

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 **1/2/2019**

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/

Medical Policy	Key Points/Changes	Status	Line of Business
CMS23.05 Site of Service	<p>New Policy</p> <ul style="list-style-type: none"> - The purpose of this policy is to provide clinical guidance for site of service redirection. This policy applies to PPMCO and USFHP members 18 years and older, and addresses site of service redirection for network providers. - It is the policy of Johns Hopkins HealthCare (JHHC) to apply criteria to determine whether an outpatient hospital site of service is medically necessary, or if a procedure may be safely and effectively performed at a network ambulatory surgery center. - This policy takes into consideration the individual needs of the member and the availability of services in the local delivery system and their ability to meet the member's needs. 	Effective 1/2/19	Refer to policy for specific details
CMS01.00 Medical Policy Introduction	<p>Revised Policy</p> <ul style="list-style-type: none"> - This document presents the introduction to the Johns Hopkins HealthCare LLC (JHHC) Medical Policies and provides definitions to key terms. 	Effective 1/2/19	Refer to policy for specific details
CMS02.02 Bariatric Surgery	<p>Revised Policy</p> <ul style="list-style-type: none"> - Removed criteria for adolescents who have completed bone growth (documented by bone age X-ray). - Addition of criteria for adolescents who have achieved greater than 95% of estimated adult height based on documented individual growth pattern and a minimum Tanner Stage of 4. - Addition of specific requirement for Comprehensive psychiatric interview. - Clarification of language in policy. - Added definitions on Body Mass Index, and Bariatric Surgery Procedures - Added information about additional guidance and general education on nutrition is available through the JHHC Care Management Health Promotion and 	Effective 1/2/19	Refer to policy for specific details

JHHC Medical Policies Update



	<p>Wellness Unit.</p> <ul style="list-style-type: none"> - Background and references reviewed and updated 		
CMS03.13 Noninvasive Testing for Liver Fibrosis	<p>Revised Policy</p> <ul style="list-style-type: none"> - Addition of criteria regarding FibroTest-ActiTest and Magnetic Resonance Elastography (MRE). - Added definitions on Liver Fibrosis, Hepatotoxicity, Liver Fibrosis Staging, Nonalcoholic Fatty Liver (NAFL), Nonalcoholic Fatty Liver Disease (NAFLD), Nonalcoholic Steatohepatitis (NASH), Steatosis, and Steatohepatitis. - Background and references reviewed and updated. 	Effective 1/2/19	Refer to policy for specific details
CMS04.04 Chiropractic Services	<p>Revised Policy</p> <ul style="list-style-type: none"> - Changed musculoskeletal to neuromusculoskeletal. - Added as an indication “acute exacerbation of a chronic condition when there is expectation of functional improvement”. - Added documentation requirements. - Added evidence-based exclusions (list is not all inclusive). - Removed “headache” as an absolute exclusion. - Separated out and clarified chronic condition and maintenance care. - Added definitions of back pain with specific endpoints for acute/subacute/chronic. - Added definition of maintenance care. - Background and references reviewed and updated. 	Effective 1/2/19	Refer to policy for specific details
CMS14.02 Nutritional Counseling	<p>Revised Policy</p> <ul style="list-style-type: none"> - Nutritional counseling is subject to benefit plan limitations. Plan specific Summary Plan Descriptions (SPD’s) and Evidence of Coverage (EOC’s) documents should be consulted in addition to the links noted in the Policy Section III. Additional services may be available through the JHHC Care Management Health Promotion and Wellness Unit. - Clarification of language; added examples of medically necessary indications; no changes to intent of coverage indications. - Removed benefit visit limits and replaced with benefit reference instructions. - Added definitions for Medical Nutrition and Practice of Dietetics. - Background and references reviewed and updated 	Effective 1/2/19	Refer to policy for specific details
MPAC Charter	<p>Revised</p> <ul style="list-style-type: none"> - Name change of voting member from Executive Director of Medical Management to Associate Vice President of Health Services. - Name change of JHHC staff members for membership on the Medical Policy Advisory Committee(MPAC) from 	Effective 1/2/19	

JHHC Medical Policies Update



	<p>Executive Director of Medical Management to Associate Vice President of Health Services.</p> <ul style="list-style-type: none"> - Name change of Quality Assurance and Process Improvement Committee to Quality Assurance and Performance Improvement(QAPI) Committee. - Added review of all active medical policies in accordance with CMS01.00 Medical Policy Introduction. - Review Clinical Practice Guidelines and Preventive Guidelines annually for updates, revisions and relevancy. 		
InterQual 2018 Criteria Clinical Revisions	<p>JHHC annually reviews the UM criteria and the procedures for applying them, and updates the criteria when appropriate. All commercial clinical review criteria are reviewed by JHHC MPAC (Medical Policy Advisory Committee, formerly known as SEEPAC (Scientific Evidence Evaluation and Policy Advisory Committee) and reviewed by the JHHC QAPI (Quality Assurance and Performance Improvement Committee), prior to adoption. These committees review the changes to the most recent InterQual 2018 Criteria for appropriateness of use in Utilization Management and policy decisions. InterQual 2018 Criteria Clinical Revisions are posted on the provider website under the Health Care Performance Measures.</p>	Effective 1/2/19	
RETIRING MEDICAL POLICIES			
CMS05.04 Electroencephalographic Video Monitoring	Retiring Policy	Effective 1/2/19	
CMS12.06 Low-Dose Computed Tomography for Lung Cancer Screening	Retiring Policy	Effective 1/2/19	
CMS16.07 Positron Emission Tomography	Retiring Policy	Effective 1/2/19	
CMS19.11 Transcranial Magnetic Stimulation	Retiring Policy	Effective 1/2/19	