



monthly memo

from the Medical Director

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Dennis L. Allen, MD
Executive Vice President/
Chief Medical Officer

David W. Olikar
MVP President &
Chief Executive Officer

The Monthly Memo is a
publication of the Professional
Relations Department.

Contacting Professional Relations

MVP Corporate Headquarters
1.888.363.9485

Southern Tier
1.607.651.9141

Central New York
1.800.888.9635

Midstate
1.800.568.3668

Mid-Hudson
1.800.666.1762

MVMA

New Pre-authorization Requirements for PPO/EPO

As noted in the July 2005 edition of the *Monthly Memo*, MVP will expand its pre-authorization requirements for PPO and EPO plan types effective August 1, 2005. The procedures/services listed in bold type below have been added to the EPO/PPO pre-authorization list. MVP's online *Benefit Interpretation Manual* (BIM) has been updated to reflect the changes.

EPO/PPO Procedures/services that require pre-authorization:

- Elective Inpatient Admissions
 - **ACI Carticel**
 - Advanced Infertility (available per contract, age requirement per NYS mandate)
 - **Air Transport**
 - **Bariatric Surgery**
 - **Blepharoplasty**
 - **Breast Implantation**
 - **Breast Reduction**
 - Cataract Surgery
 - **Cochlear Implant**
 - Diagnostic Laparoscopy
 - **Dorsal Column Stimulator**
 - **EVAR**
 - Hammer Toe Surgery
 - Hemorrhoidectomy
 - Hysterectomy
 - **Laser Treatment**
 - **Liposuction**
 - Lumbar Laminectomy (Discectomy)
 - **Orthognatic Surgery**
 - **Panniculectomy**
 - **Pectus Excavatum**
 - **Rhinoplasty**
 - **Rhizotomy**
 - **Sacral Nerve Stimulator**
 - **Sclerotherapy**
 - Septoplasty
 - Shoulder Arthroscopy
 - Sinus Surgery
 - Spinal Fusion – Lumbosacral
 - **TMD/TMJ**
 - **Uterine Artery Embolization**
 - **Varicose Vein Treatment**
 - **Vertebroplasty**
- Please note: Procedures/services that appear in **bold type** above have been added to the list.

PPO/EPO Reminders

MVP members with PPO or EPO plan types are responsible for calling MVP's Utilization Management (UM) department at **1-800-568-0458** to obtain pre-authorization prior to any procedures or services. Please note:

- If the member does not call UM to obtain pre-authorization, there is a 50 percent reduction in benefits.
- If a member calls for pre-authorization, MVP will take the call and contact the practitioner for clinical information.
- Network practitioners may call UM on the member's behalf, however the member is responsible for notifying MVP.

In-Office Procedure and Ambulatory Surgery Lists

As noted in the June and July 2005 editions of the *Monthly Memo*, the MVP In-Office Procedure and Ambulatory Surgery lists are now available online. The lists are posted on the provider home page of the MVP Web site (www.mvphealthcare.com). If you do not have online access, call your Professional Relations representative and request a copy.

- The In-Office Procedure List details the CPT™ codes that MVP will reimburse for when performed in the physician's office. Claims submitted with a place of service other than the physician's office will be denied unless pre-authorization is obtained.
- The Ambulatory Surgery list specifies the CPT™/HCPCS codes that MVP will reimburse for when performed in the ambulatory surgery or in-office settings. Claims submitted with an inpatient setting will be denied unless pre-authorization is obtained.

Please note: All procedures are subject to the member's plan type and benefits.



Coverage for Experimental or Investigational Medication Use

MVP provides coverage for medications that have been approved by the Food and Drug Administration (FDA) for specific indications. Medication coverage is subject to the terms and conditions of a member's contract and/or prescription drug rider and generally does not include investigational or experimental use. If a member requires medication for a specific non-FDA approved indication, the prescribing or administering physician must submit written documentation of medical necessity. Pertinent clinical information including but not limited to peer reviewed medical journal articles should be submitted to expedite a member-specific request.

Drug-Drug Interactions

In the March 2005 edition of the *Monthly Memo*, ten drug interactions were listed that may have potential serious health consequences. This issue will concentrate on the relationship between select object and precipitant drugs that prolong the QT interval. Drugs such as amiodarone, disopyramide, pimozide, quinidine, procainamide and sotalol are known to prolong the QT interval at therapeutic concentrations. Amitriptyline, clarithromycin, erythromycin, haloperidol and imipramine should be co-administered with caution as the combination may result in increased serum concentrations resulting in the risk of inducing ventricular arrhythmias including torsades de pointes. The specific combination of pimozide and azole-antifungals such as itraconazole and ketoconazole and to a lesser extent fluconazole should be avoided. Terbinafine would be an appropriate alternative to an azole-antifungal.

