



# healthy practices<sup>TM</sup>

VOLUME 1 - NUMBER 3 - MAY/JUNE 2006

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## Benefit Plan Changes

### New York HMO/POS Certificates of Coverage

As noted in the March/April 2006 issue of *Healthy Practices*, the New York State Department of Insurance has approved new, fully-insured MVP HMO products and has amended MVP's fully-insured POS product. Some of the benefits in these new products are different than the benefits in MVP's current fully insured HMO and POS products so that our products continue to be competitive. Now that those changes have been approved, we can outline the core benefit changes and when they will occur.


These benefit changes will take effect on the group's anniversary date. This means that your practice will be seeing MVP HMO and HMO POS members with different benefits beginning on April 1, 2006 and continuing through March 2007, when all MVP HMO and HMO/POS groups will have the new benefits.

MVP published an insert in the March/April 2006 issue of *Healthy Practices* that provided an overview of core benefit changes by the type of service, the old coverage provisions and the new coverage under the new, New York HMO/POS Certificates of Coverage. Pre-authorization requirements remain the same for both HMO and POS members. Please continue to follow the HMO pre-authorization requirements found in the current *UM Policy Guide* (enclosed).

### The ID card is the indicator

To help alleviate confusion as to which members are enrolled in the new products, MVP is issuing new ID cards to members upon enrollment. A sample of the ID card is presented below. You will notice that a box appears around the HMO or POS plan type. This is your indicator that the MVP HMO or POS member is enrolled in the new HMO or POS product and revised benefits and copayments now apply.

Subscriber ID: 80012345600 John Q. Sample New York  
 80012345601 Mary Jane Sample  
 80012345602 Suzie Sample  
 80012345603 David Sample



Group #: 123456 Effective Date: 01/01/2006


PCP Office Visit: \$20 Specialist Office Visit: \$20  
**Referral Required**

Hospital Inpatient: \$20 Emergency Room: \$20

Rx Group #: MVRPX Bin #: 610527 Processor #: VL

Plan Type:  
HMO

Box around plan type of HMO indicates this member has the new NYS Certificate of Coverage



While employer groups and members have been advised of this change in their coverage, and when it will occur, MVP fully expects questions. If you have any questions regarding these changes in coverage, and when they might apply, please contact our Provider Claims Services department at **1-800-684-9286**.

Continued

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 Chief Executive Officer

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 MVP Corp. Headquarters 1.888.363.9485  
 Southern Tier 1.607.651.9141  
 Central New York 1.800.888.9635  
 Midstate 1.800.568.3668  
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**Comments Write to:**  
 Healthy Practices  
 MVP Health Care, Inc.,  
 Professional Relations Dept.  
 PO Box 2207, Schenectady, NY 12301

[www.mvphealthcare.com](http://www.mvphealthcare.com)

## Members not affected by these changes

It is important to remember the following benefit changes are in effect for our fully-insured HMO and POS members only. Members who are not affected by these changes:

- all Select Care (self-insured) members (i.e., IBM, Golub Corporation)
- Healthy NY members
- New York State HMO Employee Group (NYSHIP)
- MVP Care, Child Health Plus and Family Health Plus members
- Members with EPO, PPO or Indemnity coverage
- CompCare members
- members with MVP plans offered by Vermont-based employers
- members with MVP plans offered by New Hampshire-based employers.



## MVP Updates

### National Provider Identifier (NPI) mandate

Effective May 23, 2007, a HIPAA mandate requires providers to adopt a standard 10-digit, unique numeric identifier called a National Provider Identifier, or NPI. Your NPI is not issued automatically. You must apply to the Centers for Medicare and Medicaid Services (CMS) for the NPI. Providers can apply for an NPI online at <http://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Please note:

- The NPI will replace your current MVP provider ID number on all HIPAA electronic transactions.
- The NPI does not replace your DEA or tax ID number(s) and may not replace your MVP provider ID number for everything.
- Only covered entities require an NPI.

MVP is currently updating its systems to accommodate this new mandate. We will continue to provide updates on this important subject in future issues of *Healthy Practices*. Providers will soon be able to obtain additional NPI information via the MVP Web site ([www.mvphealthcare.com](http://www.mvphealthcare.com)).

