

VIRGINIA PREMIER HEALTH PLAN, INC.

PROVIDER NOTIFICATION

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) requires all services not listed on the “**Services That Do Not Require Prior Authorization**”, previously called Bill Above List, to be **Pre-authorized**. The Medical Payment Policy Committee’s (MPPC) purpose is to determine which services will be covered from a health plan perspective.

Medical Payment Policy - Effective August 1, 2009

Recently the MPPC determined the following services are investigational and are not medically necessary. As such, the services below will not be covered by the health plan. Future notifications of our payment policies can be accessed at Virginia Premier’s website at www.virginiapremier.com by clicking on “Provider Services Tab” then Medical Payment Policy.

Services That Are Not Covered

MPP# SERVICES

- 001 Aerosolized Anti-Infective Therapy for Sinusitis
- 002 Balloon Sinuplasty
- 003 Boimagnetic Therapy
- 004 Exhaled Nitric Oxide & Breath Condensate pH Measurement for Respiratory Disorders
- 005 Hepatic Activation Therapy
- 006 Hippotherapy
- 007 Intraocular Epiretinal Brachytherapy
- 008 Magnetic Resonance Neurography
- 009 Melanoma Vaccines
- 010 Left Partial Ventriculectomy
- 011 Analysis of Proteomic Patterns
- 012 Intraocular (anterior segment) Aqueous Drainage Implant Shunt
- 013 Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
- 014 Lysis of Epidural Adhesions Using the Hypertonic Solutions
- 015 MRI of the Bone Marrow
- 016 Ocular Photoscreening
- 017 Salivary Estriol Testing for Preterm Labor
- 018 Transciliary Fistulization for the Treatment Glaucoma
- 019 Use of 3-D and 4-D Ultrasound in Maternity Care
- 020 Whole Body CT Scanning
- 022 Canaloplasty
- 023 Cardiac Ion Channel Genetic Testing
- 031 Artificial Intervertebral Disc
- 033 Breast Ductal Examination for Fluid Cytology Analysis
- 034 Cervical and Thoracic Discography
- 036 Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Prosthetic
- 038 Epiduroscopy
- 040 Quantitative Sensory Testing

Recently the MPPC determined the services below are medically necessary for certain situation(s) and if criteria or criterion are met. If these services are being used for investigational purposes and does not meet the medically necessary criteria (s) established it will not be covered. Specific guidelines can be obtained by contacting the Medical Management Department at:

Virginia Premier Health Plan, Inc.

P. O. Box 5307

Richmond, VA 23220

Fax: (804) 819-5186

Services That May Be Covered

MPP# SERVICES

- 021 Adjustable Cranial Orthosis for Synostotic and Non-Synostotic Indications
- 024 Diagnostic Testing of a Potentially Affected Patient
- 025 Functional Magnetic Resonance Imaging
- 026 Gait Analysis
- 027 Home Spirometry and Home Overnight Oximetry Services
- 028 Hyperbaric Oxygen Therapy (Systemic and Topical)
- 029 Implantable Cardioverter Defibrillators
- 030 Intensity Modulated Radiation Therapy
- 032 Bevacizumab (Avastin) for Oncologic Indications
- 035 Cochlear Implants and Auditory Brainstem Implants
- 037 Coronary Artery Imaging: Contrast-Enhanced Coronary Computer Tomography Angiography (CCTA)
- 039 Neutron Beam Radiotherapy

Services No Longer Requiring Prior Authorization

As a result of the MPPC’s decision above, our “Services That Do Not Require A Prior-Authorization” listing has been updated to add codes that **will not** require an authorization effective **August 1, 2009**. This listing will be changing periodically during the year at the discretion of VPH as policy changes are implemented by the MPPC. Providers are encouraged to check the website on a regular basis for these updates.

Code Code Description

- 95165 THERAPY SERVICES-ANTIGEN
- 67028 INTRAVITREAL INJECTION OF PHARMACOLOGIC AGENT



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P.O. Box 5307
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Virginia Beach, VA 23462

VA Premier Roanoke
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VA Premier Harrisonburg
2322 Bluestone Hills Drive
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Harrisonburg, VA 22801

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Services Now Requiring Prior Authorization

As a result of the MPPC's decision above, our "Services That Do Not Require A Prior-Authorization" listing has been updated to remove codes that will need to be Pre-authorized effective **August 1, 2009**. This listing will be changing periodically during the year at the discretion of VPHP as policy changes are implemented by the MPPC. Providers are encouraged to check the website on a regular basis for these updates.

