

# JHHC Medical Policies Update



The medical policies listed below have been approved by the JHHC MPAC (Medical Policy Advisory Committee), formerly known as SEEPAC (Scientific Evidence Evaluation and Policy Advisory Committee). Changes and additions are effective 10/1/2018.

Full text copies of these policies are available upon request by contacting Provider Relations. JHHC Medical Policy Manual is available at [www.jhhc.com](http://www.jhhc.com) > For Providers > Policies.

Medical Policy	Key Points/Changes	Status	Line of Business
CMS20.04 Expanded Access and Compassionate Care	<b>New Policy</b> - Addresses treatment regarding when a member has exhausted standard of care therapy options and is expected to progress to an End-Stage Condition within a brief period of time, and provides options for when a member may not be able to obtain their provider's proposed therapy through expanded access pathways. When permitted by state and federal regulations, compassionate use/expanded access options may be appropriate for this targeted group of patients.	Effective 10/1/18	Refer to policy for specific details
CMS01.09 Continuity of Care and Access to Non-Participating Providers	<b>Revised Policy</b> - Addresses continuity of care for newly enrolled members and current members impacted by network provider termination. Requests for access to non-participating providers in the absence of continuity of care cases is also addressed. - Background and references reviewed and updated.	Effective 10/1/18	Refer to policy for specific details
CMS03.00 Hospice and Palliative Services	<b>Revised Policy</b> - Clarification of language in policy; no changes to intent of coverage. - Background and references reviewed and updated.	Effective 10/1/18	Refer to policy for specific details
CMS03.09 Computed Tomography Angiography (CTA)	<b>Revised Policy</b> - Addition of criteria regarding relative contraindications to Computed Tomography Angiography (CTA). - Background and references reviewed and updated.	Effective 10/1/18	Refer to policy for specific details

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<p>CMS03.10 Implanted Devices for Hearing Loss</p>	<p><b>Revised Policy</b> - Addition of the following: For PPMCO see Maryland Department of Health (MDH) - Code of Maryland Regulations (COMAR) 10.09.51.01-10.09.51.07, 10.09.67.20, 10.09.67.26-4, 10.09.67.27 and 10.09.70.03 - Coverage of Audiology Services, Hearing Aids, Cochlear Implants and Auditory Osseointegrated Devices (Effective July 1, 2018). - Addition of the following: For PPMCO there is initial coverage of the following: Unilateral cochlear implants for participant's 21 years of age and older. Bilateral cochlear implants for participant's younger than 21 years old. Unilateral auditory osseointegrated devices for participant's 21 years old or older. Bilateral auditory osseointegrated devices for participants younger than 21 years of age. - Addition of criteria for cochlear implantation for adults and children. - Addition of criteria regarding Auditory Brainstem Implants. - Addition of criteria regarding Bone Anchored Hearing Devices (also referred to as osseointegrated implants or BAHA). - Background and references reviewed and updated.</p>	<p>Effective 10/1/18</p>	<p>Refer to policy for specific details</p>
<p>CMS05.05 Exhaled Nitric Oxide Measurement for Respiratory Disorders</p>	<p><b>Revised Policy</b> - Added definitions on Nitric Oxide and Nitric Oxide Expired Gas Determination. - Background and references reviewed and updated.</p>	<p>Effective 10/1/18</p>	<p>Refer to policy for specific details</p>
<p>CMS11.01 Clinical Practice Guidelines</p>	<p><b>Revised Policy</b> - Provides guiding decisions and criteria regarding diagnosis, management, and treatment in specific areas of healthcare based on an examination of current evidence in the medical literature. - Added and updated clinical practice guidelines which support providers in treating chronic disease, providing preventive care, and maintaining office operations.</p>	<p>Effective 10/1/18</p>	<p>Refer to guidelines for specific details</p>

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<p>CMS11.02 Preventive Health Guidelines</p>	<p><b>Revised Policy</b></p> <ul style="list-style-type: none"> <li>- Document created with the aim of guiding decisions and providing criteria regarding preventive health care based on an examination of current evidence in the medical literature.</li> <li>- Added evidence-based preventive health guidelines that are applicable to all lines of business (USFHP, Priority Partners, EHP and Advantage MD).</li> <li>- Added information from the American Cancer Society (May 2018) which recommends colorectal cancer screening for people at average risk* to start regular screening at age 45.</li> </ul> <p>* For screening, people are considered to be average risk if they do not have:</p> <ul style="list-style-type: none"> <li>• A personal history of colorectal cancer or certain types of polyps.</li> <li>• A family history of colorectal cancer.</li> <li>• A personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease).</li> <li>• A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC).</li> <li>• A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer.</li> </ul>	<p>Effective 10/1/18</p>	<p>Refer to guidelines for specific details</p>
<p>CMS16.18 Prosthetics Devices</p>	<p><b>Revised Policy</b></p> <ul style="list-style-type: none"> <li>- Addition of criteria regarding Upper Limb Prostheses.</li> <li>- Background and references reviewed and updated.</li> </ul>	<p>Effective 10/1/18</p>	<p>Refer to policy for specific details</p>
<p>CMS20.03 Gastroesophageal Reflux Disease GERD Devices</p>	<p><b>Revised Policy</b></p> <ul style="list-style-type: none"> <li>- Added criteria for coverage of Transoral Incisionless Fundoplication (TIF) procedure with the EsophyX® device.</li> <li>- Background and references reviewed and updated.</li> </ul>	<p>Effective 10/1/18</p>	<p>Refer to policy for specific details</p>