

# VIRGINIA PREMIER HEALTH PLAN, INC.

## PROVIDER NOTIFICATION

### Medical Payment Policy - Effective November 1, 2009

AN IMPORTANT MESSAGE TO HEALTH CARE CLINICIANS AND FACILITIES

PLEASE ROUTE TO APPROPRIATE VIRGINIA PREMIER CONTRACTED PHYSICIANS AND HEALTH CARE CLINICIANS IN YOUR LOCATIONS

Virginia Premier Health Plan, Inc. (VPH) Medical Payment Policy Committee (MPPC) determines procedures that are considered investigational, procedures not medically necessary, procedures medical necessary if they meet medical criteria and procedures requiring authorization. To provide you with the most up-to-date and accurate information on medical payment policies, guidelines and operational updates we will be posting this information in the "Provider Services" section page of our website. Please visit regularly to view updates at [www.vapremier.com](http://www.vapremier.com). Specific guidelines can be obtained by contacting our Medical Management Department at:

**Virginia Premier Health Plan, Inc.**  
**P. O. Box 5307**  
**Richmond, VA 23220**  
**Fax: (804) 819-5186**

### Investigational Services – Not Covered

The following services are considered investigational and are not covered by Virginia Premier.

#### MPP# SERVICES

- 100 Treatment of Obstructive Sleep Apnea
- 101 BCR-ABL Mutation Analysis
- 104 Corneal Hyseteresis
- 106 Electrothermal Capsular Skrinkage
- 109 Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- 111 Altered Auditory Feedback (AAF) Devices for the Treatment of Stuttering
- 112 Computed Tomography to Detect Coronary Artery Calcification
- 115 Fecal Calprotectin for the Diagnosis and Management of Inflammatory Bowel
- 121 Analysis of Fecal DNA for Colorectal Cancer Screening and Surveillance
- 123 Low Frequency Ultrasound Therapy for Wound Management
- 126 Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- 129 Sensory Integration Therapy, Auditory Integration Training, Facilitated Communication Training
- 132 Breast Lymph Node (BLN) Assay

Virginia Premier Health Plan, Inc. (Virginia Premier) realized an error was made and eliminated procedure codes from the "Services That Do Not Require Authorization Listing" which was posted to our website on September 1, 2009. THE PROCEDURES BELOW DO NOT REQUIRE A PRIOR AUTHORIZATION FOR OUR PARTICIPATING PROVIDERS. An updated document will be posted to our website. We apologize for the miscommunication/inconvenience to your office operation. Virginia Premier is in the process of reprocessing claim denials for the procedures listed below of participating providers. The "Services That Do Not Require Authorization Listing" is intended to be used by our participating providers. Non-participating providers are required to obtain an authorization for services. On January 1, 2010, Virginia Premier will be releasing a listing identifying procedures that will require authorization that will eliminate the need for the "Services That Do Not Require Authorization Listing". Providers are encouraged to check the Virginia Premier website for future updates at [www.vapremier.com](http://www.vapremier.com).

#### Diagnostic Radiology (Diagnostic Imaging)

- 71010 - 71130 Chest x-ray (single and multiple views)
- 72010 - 72120 Spine/Pelvis x-rays
- 73000 - 73140 Upper Extremities
- 73500 - 73660 Lower Extremities
- 76801 - 76817 OB Ultrasound

#### Screening Breast Mammography

- 77051 - 77052 digital screening mammography
- 77055 Unilateral mammography
- 77056 Bilateral mammography
- 77057 - Bilateral screening (2 view film of each breast)

#### Therapeutic, Prophylactic and Diagnostic Injections and Infusions

- 96372 Therapeutic, Prophylactic or Diagnostic Injection (subcutaneous or intramuscular)

## Medically Necessary Services – May Be Covered

The following services are medically necessary for certain situations and if criteria or criterion are met. If these services are being used for investigational purposes and do not meet the established medical necessity criteria it will not be covered.

### MPP# SERVICES

- 091 Cardiac Rehabilitation
- 092 IVIG
- 093 Lumbar Discography
- 094 Maze Procedure
- 095 Power Wheeled Mobility Assistive Devices
- 097 Pulmonary Rehabilitation
- 099 Tilt Table Testing
- 102 Chelation Therapy
- 103 Continous Passive Motion Devices
- 105 Deep Brain Stimulation
- 107 Endovascular and Endoluminal Repair of Aortic Anuerysms
- 108 Enhanced External Counterpulsation (EECP) in the Outpatient Setting
- 110 Gene Expression Profiling for Managing Breast Cancer Treatment
- 113 Diaphragmatic Phrenic Nerve Stimulation
- 114 End Diastolic Pneumatic Compression Boot
- 116 Gastric Electrical Stimulation
- 117 Hematopoietic Stem Cell Transplantation for Hodgkin's Disease & Non-Hodgkin's Lymphoma
- 118 High-Dose Chemotherapy with Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors
- 119 High-Dose Chemotherapy with Hematopoietic Stem Cell Transplantation for Select Leukemias and Myeloysplastic Syndrome
- 120 Intraoperative Radiation Therapy
- 122 Janus Kinase 2 (JAK2) V617F Gene Mutation Assay
- 125 Nocturnal Enuresis Correction Interventions
- 124 Mastectomy for Gynecomastia
- 127 Peripheral Bone Mineral Density Measurement
- 128 Refractive Surgery
- 130 Treatment of Varicose Veins (Lower Extremities)
- 131 Ambulatory Blood Pressure Monitoring (ABPM)
- 133 Carpal Tunnel Release Surgery
- 134 Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry
- 135 Circumcision
- 136 Dupuytren's Contracture Release
- 137 High-Dose Chemotherapy with Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors

### MPP# SERVICES

- 138 Intensive Programs for Pediatric Feeding Disorders
- 139 Ultraviolet Light, Including Laser Therapy, for Treatment of Skin Disorders
- 140 White Blood Cell Growth Factors
- 151 Acupuncture
- 152 Ambulatory Event Monitors to Detect Cardiac Arrhythmias
- 153 Amnioreduction and Fectoscopic Laser Therapy for Interfetal Transfusion Syndrome
- 154 Athroscopic Lavage and Arthroscopic Debridement as a Treatment for Oseteoarthritis of the Knee
- 155 Electroencephalography (EEG) Testing, both Ambulatory and Video
- 156 Electromyography and Nerve Conduction Studies (EMG, NCS)
- 157 Electtical Nerve Stimulation Transcutaneous, Percutaneous
- 158 Endoscopic Ultrasonography (EUS)
- 159 Functional Endoscopic Sinus Surgery (FESS)
- 160 Imaging Techniques for Screening and Identification of Cervical Cancer
- 161 Ankle-Foot and Knee Ankle-Foot Orthotic (Braces)
- 162 Pain Management Cervical, Thoracic and Lumbar Facet Injections and Cervical and Lumbar Epidural Steroid Injections
- 164 Home Oxygen Therapy
- 165 Iontophoresis for Medical Indications
- 166 Ketogenic Diet for Treatment of Intractable Seizures
- 168 Lipoprotein Size and Concentration in Cardiac Risk Assessment and Management
- 169 Manual Wheeled Mobility Devices
- 170 Vestibular Rehabilitation and Canalith Repositioning

### Not Medically Necessary Services – Not Covered

The following services are considered not medically necessary and are not covered by Virginia Premier.

#### MPP# SERVICES

- 167 Lipoprotein- Associated Phospholipase A2