### Updated UM Policy Guide

Please find an updated *UM Policy Guide* enclosed in this issue and keep it handy for your future reference. A revised ID Card reference sheet is also enclosed.

## Self-Treatment and Treatment of Immediate Family Members

MVP concurs with and endorses the position of the American Medical Association (AMA) as stated in the Code of Ethics guideline, E-8.19: Self-Treatment or Treatment of Immediate Family Members. Practitioners generally should not treat or write prescriptions for themselves or members of their immediate families (exception: emergency situations). MVP does not provide reimbursement for such care.

Professional objectivity may be compromised when an immediate family member or the practitioner is the patient, as:

- The practitioner's personal feelings may influence his/her professional medical judgment, thereby interfering with the care being delivered.
- Practitioners may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the practitioner is an immediate family member.
- Practitioners may be inclined to treat problems that are beyond their expertise or training.
- If tensions develop in a practitioner's professional relationship with a family member, perhaps as a result of a negative medical outcome, these difficulties may extend into their personal relationship as well.
- Concerns regarding patient autonomy and informed consent may arise when practitioners attempt to treat members of their immediate family.
- Family members may be reluctant to state their preference for another practitioner or decline a recommendation for fear of offending the practitioner. Practitioners may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

### Provider Appeals

Providers may submit a written appeal directly to the MVP Appeals department if the appeal is related to claims denied for "no prior authorization/pre-certification obtained," "not medically necessary" or "inpatient hospital appeal." Please submit the written appeal and supporting medical documentation directly to:

MVP Health Care  
Attention: Appeals Department  
P.O. Box 2207  
Schenectady, NY 12301-2207

Appeals and supporting medical documentation may also be faxed to the MVP Appeals department at **(518) 386-7600**.

If you are submitting an appeal for "timely filing," please complete and submit the MVP *Provider Claim Adjustment Form*.

## CAQH Update

Due to high provider participation rates, the MVP Credentials Committee recently approved replacing the MVP credentialing application with the CAQH Universal Credentialing DataSource application for credentialing and recredentialing. As many of your colleagues will attest, this free, online service allows providers to complete one application to meet the credentialing needs of multiple health plans. For a list of all currently participating organizations, visit CAQH online at [www.caqh.org](http://www.caqh.org). Providers who have not completed the CAQH application online will be phased in during the recredentialing process. All credentialing applicants will need to utilize the online CAQH application to apply for participation with MVP.

CAQH introduced a new application in January 2006. All practitioners will be notified of the information that has been enhanced upon during the reattestation process. The purpose of the application enhancements is to allow the application to address recommendations made by the national accreditation organizations (JCAHO, NCQA, URAC), to encourage participation by other healthcare organizations, such as hospitals.

When reviewing and updating your attestation, please ensure that you have provided the following information:

- The effective dates of your hospital privileges, the listing of all previous hospital affiliations and an explanation for hospitals which you are no longer affiliated with
- For all malpractice cases, ensure that the patient status has been completed
- For professional liability, “tail coverage” information and information regarding second layer of liability
- Work history (increased from five years to 10 years and the length of the gap was reduced to one month)
- Any new or modified disclosure questions upon completion of an initial application or reattestation
- The expiration dates on your license, DEA, Board Certification, malpractice insurance. If these documents have expired since you last reattested to your application, please fax the copies of the new documents to CAQH.

Please contact the MVP Provider Relations department at **1-888-363-9485** if you have any questions. For more information about the Universal Credentialing DataSource, visit [www.caqh.org/cred](http://www.caqh.org/cred). You can also contact the CAQH Help Desk at **1-888-599-1771** or e-mail [help@caqh.geoaccess.com](mailto:help@caqh.geoaccess.com).

## Rx Reminder

For drugs administered in the physician’s office, it is the provider’s responsibility to obtain the drugs. Please do not send an MVP member to their local pharmacy to obtain a drug. If you are unable or unwilling to obtain the drug, please contact the MVP Utilization Management department at **1-800-568-0458**.



