

JHHC Medical Policies Update

The medical policies listed below 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 **7/17/2017**.

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
CMS01.04 Treatment of Acne and Actinic Keratosis	Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS02.00 Breast Cancer Biomarker Tests	New Policy <ul style="list-style-type: none"> Requires pre-authorization This policy addresses various biomarkers that can help predict how cancer will respond to certain treatments 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS02.10 Bone Marrow and Stem Cell Transplantation	Revised Policy <ul style="list-style-type: none"> New criteria added for: <ul style="list-style-type: none"> Repeat allogenic hematopoietic cell transplantation Autologous hematopoietic cell transplantation for the treatment of Chronic Myelomonocytic Leukemia (CMML) and Juvenile Myelomonocytic Leukemia (JMML) Autologous hematopoietic cell transplantation (autologous bone marrow/peripheral stem cell transplantation [auto-BM/PSCT]) for the treatment of Chronic Myelogenous Leukemia (CML) Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS03.01 Clinical Trials	Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS03.08 Reconstruction Surgery After Weight Loss	Revised Policy <ul style="list-style-type: none"> Added Section I, E: BMI is <30, OR ≥100 lb. weight loss, OR ≥40% of excess weight loss Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD

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CMS05.02 Electron Beam Computed Tomography and Calcium Scoring	Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS07.05 Gender Reassignment Procedures	Revised Policy <ul style="list-style-type: none"> Changed the phrase “considered medically necessary” to “will pre-authorize” Under section II, C: Added coverage criteria for gonadotropin-releasing hormone to suppress puberty in trans identified adolescents Added coverage criteria for breast augmentation mammoplasty Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS11.01 Clinical Practice Guidelines	Revised Policy <ul style="list-style-type: none"> Added “Chronic Kidney Disease” and “Opioids for Chronic Pain” guidelines Updated guidelines Background and references reviewed and updated as needed 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS11.02 Preventive Health Guidelines	Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated as needed 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS16.02 Treatment for Skin Conditions	Revised Policy <ul style="list-style-type: none"> Policy name change from “Laser Treatment for Skin Conditions” to “Treatment for Skin Conditions” Retired and replaced “Phototherapy in the Treatment of Skin Conditions” Added “Vitiligo of the Face and Hands” and “Symptomatic Scarring” as conditions considered viable for treatment of laser Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS16.07 Positron Emission Tomography	Revised Policy <ul style="list-style-type: none"> Added information on vaginal cancer, vulvar cancer, and statement on technetium 99-m ICD-10 codes updated Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS20.03 Gastroesophageal Reflux Disease (GERD)	Revised Policy <ul style="list-style-type: none"> Added criteria for coverage of Stretta Coding updated Background and references reviewed and updated 	Effective 7/17/17	EHP PPMCO USFHP ADV MD
CMS16.13 Phototherapy in the Treatment of Skin Conditions	Retired Policy <ul style="list-style-type: none"> Combined with CMS16.02 “Treatment for Skin Conditions Policy” 	Effective 7/17/17	EHP PPMCO USFHP ADV MD