

# 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).

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](http://JHHC.com) > *For Providers* > *Policies* > *Medical Policies*.

Policy changes and additions are effective **4/17/2017**.

Medical Policy	Key Points/Changes	Status	Line of Business
CMS01.02 Airway Clearance Devices	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>Background and references updated to include addition of Advantage MD references</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS02.16 Treatment of Cornea	<b>New Policy</b> <ul style="list-style-type: none"> <li>This policy addresses various treatments of cornea</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS02.17 Brachytherapy	<b>New Policy</b> <ul style="list-style-type: none"> <li>Requires pre-authorization</li> <li>This policy addresses various treatments using brachytherapy</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS03.12 Cosmetic and Reconstructive Services	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>Added criteria related to: pectus carinatum repair (pigeon chest), pectus excavatum, and rhinophyma</li> <li>Background and references updated to include addition of Advantage MD references</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS04.03 Pharmacogenomics	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>VeriStrat (Biodesix Inc.) moved from experimental/investigational to medically necessary</li> <li>Background and references updated to include addition of Advantage MD references</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS04.04 Chiropractic Services	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>Background and references updated to include addition of Advantage MD references</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS10.05 Applied Behavioral Analysis	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>Added Department of Health and Mental Hygiene link for Priority Partners (PPMCO)</li> <li>Added InterQual criteria reference</li> <li>Changed re-evaluation period from three to six months</li> <li>Background and references updated</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD

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CMS14.04 Nutrition Therapy	<b>New Policy</b> <ul style="list-style-type: none"> <li>Addresses Nutrition Therapy or Medical Nutrition Therapy (MNT)</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS16.19 Prenatal Obstetrical Ultrasound	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>Addresses prenatal obstetrical ultrasound services</li> <li>Coding updated</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS19.11 Transcranial Stimulation for Treatment of Depression & Other Psychiatric/Neurologic Disorders	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>Background and references updated to include addition of Advantage MD references</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS22.01 Treatment of Varicosities	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>Background and references updated to include addition of Advantage MD references</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD
CMS22.07 Vestibular Rehabilitation	<b>Revised Policy</b> <ul style="list-style-type: none"> <li>Background and references updated to include addition of Advantage MD references</li> </ul>	Effective 4/17/17	EHP PPMCO USFHP ADV MD