

## Medical Policy Updates

Highlights of recent medical policy revisions, as well as any new medical policies approved by Dean Health Plan's Medical Policy Committee, are listed below. The Medical Policy Committee meetings take place monthly. As always, we appreciate the expertise by medical and surgical specialists during the technology assessment of medical procedures and treatments.

To view all of Dean Health Plan's medical policies, visit [deancare.com](https://deancare.com), ► For Providers, and then ► Medical Management ► Search Dean Health Plan's Medical Policies. [Deancare.com](https://deancare.com) is updated as the medical policies become effective. For questions regarding any medical policy or if you would like copies of a complete medical policy, please contact our Customer Care Center at **800-279-1301**.

All other Dean Health Plan clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at **800-356-7344, ext. 4012**.

Medical policy updates are published alongside our quarterly newsletters. The Summer 2022 Provider News is published on the Dean Health Plan Provider news page at [deancare.com/providers/news](https://deancare.com/providers/news). Please call the Customer Care Center at **800-279-1301** if you have questions about accessing our newsletters

### General Information

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and applicable state and/or federal laws. A verbal request for a prior authorization does

not guarantee approval of the prior authorization or the services. After a prior authorization request has been reviewed in the Health Services Division, the requesting provider and member are notified. Note that prior authorization through the Dean Health Plan Health Services Division is required for some treatments or procedures.

Prior authorization requirements for self-funded plans (also called ASO plans) may vary. Please refer to the member's Summary Plan Document or call the Customer Care Center number found on the member's card for specific prior authorization requirements.

For radiology, physical medicine (PT/OT) and musculoskeletal surgery prior authorizations, please contact National Imaging Associates (NIA) Magellan.

### Radiology

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Providers may contact NIA by phone at **866-307-9729**, Monday-Friday from 7 a.m. to 7 p.m. CST or via [RadMDSupport@MagellanHealth.com](mailto:RadMDSupport@MagellanHealth.com). View details about the [radiology prior authorization program](#).

### Physical Medicine

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Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 a.m. to 7 p.m. CST or by email at [RadMDSupport@MagellanHealth.com](mailto:RadMDSupport@MagellanHealth.com). View details about the [physical medicine prior authorization program](#).

### Musculoskeletal

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Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 a.m. to 7 p.m. CST or by email at [RadMDSupport@MagellanHealth.com](mailto:RadMDSupport@MagellanHealth.com). View details about the [musculoskeletal prior authorization program](#).

## General Information

Starting April 1, 2022, certain medical policy updates are highlighted, along with drug policy updates, in our monthly provider notice that is emailed to in-network providers who have “opted in” through their Dean Health Plan Provider Portal account to receive emailed communications from us. This provides increased visibility and notice of planned updates. Additionally, the monthly provider notices are published on our [Provider Communications web page](#). Updates highlighted in monthly notices will continue to also be communicated in our quarterly newsletters.

### Prior authorization requirements removed

#### Effective April 1, 2022

- Hearing Aids MP9445
- Pressure Reducing Support Surfaces MP9494

### Medical Policies Retired

#### Effective May 1, 2022

- Auditory Brain Stem and Cochlear Implants MP9016
- Pulse Oximeter/Pulse Oximetry Testing in the Home MP9372

#### Effective June 1, 2022

- Bone Anchored Hearing Aid System MP9018
- Hyperhidrosis Treatment MP9224

### Procedures and Devices

#### Medically Necessary - Covered:

- Prostate Cancer Test - IsoPSA
- Multigene panel testing for retinal disorders

#### Experimental and Investigational - Non-Covered:

- DuraGen Dura Graft Matrix
- Helicobacter pylori detection next generation sequencing

- Injection of bone substitute material into subchondral defect
- Measurement of donor and third party-induced CD154+T-cytotoxic memory cells, rejection risk score
- Oasis Tri Layer Matrix
- Synchronized diaphragmatic stimulation system for heart failure (e.g., VisONE)
- Therapeutic ultrafiltration (e.g., Aquadex SmartFlow System)

### New Medical Policies

#### Day Treatment - Behavior Health MP9557

Effective October 1, 2022, a medical policy for admission and continued Day Treatment services will be available on deancare.com. The policy replaces Milliman Care Guidelines. The policy includes criteria for treatment related to substance abuse (alcohol and other drug abuse, AODA) and for children or adolescents. Prior authorization is required.