## Behavioral Health Update

### Revised Behavioral Health OTR

MVP’s Behavioral Health department has updated the Outpatient Treatment Reports (OTR) for both mental health and substance abuse services. The new forms are user friendly and have more check boxes and less required written information. In Vermont, the revised forms should only be used for MVP Select Care (ASO) members. All other MVP members in Vermont are managed by PrimariLink. Therefore providers should continue to use PrimariLink’s OTR for those members.

MVP will accept both the old and new OTRs until June 1, 2006. Beginning June 1, 2006 MVP will only accept the new OTRs. The new forms can be obtained from our Web site ([www.mvphealthcare.com](http://www.mvphealthcare.com)). From the Provider Home section, click on Important Provider Information and Forms. Providers can also call the Behavioral Health Access Center at **1-800-568-0458** to request that the forms be e-mailed or faxed to them.

### Coordination of Care Between Behavioral Health and Primary Care

MVP requires that any communication between a behavioral health practitioner and primary care physician (PCP) be documented in the member’s medical record. In order to assist behavioral health practitioners in communicating with PCPs, MVP has created an easy to complete form, which is available on our Web site. From the Provider Home section, click on Important Provider Information and Forms. The Release of Information Form is attached to MVP’s Outpatient Treatment Report (OTR). This form should be reviewed with the member at the onset on treatment.

These forms can also be obtained from your local Professional Relations department. If a provider already has a release form that they use in their practice, they can continue to use that form in lieu of the one attached to the MVP OTR.

MVP recognizes that even after a discussion of the importance of coordination of care, some patients may not allow their behavioral health information to be shared with their (PCP). This refusal should be documented in the member’s medical record.



## Pharmacy Updates

### Pharmacy Updates Effective June 1, 2006

#### Drug Therapy

##### Quantity Limits Policy

This new policy describes existing quantity limits for several classes of drugs including antiemetics, erectile dysfunction medications, flu drugs, agents for migraine, select dermatologicals and urinary anticholinergics. The individual policies that these drugs were associated with have been deleted.

##### Leukotriene Modifiers Policy

The adjudication step edit identified in this policy was changed. As with inhaled corticosteroids, payment will be allowed for a formulary leukotriene modifier if the member has a history of any asthma drug including but not limited to albuterol, theophylline and cromolyn in the past 12 months.

##### Select Hypnotics Policy and Formulary Changes

This policy changes the quantity limits on medications used to treat insomnia. Effective June 1, 2006, the new quantity limit will be 15 units per 30 days for all (including benzodiazepines) hypnotic medications. In addition, all brand hypnotics except Ambien® and Rozerem® will be non-formulary. Any members currently prescribed a non-formulary brand hypnotic agent will be allowed to continue treatment as will any member approved for quantities greater than 15 per month.

##### Osteoporosis Medications

Additional criteria, including a 24-month trial with a bisphosphonate or SERM prior to the use of Forteo® as well as identification of risk factors for osteoporosis were added to the policy. The exclusions section was also expanded.

##### Antineoplastic Enzyme Inhibitors

Formerly known as the Tyrosine Kinase Inhibitors policy, updates include expansion of the description section and indications for the use of Gleevec® and Tarceva®. Initial authorization for these medications will be for 3 months. The exclusions section of the policy was expanded and lists specific conditions that are not considered medically necessary.

#### Changes to Diabetic Drugs and Supplies Copayments

The new fully-insured MVP HMO product and amended fully-insured POS product contain changes to the diabetic drugs and supplies copayment. As employer groups renew with MVP beginning on April 1, 2006 and continuing through March 2007, they will transition to these new Certificates of Coverage. The copayment for diabetic drugs and supplies will be the member's primary care office visit copayment. For additional information, please contact your Professional Relations representative.

#### New York State Requires New Prescription Forms

In an effort to combat prescription fraud, New York State Governor George Pataki signed a new law designed to prevent forgeries, alterations and counterfeiting of prescriptions.

