

JHHC Medical Policies Update

These medical policies have been approved by the JHHC MPAC (Medical Policy Advisory Committee), formerly known as the SEEPAC (Scientific Evidence Evaluation and Policy Advisory Committee), and the JHHC QAPI (Quality Assurance Process Improvement) committee, formerly known as the MPC (Medical Policy Committee). Changes and additions are effective **1/15/18**.

Full text copies of these policies are available upon request by contacting Provider Relations at 888-895-4998.

To view all JHHC medical policies, please go to: JHHC.com > **For Providers** > **Policies** > **Medical Policies**.

Medical Policy	Key Points/Changes	Status	Line of Business
CMS02.13 Bronchial Thermoplasty	Revised Policy <ul style="list-style-type: none"> Addresses Bronchial Thermoplasty in the treatment of patients with a diagnosis of asthma and the specific criteria needed for the procedure Definition: A full course of treatment is defined as three applications over a two-to-three-month period Background and references reviewed and updated 	Effective 1/15/18	EHP PPMCO USFHP ADV MD
CMS06.03 Fecal DNA Testing	Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated 	Effective 1/15/18	EHP PPMCO USFHP ADV MD
CMS08.01 Hyperbaric Oxygen Therapy	Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated 	Effective 1/15/18	EHP PPMCO USFHP ADV MD
CMS13.04 Magnetic Resonance Imaging (MRI) of the Breast	Revised Policy <ul style="list-style-type: none"> Added criteria: uses of contrast-enhanced MRI of the breast and without contrast MRI of the breast Added criteria related to members who had a previous conventional mammogram and/or sonogram with specific clinical indications Added the following: follow up after an MRI-guided biopsy or ultrasound-guided biopsy which was performed on an MRI finding and a second look evaluation <ul style="list-style-type: none"> This is typically at six months but can be at a shorter interval if there is a question of the lesion not being adequately sampled based on the pathology outcome Added the following: short interval follow up, at approximately six months, of possibly benign BI-RADS category three lesions seen on a previous contrast-enhanced MRI of the breast Background and references reviewed and updated 	Effective 1/15/18	EHP PPMCO USFHP ADV MD

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<p>CMS16.19 Prenatal Obstetrical Ultrasound</p>	<p>Revised Policy</p> <ul style="list-style-type: none"> • Added the following criteria: ultrasounds for non-emergent or non-life-threatening conditions require a pre-authorization when performed in regulated space • Added the following criteria: ultrasounds for emergent or life-threatening conditions may be performed without pre-authorization • Added the following criteria: ultrasounds for low risk diagnoses beyond three ultrasounds require pre-authorization <ul style="list-style-type: none"> ○ Documentation must demonstrate medical necessity • Added the following criteria: ultrasounds for high risk diagnoses may be performed without pre-authorization in unregulated space • Added the following criteria: all ultrasounds in regulated space require pre-authorization • Background and references reviewed and updated 	<p>Effective 1/15/18</p>	<p>EHP PPMCO USFHP ADV MD</p>
<p>CMS18.05 Back Pain- Invasive Procedures</p>	<p>Revised Policy</p> <ul style="list-style-type: none"> • Removed the word “and” and replaced with “or” under Facet Blocks regarding medical record on history, physical, or radiographic evaluations • Removed the word “and” and replaced with “or” under Radiofrequency Ablation (RFA) regarding medical record on history, physical, or radiographic evaluations • Added the following under Documentation: imaging (report of appropriate imaging done within one year), if appropriate per history and physical • Background and references reviewed and updated 	<p>Effective 1/15/18</p>	<p>EHP PPMCO USFHP ADV MD</p>
<p>CMS20.01 Temporoman- dibular Disorders (TMD)</p>	<p>Revised Policy</p> <ul style="list-style-type: none"> • Added LCD under Advantage MD • Added criteria of non-surgical treatments that are considered E/I in the treatment of TMD which are the following: hypnosis/relaxation therapy, injection of plasma rich in growth factors, intra-articular injection of platelet-rich plasma, intra-articular injections of rituximab, manual therapy, permanent mandibular repositioning(e.g., equilibration, orthodontics), stem cell therapy, and transcranial direct current stimulation • Background and references reviewed and updated 	<p>Effective 1/15/18</p>	<p>EHP PPMCO USFHP ADV MD</p>

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<p>CMS21.01 Sacral Nerve Stimulation for Urge Urinary Incontinence</p>	<p>Revised Policy</p> <ul style="list-style-type: none"> • Added NCD under Advantage MD • Background and references reviewed and updated 	<p>Effective 1/15/18</p>	<p>EHP PPMCO USFHP ADV MD</p>
<p>COR027 Telemedicine/ Telehealth</p>	<p>Revised Policy</p> <ul style="list-style-type: none"> • Added COMAR10.09.96 Remote Patient Monitoring (RPM) regulations • Added criteria regarding acute and chronic conditions via wearable, platform, or self-reported for RPM <ul style="list-style-type: none"> ○ These conditions include: <ol style="list-style-type: none"> 1. Chronic Obstructive Pulmonary Disease 2. Congestive Heart Failure 3. Diabetes Type 1, AND; 4. Diabetes Type 2. • Member should have had one hospital admission and one separate ER visit within the prior 12 months, with the same qualifying condition(s) (which are listed in items 1-4 above) as the primary diagnosis. • Added criteria: Physician Assistants (PAs) will also be a qualifying provider • Background and reference sections have been updated 	<p>Effective 1/15/18</p>	<p>EHP PPMCO USFHP ADV MD</p>