### Medical Policy Revisions

#### Effective March 1, 2022 Genetic Testing for Diffuse Gastric Cancer Hereditary - CDH1 Gene MP9484

Testing requires prior authorization and is considered medically necessary when any of the following criteria are met:

- Gastric cancer at any age and a family history of juvenile polyps or gastrointestinal polyposis
- Gastric cancers at any age and a family history of cancers associated with Lynch syndrome
- Family history of gastric cancer and breast cancer in one patient with one diagnosis before age 50, juvenile polyps, or gastrointestinal polyposis in a close relative

#### Genetic Testing for Cowden Syndrome (CS) - PTEN Gene MP9488

Testing requires prior authorization and is considered medically necessary when any of the following criteria are met:

- At-risk individual with a relative who has a diagnosis of CS or Bannyan-Riley-Ruvalcaba Syndrome for whom testing has not been performed
- PTEN pathogenic/likely variant detected by tumor profiling on any tumor type in the absence of germline analysis

#### Genetic Testing for Chromosomal Microarray Analysis (CMA) MP9491

Testing does not require prior authorization and is considered medically necessary when there are abnormal fetal ultrasound findings with unexplained intrauterine growth restriction before 32 weeks of gestation.

#### Effective April 1, 2022 Repairs/Replacement of Durable Medical Equipment (DME)/Supplies MP9106

For repair or replacement due to normal use any of the following must have occurred:

- The DME warranty has expired.
- The DME, orthotic or prosthetic item (not including artificial limbs) has surpassed its Reasonable Useful Lifetime as defined by Medicare (minimum of five years).
- The item has been accidentally or irreparably damaged (other than normal wear and tear). The member’s medical condition has changed that renders the item nonfunctional (e.g., member has outgrown device or an anatomical change has occurred making the device unusable) as documented by the provider.

Authorization is approved for the most cost-effective option.

**Effective May 1, 2022**  
**Temporomandibular Disease (TMD) Services MP9272**

Surgical treatment of TMD and craniomandibular disorders, excluding evaluation and diagnosis of the condition, require prior authorization.

**Engineered Products for Wound Healing MP9278**

EpiFix, an amniotic membrane allograft, requires prior authorization and is considered medically necessary.

**Bariatric Surgery and Weight Management Procedures MP9319**

Transoral endoscopic procedures for obesity are considered experimental and investigational. Procedures include natural orifice transluminal endoscopic surgery (NOTES techniques) and endoscopic revision following bariatric surgery including endoluminal suturing and/or stapling, prosthetic insertion (e.g., intragastric balloon; endoluminal sleeve, endoscopic sclerosant injection or transoral outlet reduction (TORe) endoscopy procedure).

**Amino Acid and Low Lipid Based Formulas MP9355**

Amino acid-based elemental oral formulas are covered for infants up to (1) year of age with any of the following:

- Eosinophilic disorders (e.g., esophagitis, gastroenteritis and colitis)
- Severe atopy or eczema with multiple food allergy syndrome based on skin testing
- Demonstrated formula protein intolerance (both milk and soy)
- Cystic fibrosis
- Amino acid, organic acid, fatty acid, metabolic and malabsorption disorders

Amino acid-based elemental oral formulas are covered for members five (5) years of age and younger with any of the following:

- IgE mediated allergies to food proteins
- Food protein-induced enterocolitis syndrome
- Eosinophilic esophagitis
- Eosinophilic gastroenteritis
- Eosinophilic colitis

**Effective June 1, 2022**  
**Medical Supplies/Durable Medical Equipment MP9347**

Automated home blood pressure cuff (HCPCS A4670) may be covered for those members over age 18 at a frequency of one every 5 years if obtained from a durable medical equipment or health care provider. Self-measured blood pressure (CPT 99473, 99474) may be covered up to 3 months in a 12-month period. Prior authorization is not required and may be covered as a preventive benefit if necessary to confirm hypertension per USPSTF guidelines. An appropriate diagnosis code must appear on the claim for automated home blood pressure cuffs. Claim will deny in the absence of an appropriate diagnosis code.

**Effective August 1, 2022**  
**Genetic Testing for High-Penetrance Breast and/or Epithelial Ovarian Cancer Susceptibility MP9478**

Genes considered medically necessary for high-penetrance breast cancer risk and management: ATM, BRCA1, BRCA2, BARD1, CDH1, CHEK2, NF1, PALB2, PTEN, RAD51C, RAD51D, STK11 and TP53. Genes considered not medically necessary for high-penetrance breast cancer risk and management: BRIP1, CDKN2A, MSH2, MLH1, MSH6, PMS2, EPCAM and NBN (based on NCCN guidelines).

Genes considered medically necessary for epithelial ovarian cancer risk and management: BRCA1, BRCA2, ATM, MSH2, BRIP1, MLH1, MSH6, PALB2, RAD51C and RAD51D. Genes considered not medically necessary for epithelial ovarian cancer risk and management: BARD1, CDH1, CDKN2A, CHEK2, EPCAM, NBN, NF1, PMS2, PTEN, STK11 and TP53 (based on NCCN guidelines).