- Effective April 19, 2006, all prescriptions written in New York must be on an Official Prescription form.
- All practitioners and facilities must register with the Department of Health (DOH).
- The DOH will issue a predetermined supply of forge-proof prescription forms.
- The DOH has notified all practitioners and facilities. All prescribers are encouraged to register as soon as possible to ensure compliance with this new law.
- To register and order your Official Prescription forms, contact the DOH Help Desk at **1-866-772-4683** or visit [www.health.state.ny.us/professionals/narcotic/index.htm](http://www.health.state.ny.us/professionals/narcotic/index.htm) to obtain more information.

#### Rx News

- On February 15, 2006, Bristol Myers Squibb (BMS) notified healthcare professionals of an update to the labeling for Tequin® (gatifloxacin) tablets and injection. The update includes labeling changes to strengthen the existing WARNING on hypoglycemia and hyperglycemia and adds a CONTRAINDICATION for use in diabetic patients. Serious reports of hypoglycemia and hyperglycemia continue to occur in patients both with and without a history of diabetes.
- On February 21, 2006, Valeant Pharmaceuticals notified healthcare professionals of complaints they received about Diastat AcuDial concerning small cracks at the base of the plastic tip of the applicators with resulting leakage of the medication when the plunger is depressed, preventing full dosing and potentially resulting in a sub-optimal therapeutic response. Healthcare professionals should advise patients to carefully check each applicator prior to use and immediately return any cracked unit to their pharmacy for replacement.

# Formulary Update

CUT ON DOTTED LINE AND INSERT  
IN BACK POCKET OF FORMULARY

FOLD HERE ▼

Drug	F/C	PA	QL	Page	Mail	Drug	F/C	PA	QL	Page	Mail
Ofloxacin	N3			9	N	<b>All sedative/hypnotics 15 units per 30 days</b>					
itraconazole	N3			9	N	<b>All brand sedative/hypnotics except Ambien® &amp; Rozerem®</b>					
clarithromycin	N3			9	N		<b>N3</b>			<b>20</b>	<b>N</b>
azithromycin	F1			9	N	Leflunomide	F1	PA		22	Y
Z-Max®	N3			9	N	Arava®	N3	PA		22	Y
Proquin XR®	N3			9	N	Lyrca®	F2			22	Y
Kelnor®	F1			10	Y	Baraclude®	F2			24	N
Ortho-Novum 7/7/7®	N3			11	Y	Luveris®	F2	PA		25	C
Ortho-Tri-Cyclen®	N3			11	Y	Menopur®	F2	PA		25	C
Ortho-Cyclen®	N3			11	Y	HCG (generic)	F1	PA		25	C
Actoplus Met®	D			12	Y	Razadyne ER®	F2			25	N
Glimepiride	D			12	Y	Revatio®	F2	PA		26	N
Byetta®	D			12	Y	Ventavis®	F2	PA		NL	N1
Symlin®	D			12	Y	Fabrazyme®	F2	PA		NL	C
Fosamax Plus D™	F2			12	Y	Abraxane®	F2	PA		NL	N
Actonel with Calcium®	F2			12	Y	Zemplar®	F2			NL	N
Boniva®	N3			12	Y	Zyban®	N3	PA		NL	N
Fortical®	F2			12	Y	Exjade®	F2	PA		NL	N
Diuretics-All brands with generics	N3			13	Y	Increlex®	F2	PA		NL	N
Antihypertensive Combos-all brands with generics	N3			14	Y						
Verelan®	N3			15	Y						
Triglide®	F2			15	Y						
Bidil®	N3			15	Y						
Plendil®	N3			15	Y						
Adalat CC®	N3			15	Y						
Muse®	F2	PA	QL	16	N						
Caverject®	F2	PA	QL	16	N						
Edex®	F2	PA	QL	16	N						
Zyrtec®	F2	PE		16	Y						
Zyrtec-D®	F2	PE		16	N						
Allegra®	N3	PE		16	Y						
Allegra-D®	N3	PE		16	N						
fexofenadine	F1			16	Y						
Asmanex®	F2			16	Y						
Atrovent HFA®	F2			17	Y						
Xopenex HFA® MDI	N3			17	N						
Femtrace®	F2			18	Y						
Niravam®	N3			19	N						
Wellubritin SR®	N3			19	L						
bupropion SR	F1			19	L						
Remeron®	N3			19	L						
Focalin XR®	F2			20	N						
<b>Ambien CR®</b>	<b>N3</b>		<b>QL</b>	<b>20</b>	<b>N</b>						
<b>Sonata®</b>	<b>N3</b>		<b>QL</b>	<b>20</b>	<b>N</b>						
<b>Rozerem®</b>	<b>F2</b>		<b>QL</b>	<b>20</b>	<b>N</b>						
<b>Lunesta®</b>	<b>N3</b>		<b>QL</b>	<b>20</b>	<b>N</b>						

