

**Department of
Veterans Affairs**

MEMORANDUM

Date posted _____ Initials _____

August 4, 2004

Chief, Policy and Compliance Division

Transmittal #76 CHAMPVA Policy Manual

See Transmittal Distribution List

1. Explanation of changes and related index updates of the CHAMPVA Policy Manual and filing instructions are in the following summary:

<u>SUMMARY</u>	<u>REMOVE</u>		<u>INSERT</u>	
	<u>C-S</u>	<u>Pages</u>	<u>C-S</u>	<u>Pages</u>
<u>Chapter 2, Section 7.1</u> , <i>Audiological Services</i> . Amends Procedure Codes; under Description clarifies audiological services (hearing tests).	2-7.1	1	2-7.1	1
<u>Chapter 2, Section 9.2</u> , <i>Outpatient Diabetes Self-Management Training</i> . Under Policy further clarifies that services for the outpatient self-management program must be provided by an authorized individual professional provider; under Policy Considerations adds as a medical condition, kidney complications manifested by elevated creatinine.	2-9.2	1-3	2-9.2	1-3
<u>Chapter 2, Section 11.1</u> , <i>Blood And Lymphatic Systems</i> . Amends Procedures Codes.	2-11.1	1	2-11.1	1
<u>Chapter 2, Section 11.3</u> , <i>Transfusion Services For Whole Blood, Blood Components And Blood Derivatives</i> . Amends Procedure Codes; and under Policy adds that effective January 1, 2004, CMAC rates were established for blood clotting factors.	2-11.3	1-2	2-11.3	1-2
<u>Chapter 2, Section 12.3</u> , <i>Hemolytic Disease Of The Fetus And Newborn</i> . Adds Description for intraperitoneal and intravascular transfusion.	2-12.3	1	2-12.3	1

<u>SUMMARY</u>	REMOVE		INSERT	
	<u>C-S</u>	<u>Pages</u>	<u>C-S</u>	<u>Pages</u>
<u>Chapter 2, Section 16.1</u> , <i>Allergy Testing and Treatment</i> . Amends Procedure Codes; under Policy Considerations clarifies guideline requirements for bronchial challenge; removes requirement for medical review; adds coverage criteria for quantitative in vitro allergy testing for the diagnosis of allergic rhinitis.	2-16.1	1-4	2-16.1	1-4
<u>Chapter 2, Section 16.5</u> , <i>Experimental/ Investigational (Unproven) Procedures</i> . Under Policy Considerations removes from the partial list of excluded benefits, ambulatory blood pressure monitoring; gastric bubble or balloon; vestibular rehabilitation therapy used to treat benign paroxysmal positional vertigo, and adds to the list, vestibular rehabilitation therapy for bilateral paresis for Meniere’s disease; and for acoustic neuroma patients recovering from vestibular ablative surgery.	2-16.5	1-6	2-16.5	1-6
<u>Chapter 2, Section 16.7</u> , <i>Podiatry</i> . Amends Procedure Codes.	2-16.7	1-5	2-16.7	1-5
<u>Chapter 2, Section 19.1</u> , <i>Musculoskeletal System</i> . Amends Procedure Codes; under Policy Considerations adds percutaneous vertebroplasty and balloon kyphoplasty; and under Exclusions adds meniscal transplant for meniscal injury; mosaicplasty; and trigger point injection for migraine headaches.	2-19.1	1-7	2-19.1	1-8
<u>Chapter 2, Section 22.1</u> , <i>Pharmacy</i> . Under Effective Date clarifies a rare disease as any disease that affects less than 200,000 persons in the United States; under Policy adds that orphan drugs may be cost shared when used in the treatment of a rare disease or reference to the Meds By Mail (MBM) program; removes obsolete drug claim tolerances; clarifies that prescribed medications (e.g., Viagra, Levitra, and Cialis) for the treatment of organic male impotence may be cost shared when the physician	2-22.1	1-6	2-22.1	1-7

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has considered the medication as the most optimal regime for the patient; moves from Exclusions and adds to Exceptions criteria for coverage of medical care related to the use of Group C drugs and investigational new drugs (INDs); and under Exclusions removes Gemcitabine (Gemzar®) for the treatment of non-small cell lung cancer; and adds orphan drugs without marketing approval but which are made available on a compassionate use basis.

Chapter 2, Section 23.1, Preventive Services. 2-23.1 1-7 2-23.1 1-7
Amends Procedure Codes.

Chapter 2, Section 23.3A-1, Addendum 1, Recommended Childhood Immunization Schedule. 2-23.3A 1-3 2-23.3A 1-4
Under Recommended Childhood Immunization Schedule adds Influenza FluMist Nasal Spray for age group 5-17.

