

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the January meeting. Some of the benefit interpretation policies reflect new technology while others clarify existing benefits. All policy updates are listed online in the Benefits Interpretation Manual (BIM). Visit MVP online at www.mvphealthcare.com. Providers can directly access the online BIM through the References section of the Provider portal. The “Current Updates” page list all policy updates. If you have questions regarding the policies or wish to obtain a paper copy of a policy, contact your Professional Relations representative.

Healthy Practices will continue to inform your office about new and updated 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 in the **References** section. The **update section will list** new policies and/or policy revisions at least 30 days prior to their effective date.

Intensity Modulated Radiation Therapy (IMRT) will require prior authorization effective 4/1/2009. Codes: 0073T, 77301, 77418 (Refer to the BIM policy grid for specific prior auth requirements)

Policy Changes Effective April 1, 2009

Policy Updates:

Bariatric Surgery

- Prior authorization is required.
- Criteria expanded to include documentation that the patient completed a physician-supervised medical weight loss program or a pre-surgical multidisciplinary preparatory program prior to bariatric surgery.
- Pre-operative weight loss criteria increased from 5% to 10%.
- Specificity was added to co-morbid conditions under the Roux-en-Y Gastric Bypass section for A1C, dyslipidemia, and hypertension.
- Language clarified regarding pregnancy and bariatric surgery.

Chiropractic Care

- The policy follows InterQual criteria.
- Criteria added defining our coverage position regarding Passive Therapeutic Modalities and Needle Electromyography (NEMG).

Dermabrasion

- Procedure is considered cosmetic in nature and not medically necessary.
- Prior authorization is required.

Obstructive Sleep Apnea (OSA) Diagnosis

- Prior Authorization Required for Multiple Sleep Latency Testing (MSLT).
- Description revised to clarify diagnostic testing.
- Previous language in the policy required physicians must be certified by the American Board of Sleep Medicine. The ABSM no longer administers the exam; therefore, the language has been removed from the policy.
- The language in the Exclusion section of the policy has been clarified.

Psychological Testing (New)

- The policy is consistent with Medicare guidelines for mental health services.
- The purpose of the testing is to assist in determining a diagnosis and a treatment plan.
- Prior Authorization is required.
- Testing must be administered by a Psychologist.

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.