Y<sup>1</sup> = Limitations Apply – see MVP policy      **Bolded = effective 6/1/06**  
 C = Available from CuraScript  
 N<sup>1</sup> = Available from Nova Factor  
 NL = Not Listed  
 D = Diabetic Copay  
 M = Medical copay



## Benefit Interpretation Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the February and March 2006 meetings. Some of the benefit interpretation policies reflect new technology while others clarify existing benefits. If you would like to read a complete policy, which includes the specific criteria considered, or if you have questions regarding the policies, call your Professional Relations representative or visit the MVP Web site at [www.mvphealthcare.com](http://www.mvphealthcare.com). The online *Benefits Interpretation Manual (BIM)* is located on the "Communications" section of the Provider portal.

### Imaging Policies

The following imaging policies were approved and require pre-authorization:

- CT Scans: Neck, Brain, Chest, Abdomen, Pelvis, Abdomen/Pelvis, Cervical/Thoracic/Lumbar Spine, Extremity
- MRAs: Kidney, Brain, Carotid and Lower Extremity
- MRIs: Brain, Cervical/Thoracic Spine, Abdomen/Pelvis, Lumbar Spine, Breast, Chest, Extremity, Pituitary, Hip/Knee, Shoulder/Wrist, TMJ
- PET Scans: Whole Body, Brain

The following imaging policies were approved and do not require pre-authorization:

- CT Scans of the sinus and orbit
- Echocardiograms
- MUGA
- Nuclear Cardiology

### Medical

#### Hyperbaric Oxygen Therapy (HBO)

- pre-authorization required
- policy revised with coverage limits or conditions as indicated by Medicare

#### Adult Immunizations

- pre-authorization is not required if the member is 19 years of age or older

#### Sperm Banking

- policy will be deleted
- MVP's contract indicates there is no coverage available for this service

### Ancillary

The HMO/POS Certificate of Coverage (COC) has a combined 30-visit benefit per calendar year for physical therapy, speech therapy and occupational therapy. There is no pre-authorization requirement for speech therapy for groups renewing on or after April 1, 2006. A new 60-visit limit per calendar year for home care services also applies.

The POS COC out-of-plan has new pre-authorization requirements or limitations for the following policies for in-plan and out-of-plan benefits:

- Non emergency ambulance, ground and air
- Home Care
- Hospice
- DME, Prosthetics, Ostomy supplies
- O/P Cardiac rehab after the first twelve visits
- Imaging Services except for CT Orbit, Sinus, Echocardiograms, MUGA and Nuclear Cardiology
- Genetic Testing
- Bariatric Surgery (available in network only)
- Transplants/Organ Donors (available in network only)

### Intravenous Immunoglobulin Therapy

- Coverage for additional conditions for severe recurrent infections, deficiency of humoral immunity, solid organ transplant, acute and chronic demyelinating polyradiculoneuropathy and immune thrombocytopenia purpura in pregnancy
- Exclusion criteria has been indicated for erythroblastosis, secondary thrombocytopenia and hemolytic anemia
- Additions and exclusions are compliant with Medicare coverage issues.



## Sales and Marketing Update

### New Product – HMO CoPlan \$25

MVP has filed a HMO CoPlan \$25 schedule with the state of New York for both large and small groups. With approval expected shortly, this CoPlan is similar to the other recently approved standard CoPlan products. A Point-of-Service (POS) version of the CoPlan \$25 will also be made available. Additional information on these products will be forthcoming pending regulatory approval from the state.