Chapter 2, Section 23.3A-2, Addendum 2, Recommended Adult Immunization Schedule. 2-23.3A 2-1-3 2-23.3A 2-1-3
Under Recommended Adult Immunization Schedule adds Influenza FluMist Nasal Spray for age group 18-49.

Chapter 2, Section 26.3, Computerized Tomography. 2-26.3 1-4 2-26.3 1-4
Under Exclusions adds Electronic Beam Computer Tomography (EBCT) to diagnose Coronary Artery Disease (CAD).

Chapter 2, Section 26.11, Single Photon Emission Computed Tomography (SPECT). 2-26.11 1-3 2-26.11 1-3
Amends Procedure Codes; and adds to Policy coverage for Indium 111 Pentetretotide (Octreoscan) Scintigraphy under certain indications.

Chapter 2, Section 29.15, Surgery For Morbid Obesity. 2-29.15 1-3 2-29.15 1-5
Amends Procedure Codes; under Description adds Body Mass Index (BMI) over 35 for patients with serious medical condition exacerbated or caused by obesity and bariatric

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surgery; under Policy clarifies the covered morbid obesity surgical procedures; under Policy Considerations adds bulimia or related eating disorders; and under Exclusions adds biliopancreatic bypass procedure, mini-gastric bypass and gastric balloon.

Chapter 2, Section 30.12, *Radiation Therapy*. Adds Procedure Codes; under Description adds the primary purpose of radiation therapy and clarifies related terms; under Policy adds coverage for radiation therapy for those indications documented by reliable evidence as safe, effective and comparable or superior to standard care (proven).

2-30.12 1-2

2-30.12 1-2

Chapter 2, Section 31.10, *High Dose Chemotherapy And Stem Cell Transplantation*. Under Effective date adds June 1, 2003, for Langerhans Cell Histiocytosis, refractory to conventional treatment; under Policy adds covered indications; and under Exclusions adds multiple conditions for which HDC and SCT are not covered.

2-31.10 1-11

2-31.10 1-3

Chapter 2, Section 31.11, *Small Intestine (SI) Combined Small Intestine-Liver (SI-L) And Multivisceral Transplantation*. Under Effective Date clarifies SI and SI-L for patients age 16 and older; amends Procedure Codes; under Policy clarifies the coverage criteria for SI,SI-L, and multivisceral transplants; under Policy Considerations clarifies Medicare or TRICARE (transplant facility) certification requirements; adds guidelines for transplants performed under emergency conditions; and under Exclusions adds transplantation contraindications.

2-31.11 1-6

2-31.11 1-5

Chapter 2, Section 31.12, *Combined Heart-Kidney Transplantation*. Under Policy clarifies Medicare or TRICARE (transplant facility) certification requirements and

2-31.12 1-5

2-31.12 1-5

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adds reference to air ambulance coverage; and under Exceptions adds coverage criteria for an unauthorized emergent transplant performed in a transplant facility.				
<u>Chapter 2, Section 33.1, Urinary System.</u> Amends Procedure Codes; under Policy Considerations adds coverage criteria related to implantation of the sacral nerve stimulation (SNS); and under Exclusions adds vaginal to bladder stimulators; transurethral balloon dilation of the prostate; and transurethral needle ablation (TUNA).	2-33.1	1-4	2-33.1	1-4
<u>Chapter 2, Section 35.1, Female Genital System.</u> Amends Procedure Codes; under Policy adds hysteroscopy, endometrial laser ablation (ELA); and under Exclusions adds cervicography.	2-35.1	1-3	2-35.1	1-3
<u>Chapter 2, Section 36.1, Male Genital System.</u> Under Policy Considerations clarifies coverage criteria for prescribed medications (e. g., Viagra, Levitra, and Cialis) when related to organic impotence.	2-36.1	1-4	2-36.1	1-4
<u>Chapter 3 Section 5.7, Skilled Nursing Reimbursement.</u> Amends Procedure Codes; under Definitions adds in-home intermittent and part-time nursing services; under Policy clarifies that services require the skills of an RN or of an LPN or LVN under the supervision of an RN and that certain documentation may be requested to support authorization for skilled nursing services; and adds to policy, Exclusions.	3-5.7	1-4	3-5.7	1-3

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Chapter 3 Section 6.3, *Cost-to-charge (CTC) Payment System*. Under Policy clarifies that effective January 1, 2004, blood clotting factors are no longer paid at the CTC rates.

3-6.3

1-6

3-6.3

1-4

Codes Index. Amends index to add and delete codes referenced in policies.

1-29

1-29

Subject Index. Amended to update and Include policies referenced in this transmittal.

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2. File this transmittal memorandum in the front of the CHAMPVA Policy Manual.

Susan Schmetzer
Chief, Policy & Compliance

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