

## **“What’s New” Medical Policy Updates June 2019**

Listed below are the recent changes made to policies within the Geisinger Health Plan Medical Policy Portfolio during the month of May that will become **effective July 15, 2019** (unless otherwise specified). The Plan uses medical policies as guidelines for coverage decisions made within the insured individuals written benefit documents. Coverage may vary by line of business and providers and members are encouraged to verify benefit questions regarding eligibility before applying the terms of the policy.

**The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.**

MP040 Somnoplasty/ Coblation  
MP049 Visual Field Testing  
MP054 Prophylactic Mastectomy  
MP057 Prophylactic Oophorectomy  
MP072 Perc disc Decomp. Nucleoplasty  
MP093 Uroleume  
MP098 Genetic Testing/Colorectal CA  
MP101 Gliasite Radiation Therapy  
MP129 Total Parenteral Nutrition  
MP131 VitalStim NMES  
MP135 Osseointegrated Hearing Device  
MP146 Sympathetic Therapy  
MP150 Carotid Artery Stent  
MP154 Transanal Radiofrequency Therapy for Fecal Incontinence (Secca)  
MP193 Microvolt T-wave Alternans  
MP199 Corneal Pachymetry  
MP204 Nasal and Sinus Surgery  
MP213 Computerized Corneal Topography  
MP218 Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease  
MP228 HPV DNA Testing  
MP229 Prolozone Therapy  
MP232 Autism Spectrum Disorder Evaluation and Medical Management  
MP259 Phototherapy for the Treatment of Dermatological Conditions  
MP277 Vision Therapy/ Orthoptics  
MP289 Dry Eye Syndrome  
MP290 Fecal Microbiota Transplantation  
MP294 Intercostal Nerve Block