

# JHHC Medical Policies Update



## FAX VERSION

The below listed medical policies 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 **7/2/2018**

Full text copies of these policies are available upon request by contacting Provider Relations. JHHC Medical Policy Manual available at:

[http://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/providers\\_physicians/policies/](http://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/policies/)

Medical Policy	Key Points/Changes	Status	Line of Business
CMS13.07 Treatments for Prostate Cancer	<b>New Policy</b> -Addresses treatment options for prostate cancer	Effective 7/2/18	Refer to policy for specific details
CMS01.03 Acupuncture	<b>Revised Policy</b> -Added to page 1 under Section I, letter A and G added the following indications: A. Chronic (minimum of 12 weeks duration) low back pain, or; G. Chronic (minimum of 12 weeks duration) neck pain. -Background and references reviewed and updated.	Effective 7/2/18	Refer to policy for specific details
CMS02.07 Blepharoplasty, Brow Ptosis Repair, and Other Surgeries of Eyelid	<b>Revised Policy</b> -Added definitions for the following words on page 2 under Section IV: A. Ectropion (eyelid turned outward), or; B. Entropion (eyelid turned inward), or; C. Trichiasis (inward misdirection of eyelashes caused by entropion), or; D. Corneal exposure. - Background and references reviewed and updated	Effective 7/2/18	Refer to policy for specific details
CMS02.09 BRCA 1 and BRCA 2 Testing	<b>Revised Policy</b> -Added to page 1 Note~ Refer to Appendix for definitions of close blood relatives which include 1 <sup>st</sup> degree relatives, 2 <sup>nd</sup> degree relatives and 3 <sup>rd</sup> degree relatives. - Added to page 2 letter A, number 3 definitions of a triple negative breast (estrogen receptors (ER-), progesterone receptors (PR-), and hormone epidermal growth factor2 (HER-2) cancer. - Added to page 5 definition of triple breast cancer diagnosis. - Background and references reviewed and updated.	Effective 7/2/18	Refer to policy for specific details
CMS02.12 Biofeedback	<b>Revised Policy</b> - Added definitions on page 2 about types of biofeedback which include: Electrothermal, Neurofeedback (EEG), and Heart Rate Variability (ECG). -Background and references reviewed and updated.	Effective 7/2/18	Refer to policy for specific details

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<p>CMS03.02 Cardiac Rehabilitation</p>	<p><b>Revised Policy</b></p> <ul style="list-style-type: none"> <li>-Removed the 24 months’ time frame regarding Phase II Cardiac Rehabilitation and changed it to within the preceding 12 months.</li> <li>-Added to page 1 under Section I, letter E Heart- Lung Transplantation.</li> <li>- Changed the word “inoperative” to “inoperable” on page 1 under section I, letter H.</li> <li>- Added to page 2 under Section I, letter J the following: or MAZE arrhythmia surgery.</li> <li>- Added to page 2 under Section I, letter K the following: Class II, III, or IV congestive heart failure (CHF), inclusive of heart failure with reduced ejection fraction (&lt;50%) as well as those with preserved ejection fraction (&gt;=50%).</li> <li>- Added to page 2 under Sections I and II, letter L the following: Chronic stable angina, and;             <ul style="list-style-type: none"> <li>a. A formal exercise stress test has been completed following the qualifying cardiac event and prior to initiation of the rehabilitation program.</li> </ul> </li> <li>- Removed the following statement: The stress test is not positive during exercise from page 2 under Section IV, letter D.</li> <li>- Background and references reviewed and updated.</li> </ul>	<p>Effective 7/2/18</p>	<p>Refer to policy for specific details</p>
<p>CMS16.10 Pulmonary Rehabilitation</p>	<p><b>Revised Policy</b></p> <ul style="list-style-type: none"> <li>- Removed the word “patient” and added the word “member” to pages 1 and 2 under Section I.</li> <li>- Added to page 2 the following criteria :             <ul style="list-style-type: none"> <li>D. The member has dyspnea at rest or with exertion, and;</li> <li>E. The member does not have a recent history of smoking or has quit smoking for at least 3 months, and;</li> <li>F. The member’s symptoms persist despite appropriate medical management, and;</li> <li>G. The member has a reduction in exercise tolerance that restricts the ability to perform activities of daily living and /or work, and;</li> <li>H. The member is physically able, motivated and willing to participate in the pulmonary rehabilitation program and be a candidate for self-care post program, and;</li> <li>I. The member’s symptoms persist despite appropriate medical management.</li> </ul> </li> <li>-Background and references reviewed and updated.</li> </ul>	<p>Effective 7/2/18</p>	<p>Refer to policy for specific details</p>
<p>COR027 Telemedicine/ Telehealth</p>	<p><b>Revised Policy</b></p> <ul style="list-style-type: none"> <li>-Additional requirements from MDH- COMAR 10.09.96 Remote Patient Monitoring were added to policy for line of business PPMCO.</li> <li>-Background and references reviewed and updated.</li> </ul>	<p>Effective 7/2/18</p>	<p>Refer to policy for specific details</p>

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