Code	Code Description	Code	Code Description	Code	Code Description
78492	HEART IMAGE PET MULTIPLE	78459	MYOCARDIAL IMAGING	78608	BRAIN IMAGING (PET)
20555	PLACE NDL MUSC/TIS FOR RT	78491	HEART IMAGE PET SINGLE	66984	REMOVE CATARACT, INSERT LENS.
41019	PLACE NEEDLES H&N FOR RT	G0255	CURRENT PERCEP THRESHOLD TST	43228	ESOPHAGUS ENDOSCOPY, REPAIR.
77022	MR GUIDE PARENCHYM TISS ABL	93228	REMOTE 30 DAY ECG REV/REPORT	C8908	MR NO CONTRST FLW W/CNTRST BRST;
95803	ACTIGRAPHY TESTING	93229	REMOTE 30 DAY ECG TECH SUPP		BI
93982	ANEURYSM PRESSURE SENS STUDY	93278	ECG/SIGNAL AVERAGED	75894	XRAYS, TRANSCATHETER THERAPY
96020	FUNCTIONAL BRAIN MAPPING	78469	HEART INFARCT IMAGE (3D)	73723	MRI LWR EXTRE JOINT W/O & W/DYE
77084	MRI BONE MARROW BLOOD SUPPLY	78647	CEREBROSPINAL FLUID	72159	MAGNETIC IMAGING/SPINE (MRA)
96365	THER/PROPH/DIAG IV INF, INIT		FLOW,TOMOGRAPHIC	73223	MRI JOINT UPR EXTR W/O & W/DYE
96366	THER/PROPH/DIAG IV INF ADDON	93740	TEMPERATURE GRADIENT STUDIES	51715	ENSOSCOPIC INJECTION/IMPLANT
96367	TX/PROPH/DG ADDL SEQ IV INF	43263	ENDOSCOPY,BILE DUCT/PANCREAS..	77059	MRI, BOTH BREASTS
96368	THER/DIAG CONCURRENT INF	G0295	ELECTROMAGNETIC THERAPY ONC	31237	NASAL/SINUS ENDOSCOPY,SURGICAL
96372	THER/PROPH/DIAG INJ, SC/IM	95973	ANALYZE NEUROSTIM ,COMPLEX		W/BIOPSY
52649	PROSTATE LASER ENUCLEATION	93292	WCD DEVICE INTERROGATE	77058	MRI, ONE BREAST
92640	AUD BRAINSTEM IMPLT PROGRAMG	93745	SET-UP CARDIOVERT-DEFIBRILL	C8905	MR NO CONTRST FLW W/CNTRST
G0295	ELECTROMAGNETIC THERAPY ONC	46505	CHEMODENERVATION ANAL MUSC		BRST;UNI
70554	FMRI BRAIN BY TECH	67027	IMPLANT EYE DURG SYSTEM	73721	MAGNETIC IMAGE, JOINT OF LEG
70555	FMRI BRAIN BY PHYS/PSYCH	43258	OPERATIVE UPPER GI ENDOSCOPY.....	73222	MRI JOINT UPPER EXTREM W/DYE
94015	PATIENT RECORDED SPIROMETRY	66840	REMOVAL OF LENS MATERIAL	73221	MAGNETIC IMAGE, JOINT OF ARM
S8042	MRI LOW FIELD		ASPIRATION	73722	MRI LWR EXTRE JOINT W/DYE
95965	MEG,SPONTANEOUS	66850	LENS EXTRACTION-LASER	76376	A 3D RENDER W/ O POSTPROCESS
95966	MEG,EVOKED,SINGLE	66852	LENS EXTRACTION-PARS PLANA W-W/O	62291	INJECT FOR SPINE DISK X-RAY.
95967	MEG,EVOKED,EACH ADDL		VIIITRECTOMY	93025	MICROVOLT T-WAVE ASSESS
C8903	MR IMAGING W/CONTRST BREAST;	66920	EXTRACTION OF LENS	43201	ENDO,DIR SUBMUCOSAL INJ,ANY SUB
	UNILAT	66930	EXTRACTION OF DISLOCATED LENS	77013	CT GUIDE FOR TISSUE ABLATION
C8904	MR IMAG W/O CONTRST BREAST; UNI	66940	EXTRACTION OF LENS..	75952	ENDOVASC REPAIR ABDOM AORTA
C8906	MR IMAGING W/CONTRST BREAST; BIL	66982	CATARACT SURGERY,COMPLEX	76940	ULTSND GUIDE,VISCERAL TISS ABLAT
C8907	MR IMAG W/O CONTRST BREAST; BIL	66983	REMOVE CATARACT, INSERT LENS	76377	A 3D RENDERING W/ POSTPROCESS
92130	WATER PROVOCATION TONOGRAPHY	43257	UPPR GI SCOPE W/THRML TXMNT	75953	ABDOM ANEURYSM ENDOVAS RPR
G0117	GLAUCOMA SCR N HIGH RISK DIREC	12031-13153	SURGERY/INTEGUMENTARY SYSTEM	76390	MR SPECTROSCOPY
G0118	GLAUCOMA SCR N HGH RISK DIREC	17106-17108	SURGERY/INTEGUMENTARY SYSTEM		
72292	PERQ VERTEBROPLASTY, CT	11400-11422	SURGERY/INTEGUMENTARY SYSTEM		
S8085	FLUORINE 18 FLURODEOXYGLUCOSE	96000-96004	MOTION ANALYSIS		
	IMAGING	95980-95982	NEUROSTIMULATORS ANALYSIS /		
78609	BRAIN IMAGING-(PET)		PROGRAMMING		