

## Medical Policy Updates – January 2019

### MEDICAL AND DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at [healthpartners.com](http://healthpartners.com) (path: Provider/Coverage Criteria). Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

Coverage Policies	Comments / Changes
Ventricular Assist Devices (VADs) & Total Artificial Hearts  Ventricular Assist Devices (VADs) & Total Artificial Hearts – Minnesota Health Care Programs	Effective immediately, percutaneous ventricular assist devices (pVADs) are no longer considered experimental/investigational.  pVADs do not require prior authorization.  The following language has been added to the policy:  <b>Indications that are covered – Percutaneous Ventricular Assist Device</b>  1. FDA approved pVADs are considered medically necessary when utilized for the following indications: <ul style="list-style-type: none"> <li>a. Short term circulatory support for treatment of cardiogenic shock; or</li> <li>b. Short term circulatory support during urgent high-risk percutaneous coronary intervention</li> </ul>
Percutaneous tibial nerve stimulation (PTNS) for overactive bladder	Effective immediately, policy revised to require prior authorization after the 12 <sup>th</sup> rather than the first visit. For coverage beyond 12 visits, member must meet existing policy criteria plus have a documented decrease in symptoms since starting PTNS treatment.
DME Benefits Grid	Code E0190 added to section on wedges, pillows and cushions. Items remain noncovered.
Wheelchairs – Mobility Assistive Equipment (MAE), Minnesota Health Care Programs	Effective immediately, policy revised to reflect MHCP provider manual criteria. DHS criteria were added for Group 1 – Group 5 power wheelchairs. Documentation requirements were added for power mobility devices for members under age 4. List of standard equipment for a power operated vehicle (POV) was added. Added DHS criteria stating adult power mobility devices (PMD) not reviewed by Medicare’s PDAC contractor, or reviewed and found to have not met the definition of a specific power mobility device, are not covered. PMD will not be considered for members under age 18 months.

Contact the Medical Policy Intake line at **952-883-5724** for specific patient inquiries.