

Policy Changes Effective February 1, 2018

Rabies Vaccine = [MP.146.MH](#)

Effective February 1, 2018 MedStar Select and MedStar Medicare Choice will implement a new policy regarding **Rabies Vaccine in the Home Setting**. This vaccine is considered medically necessary when the following conditions are met: the member presented to ER after a possible rabies exposure, the member received clear post-discharge instructions, and the member is discharged from ER, with instructions to follow-up with the VNA for repeat vaccinations at day 3, 7, and 14 (and day 28 for immunocompromised patients.) Related CPT codes are outlined in the policy which can be located on [MedStarProviderNetwork.org](#) under the section titled “Medical Payment Policies.”

Medical Nutrition = [MP.048.MH](#)

MedStar Select has updated the policy related to **Medical Nutrition Therapy for Chronic Disease Management**. Additional diagnosis codes have been added including certain eating disorders, allergies, and metabolic disorders. Medical Nutrition Therapy is considered medically necessary when the member has one or more chronic diseases listed in the Indications section and/or diagnosis listed within the policy for which dietary adjustment has a therapeutic role, it has been prescribed by a physician, and is furnished by a Certified Nutrition Specialist (CNS), Licensed Dietician/Nutritionist (LDN), Registered Dietician (RD), or Certified Nutrition Support Clinician (CNSC.) Please refer to the policy for specific CPT and diagnosis codes. The policy can be located on [MedStarProviderNetwork.org](#) under the section titled “Medical Payment Policies.” The effective date of these changes to the policy is being backdated to 8/1/2016.

Knee Scooters = [MP.145.MH](#)

A new policy related to **Knee Scooters** will be implemented on February 1, 2018 for MedStar Select. Knee Scooters are considered medically necessary when the member has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home, the member has a mobility limitation (e.g. non-weight bearing on one extremity), the member is able to safely use the knee walker, and the functional mobility deficit can be sufficiently resolved with use of a knee walker. Please refer to the policy located on [MedStarProviderNetwork.org](#) under the section titled “Medical Payment Policies” for more information including the covered CPT code.

Cosmetic and Reconstructive Services = [PA.206.MH](#)

The policy related to **Cosmetic and Reconstructive Services** has been converted from a Medical Payment Policy to a Medical Policy Requiring Prior Authorization for MedStar Select and MedStar Medicare Choice. Prior Authorization will be required for these services beginning February 1, 2018 and a claims review will be performed back through January 1, 2017 to ensure proper adjustments are made where necessary. Procedures are considered medically necessary when the procedure is intended to primarily improve, restore, or maintain bodily function as a result of an infection or disease **OR** the procedure is intended to correct a congenital disease or anomaly that has resulted in a significant functional deformity. Additional information including specific CPT codes that will require Prior Authorization. The policy can be located on [MedStarProviderNetwork.org](#) under the section titled “Medical Policies Requiring Prior Authorization.”