## Quality Improvement Updates

### Screening for Colorectal Cancer

Preventive screening for colorectal cancer is an important test for adults over the age of 50. Testing can be done by several methods including fecal occult blood testing, flexible sigmoidoscopy and colonoscopy.

Healthy, asymptomatic individuals are quick to come up with a number of reasons to postpone or cancel a colonoscopy when their physician recommends it. One reason noted by people is the inconvenience of taking time off for the test and/or the required consultation. For some people, the lack of time presents a barrier that makes canceling the appointment seem like the right choice.

Conducting the exam during the initial visit to the specialist may be an appropriate choice when the test is conducted as a routine screening exam in an individual in good health with no chronic

conditions or daily medications. For individuals diagnosed with a chronic condition or those who take daily medications a pre-procedure consultation with the practitioner conducting the test may be indicated.

MVP recently surveyed GI practitioners across our service area to find those who offer same day appointments with appropriate clearance from the patient's primary care practitioner and/or weekend hours. The next page contains a listing of the practitioners who reported that these services were available within their practice.

If you have any questions, please call the Quality Improvement department at **1-800-777-4793, extension 2602**.

### Providers Offering Same Day and/or Weekend Appointments for Colonoscopies

Listed below are providers that offer same day appointments for colonoscopy services with appropriate clearance from the patient's primary care practitioner and/or weekend hours within your region. Consider referring your patients to them when it is appropriate or when a patient cites time constraints as a barrier to the exam.

#### Capital Region

Mark G. Adsit, M.D.  
Christopher Ashley, M.D.  
John Balint, M.D.  
Catherine Bartholomew, M.D.  
William M. Bauer, M.D.  
Alyse Bellomo, M.D.  
Mathew Ben, M.D.  
George Boyar, M.D.  
Frederick Braunstein, M.D.  
John Buhac, M.D.  
Michael P. Chase, M.D.  
Richard Clift, M.D.  
Gennaro A. Daniels, M.D.  
Carla Gilday, M.D.  
John DeFrancisco, M.D.  
Karen Diamond, M.D.  
Thomas Dunzendorfer, M.D.  
Richard Eglow, M.D.  
Samuel Feldman, M.D.  
Vittorio Fiorenza, M.D.  
Howard P. Fritz, M.D.  
Yvonne Fuller, M.D.  
Jesse Green, M.D.  
Bora Gumustop, M.D.  
Kevin J Herlihy, M.D..  
Debra Hinden, M.D.  
Garner P. Johnson, M.D.  
Arbind Kumar, M.D.  
Edward C. Lee, M.D.  
Rosalynn Lemel, M.D.  
Robert C. Lieberman, M.D.

Howard Malamood, M.D.  
Richard Macdermott, M.D.  
Brian Murphy, M.D.  
Ali Nawras, M.D.  
Arthur H. Ostrov, M.D.  
Cathy Pankow, M.D.  
Henry Pohl, M.D.  
Joseph Polito, M.D.  
Hamid Rehman, M.D.  
William Robinson, M.D.  
John Rodgers, M.D.  
Seth Richter, M.D.  
Alan Samuels, M.D.  
Sean Sheehan, M.D.  
Constance Stalker, M.D.  
Brian Steckel, M.D.  
Brian T. Valerian, M.D.  
Joseph C. Yarze, M.D.

#### Utica Region

Asma Arif, M.D.  
Brett Gandhi, M.D.

#### Binghamton NY / Sayre PA Region

Leslie Bank, M.D.  
Marcelo Barreiro, M.D.

#### Oneonta Region

Syed Bin-Sagheer, M.D.  
Thomas Brasitus, M.D.  
Mark Davidson, M.D.  
Robert Davidson, M.D.  
Daniel Gregory, M.D.

Philip Holtzapple, M.D.  
Robert Levine, M.D.  
Nancy Merrell, M.D.  
Ali Nawras, M.D.  
Michael Orenstein, M.D.  
Lone Riaz, M.D.  
Jonathon Sastic, M.D.  
Lois Sastic, M.D.  
Bipin Saud, M.D.  
Joseph Schmer, M.D.  
Kenneth Stalter, M.D.  
Ronald Zerbe, M.D.

