anchored hearing aids. A new medical policy for non-bone anchored hearings aids was added MP9444 which was published January 1, 2014 to the policy for clarification. The coverage remains the same and prior authorization is required.
MP9069 Enteral Therapy (Tube Feedings) – Effective date June 1, 2014

The medical policy was reviewed and approved with some language changes. The criteria remains the same and language was changed for clarification to include “formula will be a covered expense only when a member has an inborn enzyme deficiency or metabolism error.” The coverage remains the same and prior authorization is required.

MP9379 Non-Cancer Clinical Trials was deleted and replaced with MP9447 Clinical Trials for Life Threatening Illnesses Effective date January 1, 2014

The medical policy was reviewed and approved to expand coverage to include life-threatening illnesses as defined in the policy. Prior authorization is required to enroll in the trial and documentation of the trial protocols need to be on file with the health plan.

MP9415 Non-Covered Services – Effective date January 1, 2014

The medical policy was reviewed and approved to have facet joint injections and radiofrequency ablation procedures removed from the policy. Coverage continues and prior authorization is required.

MP9428 Facet Joint Injections - Effective date March 1, 2014

The medical policy was reviewed and approved for deletion and the information moved to a new policy MP9448 Facet Joint Injections and Radiofrequency Ablation (RFA). For details see our “Featured Policy for Spring 2014.”

New Medical Policies

MP9443 Habilitative Services – Effective date January 1, 2014

The medical policy was reviewed and approved by the Medical Director’s committee. Habilitation services are for only those plans that have the benefit and are covered when a member meets the medical criteria outlined in the medical policy. Prior authorization is required for all services.

MP9444 Hearing Aids – Effective date January 1, 2014

The medical policy was reviewed and approved by the Medical Director’s committee. Hearing aid services are no longer a limited benefit with the exception of Medicare and Medicaid and some specific plans. Hearing aids, molds, examinations and related services are covered when a member meets the medical criteria outlined in the medical policy. Prior authorization is required for all services. Documentation needed for the submission of the prior authorization includes the following:

1. Audiogram results.

2. Medical Needs Assessment indicating what level of hearing aid is medically necessary.

3. Medical Clearance signed by an ENT or a primary care provider.
4. Make and Model including the specific HCPCS codes.

**MP9447 Clinical Trials for Life Threatening Illnesses Effective Date January 1, 2014**

The medical policy was reviewed and approved to expand coverage to include life-threatening illnesses as defined in the policy. Prior authorization is required to enroll in the trial and documentation of the trial protocols need to be on file with the health plan.

**MP9448 Facet Joint Injections and Radiofrequency Ablation – Effective Date March 1, 2014**

The medical policy was reviewed and approved to expand coverage for chronic spinal pain management and both procedures require a prior authorization. For more details see our “Featured Policy” article.