

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 **10/16/2017**.

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 |
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| CMS04.01 Percutaneous Techniques for Disc Decompression | Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS05.03 Extracorporeal Shock Wave Therapy for Plantar Fasciitis | Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS19.06 Serum Antibodies Assays for the Diagnosis of Inflammatory Bowel Disease | Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS19.07 Dynamic Splinting for the Treatment of Joint Stiffness and Contracture | Revised Policy <ul style="list-style-type: none"> Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS09.05 Implantable Infusion Pumps | Revised Policy <ul style="list-style-type: none"> Treatment beyond six months must be supported by outcome criteria documented in the patient's record Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS03.12 Cosmetic and Reconstructive Services | Revised Policy <ul style="list-style-type: none"> Addition of criteria for prophylactic mastectomy Addition of criteria for non-surgical treatment of keloid Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS19.00 Single-Photon Emission Computed Tomography (SPECT) | New Policy | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |

JHHC Medical Policies Update



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| CMS11.03 Observation Policy | Revised Policy <ul style="list-style-type: none"> Pre-authorization required after the first 24 hours Name changed from Maryland Department of Health and Mental Hygiene (DHMH) to Maryland Department of Health (MDH) | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS07.03 Genetic Testing | Revised Policy <ul style="list-style-type: none"> Addition of criteria for spinal muscular atrophy (SMA) carrier testing Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS19.05 Solid Organ Transplantation | Revised Policy <ul style="list-style-type: none"> Addition of criteria for heart transplantation Addition of criteria for heart-lung transplantation Addition of criteria for pancreas transplantation alone (PTA) without kidney transplant Addition of criteria for kidney transplantation Addition of criteria for liver transplantation Addition of criteria for lung transplantation Updated coding section Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| CMS02.02 Bariatric Surgery | Revised Policy <ul style="list-style-type: none"> Addition of criteria regarding gastrointestinal evaluation Addition of criteria regarding diet programs or plans Addition of criteria regarding documented active participation in a non-surgical weight reduction regimen for six months Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| COR027 Telemedicine/Telehealth | Revised Policy <ul style="list-style-type: none"> Added "Telehealth" to policy name Edited e-visit description of provider type Changed "Telemedicine Services" name to "Synchronous Video Visits"; edited description of provider type Edited definition section Updated coding section Background and references reviewed and updated | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |

JHHC Medical Policies Update



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| MPAC Charter | <p>Revised</p> <ul style="list-style-type: none"> Name changed from Scientific Evidence Evaluation and Policy Advisory Committee (SEEPAC) to Medical Policy Advisory Committee (MPAC) Name changed from Chief Medical Director (CMD) to Chief Medical Officer (CMO) Name changed from Medical Policy Committee (MPC) to Quality Assurance Process Improvement (QAPI) committee | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |
| InterQual 2017 Criteria Clinical Revisions | <ul style="list-style-type: none"> JHHC annually reviews the utilization management (UM) criteria and procedures for applying them, and updates the criteria when appropriate. All commercial clinical review criteria are reviewed by the JHHC MPAC and the JHHC QAPI prior to adoption. These committees review the changes to the most recent InterQual 2017 Criteria for appropriateness of use in UM and policy decisions. | Effective 10/16/17 | EHP PPMCO USFHP ADV MD |