

Medical Coverage Policy Update Notice

The following medical coverage policies are either new policies, or policies that have completed their annual review. The second column provides significant information regarding content change that might be of importance to you. The effective date for these policies will be 10/01/2020.

004 - Physical Therapy	Removed exclusions for group therapy
011 - Botulinum Toxin Injection for Chemodervation v2	Updated: removed list of qualifying diagnoses; added reminder that claims are subjected to review.
101 - Regional Sympathetic Blocks	Retired
215 - Medications Covered Under Medical v3	Updated: added requirement to try preferred drug if available, provider must submit supporting literature.
221- EECF	Retired
251 - Neuromuscular Stimulation	Retired
253 - Onasemnogene Apeparvovec (Zolgensma) v3	Updated: codes updated; review process now includes clinical pharmacist as well as medical director
264 - Medicaid Noninvasive Prenatal Testing	Transitioned from FirstCare to SWHP/FirstCare unified policy
265 - Medicaid Bariatric Surgery	Transitioned from FirstCare to SWHP/FirstCare unified policy
266 - Medicaid Power Scooters	Transitioned from FirstCare to SWHP/FirstCare unified policy
267 - Medicaid Anesthesia for Dental Procedures	Transitioned from FirstCare to SWHP/FirstCare unified policy
268 - Medicaid Prescribed Pediatric Extended Care Center	Transitioned from FirstCare to SWHP/FirstCare unified policy
269 - Medicaid Wheelchairs - Manual	Transitioned from FirstCare to SWHP/FirstCare unified policy
270 - Medicaid Bone Growth Stimulators	Transitioned from FirstCare to SWHP/FirstCare unified policy
271 - Medicaid Wheelchairs - Powered	Transitioned from FirstCare to SWHP/FirstCare unified policy
272 - Medicaid Therapy Services	Transitioned from FirstCare to SWHP/FirstCare unified policy
273 - Medicaid Group Therapy Services	Transitioned from FirstCare to SWHP/FirstCare unified policy
350 - Medicaid Over the Limit Supplies	Transitioned from FirstCare to SWHP/FirstCare unified policy
MN-010 - Intraoperative Monitoring	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-036 - Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Sex Chromosome Disorders	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-047 - Breast Reconstruction	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-048 - Bariatric Surgery	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-053 - Subfascial endoscopic perforator vein surgery	No changes
MN-072 - Dental Services and Oral and Maxillofacial Surgery	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired

MN-076 - PPECC	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-077 Therapy Services v1.8- USE THIS MTAC IN MCG	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-139 - Temporomandibular Disorders (TMD)	No changes
MN-181 - Oxygen Therapy	No changes
MN-200 - Anesthesia for Dental Procedures	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-202 Eteplirsen Criteria v1.5	Updated to align with TMPPM
MN-212 - Investigational Stem Cell Treatment	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-222 - Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-223 - Gastric Restrictive Procedure with Gastric Bypass	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-224 - Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-225 - Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-226 - Implanted Electrical Stimulator, Sacral Nerve	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-227 - Dermabrasion and Chemical Peels	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-232 - Orthognathic (jaw) Surgery-	Added criteria for implants
MN-235 - Wheelchairs, Powered	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-236 - Wheelchairs, Manual	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-237 - Scooters	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-288 Group Therapy Services v1.2- USE THIS MTAC IN MCG	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-309 - Medicaid Bone Growth Stimulators	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-350 - Medicaid OTL	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
Reblozyl MTAC with VDP V2	Revisions though-out policy – aligned with VDP
<i>236 - Medications, Services, Supplies NOT Medically Necessary</i>	<i>Added 81490 to list: not covered for commercial lines</i>

Significant PA List changes effective 10/01/2020

Description
EECP removed from PA list.

As always, we welcome your comments. You can reach us at: SWHPMedicalDirectors@BSWHealth.org
SWHP Medical Directors