#### Rochester Region

Benedict Maliakkal, M.D.  
Parvez Mantr, M.D.  
Ashok Shah, M.D.  
Uma Sundaram, M.D.  
Asad Ullah, M.D.

#### Syracuse Region

Karen Alcott, M.D.  
John Dale, M.D.  
Scott Edison, M.D.  
Michael Fitzgerald, M.D.  
Stuart Gillim, M.D.  
David Heisig, M.D.  
Barbara Kane, M.D.  
Theodore Koh, M.D.  
Rayees Nizam, M.D.  
Margot Remington, M.D.  
John Sun, M.D.  
James Tifft, M.D.

#### Hudson Valley

Clarence Henry, M.D.  
John Knipp, M.D.  
Deepak R Patel, M.D.  
Robert Rosenzweig, M.D.

#### Vermont

Eric Asnis, M.D.  
David Butsch, M.D.  
Peter Cataldo, M.D.  
Dr. John Ciocchi, M.D.  
Matthew Conway, M.D.  
Mark Crane, M.D.  
Federico Fiallos, M.D.  
Nicholas Ferrentino, M.D.  
Bradbury Fuller, M.D.  
Mark Healey, M.D.  
James Hebert, M.D.  
Neil Hyman, M.D.  
Dale Janik, M.D.  
Alex John, M.D.  
Joseph Kiernan, M.D.  
Edward Krawitt, M.D.  
Thomas Lewis, M.D.  
Steven Lidofsky, M.D.  
Paul Mayer, M.D.  
Michael Mason, M.D.  
Mark Meredith, M.D.  
Thomas McLaughlin, M.D.  
Andrew Minkin, M.D.  
Emile Miskovsky, M.D.  
Peter Moses, M.D.  
Stephen Payne, M.D.

Carl Petri, M.D.  
Victor Pisanelli, M.D.  
Daniel Rath, M.D.  
Michael Scovner, M.D.  
Larry Sisson, M.D.  
Joel Silverstein, M.D.  
Maury Smith, M.D.  
Christian Speer, M.D.  
Doris Strader, M.D.  
James Vecchio, M.D.  
Howard Weaver, M.D.  
Stephen Willis, M.D.  
Richard Zubarik, M.D.

#### New Hampshire

Peter Anderson, M.D.  
Steven P. Bensen, M.D.  
Lynn F. Butterly, M.D.  
Dr. Robert J. Cimis, M.D.  
Christopher Danielson, D.O.  
Kenneth Danielson, M.D.  
Stuart Gordon, M.D.  
David Kroner, M.D.  
Gerald Lyons, M.D.  
Daniel Rath, M.D.  
Andrew Robinson, M.D.  
Douglas Robertson, M.D.  
Corey A. Siegel, M.D.  
Frederick Spin, M.D.  
Harry Wisner, M.D.

*Providers listed above responded to MVP's recent telephone survey regarding same day colonoscopies.*



## Government Updates

### Erectile Dysfunction procedures require prior approval

Chapter 645 of the Laws of 2005, specify that Medicaid and Family Health Plus programs will not provide coverage for erectile dysfunction (ED) drugs, procedures or supplies to convicted sex offenders. Prior approval is required for the following CPT®/HCPCS procedure codes for all MVP Care (Medicaid Managed Care) and Family Health Plus members.

CPT®	Description
37788	Penile revascularization, artery, with or without vein graft
37790	Penile venous occlusive procedure
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis: inflatable (self contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all component(s) of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
55870	Electroejaculation

HCPCS	Description
L7900	Vacuum erection system
J0270	Injection, alprostadil
J0275	Alprostadil urethral suppository (aka MUSE)
J2440	Injection, papaverine
J2760	Injection, phentolamine
ICD9	Description
64.94	Fitting of external prosthesis of penis
64.95	Insertion or replacement of penile prosthesis; non-inflatable
64.97	Insertion or replacement of penile prosthesis; inflatable

Providers must report the applicable CPT, HCPCS, ICD diagnosis and/or ICD procedure code(s) when requesting or billing erectile dysfunction services. Prior approval requests for recipients ineligible for ED services per Chapter 645 of the Laws of 2005 will be denied.