FDA News

- On July 12, 2005, the Food and Drug Administration (FDA) asked Perdue Pharma to suspend sales of Palladone[®], its long acting hydromorphone product. The request came after new information was obtained as a result of a study testing the use of alcohol while taking Palladone[®]. The study demonstrated that alcohol harms the extended-release mechanism of Palladone[®] which leads to dose-dumping or the rapid release of the active ingredient. More information can be obtained online at www.fda.gov/cder/drug/infopage//palladone/default.htm. MVP members who have recently filled a prescription for Palladone[®] have been notified of this withdrawal.
 - On July 15, 2005, the FDA issued a Public Health Advisory regarding the safe use of transdermal fentanyl patches as a result of deaths in patients using this narcotic analgesic. In addition, the agency also alerted healthcare professionals of important safety precautions such as recognizing the signs of overdose, proper patch applications and use of other medications while using fentanyl patches. More information can be obtained online at www.fda.gov/cder/drug/infopage/fentanyl/default.htm.
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Blood Modifiers – RBC Agents

As noted in the July 2005 edition of the *Monthly Memo*, Effective July 1, 2005, MVP requires pre-authorization for in-office administration and pharmacy distribution of RBC blood modifiers. MVP's new policy, Blood Modifiers-RBC Agents, establishes pre-authorization criteria for reimbursement of Epogen[®], Procrit[®] and Aranesp[®]. The policy also identifies specific hemoglobin levels and approval will be in three-month increments.

Please note:

- All prescriptions written and filled in a pharmacy, all injections administered in a physician's office or in select outpatient settings will require pre-authorization.
- Criteria for approval includes a diagnosis of anemia associated with chronic renal failure or zidovudine therapy, chemotherapy-induced anemia and other indications supported by clinical evidence in peer-reviewed medical literature.

Participating providers must complete the *MVP Pre-Service Request for Blood Modifiers-Anemia*, which can be obtained online at www.mvphealthcare.com. Providers needing additional information can contact their Professional Relations representative.



benefit interpretation policy updates

The MVP Quality Improvement Committee (QIC) approved the policy summarized below. If you would like to read the complete policy, which includes the specific criteria considered, or if you have questions regarding the policy, call your Professional Relations representative or visit the MVP Web site at www.mvphealthcare.com. The online *Benefits Interpretation Manual* (BIM) is located on the “Communications” section of the Provider portal.

Diagnostic Testing

Thoracic Electrical Bioimpedance (TEB)

Pre-authorization is required for all requests with specific medical documentation as indicated in criteria.



claims update

Improving Claims Payment

To improve service to and claims processing for our participating providers, MVP is identifying and educating practitioners with a high volume of paper claims that are rejected and returned for “Member Unknown.”

Member Unknown indicates that key information submitted on the claim does not match what MVP has on our system (e.g. the member’s ID number does not match his or her name and/or date of birth). To avoid having a claim rejected for Member Unknown, please:

- include the patient’s “Policy ID Number” – this is the *eleven-digit* MVP ID number (nine-digit policy identifier and the two-digit member suffix)
- verify that the patient is an MVP member on the date of service

MVP cannot process claims that are submitted with incomplete member information.



quality improvement updates

Clinical Guideline Updates

The MVP Quality Improvement Committee recently re-approved the following clinical guidelines.

Hypertension:

MVP endorses the National Heart, Lung and Blood Institute’s Joint National Committee’s (NHLBI) seventh report JNC-7. In addition to the QI manual, the guideline is available online at www.nhlbi.nih.gov/guidelines/hypertension/index.htm

Adult Low Back Pain:

MVP’s low back pain guideline is from the Institute for Clinical Systems Improvement (ICSI). ICSI is an independent non-profit organization that provides health care quality improvement to medical organizations. A copy of the guideline is available on-line from ICSI at www.icsi.org/knowledge/detail.asp?catID=29&itemID=149. The guideline is 63 pages long, however, the first 22 pages are the most relevant to MVP’s membership.

Smoking Cessation:

MVP endorses the New York Health Plan Association’s (HPA) smoking cessation guideline. The HPA’s recommendations outline the five stages of change, include tips for assessing a patient’s readiness to quit, and summarize the pharmacotherapies available for patients who want to stop using cigarettes.

Lyme Disease:

MVP’s Lyme disease guideline is derived from several sources including the Centers for Disease Control. Updates made to the Lyme disease guideline include new medication dosing tables based on current information from the *Medical Letter*, *The Sanford Guide* and *The AAP Red Book*.

If you would like to receive a paper copy of any of these updated recommendations now, please call **1-800-777-4793 extension 2602**. The updated versions of the guidelines will also be in the next edition of MVP’s *Physician Quality Improvement Manual and Toolkit* that will be available on the MVP Web site, on CD-ROM and as a paper manual after September of this year.



clinical reporting

OB/GYN Specialty Report

In August, MVP's OB/GYN Specialty Reports will be mailed to participating OB/GYNs with at least 150 members seen. The report will provide information on:

- high volume procedures
- most commonly prescribed medications
- high volume episode treatment groups

The report identifies patterns of care and serves as a tool for improving the quality of care delivered to MVP members. Please contact Paula Pecoraro, RN, MVMA Professional Liaison at **(518) 388-2209** to discuss questions regarding these reports.

PO Box 2207
Schenectady, NY 12301-2207

