

**Department of
Veterans Affairs**

MEMORANDUM

Date posted _____ Initials _____

February 28, 2003

Chief, Policy and Compliance Division

Transmittal #52 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>Master Table of Contents.</u> Moves Chapter 3, Section 1.3, <i>Reconsideration/ Appeal of Claims</i> to Chapter 1, Section 5.1 and changed the title of Chapter 2, Section 30.3, <i>Speech Pathology Services</i> to <i>Speech Services</i> .	MTOC	1-18	MTOC	1-18
<u>Chapter 1, Table of Contents.</u> <i>Program Administration.</i> Adds Chapter 1, Section 5.1, <i>Recon- sideration/Appeal of Claims</i> .	TOC-1	1-1	TOC-1	1-1
<u>Chapter 1, Section 5.1,</u> <i>Recon- sideration Appeal of Claims.</i> Moves policy from Chapter 3, Section 1.3 to Chapter 1.	1-5.1	1-2	1-5.1	1-2
<u>Chapter 2, Table of Contents</u> Changes title of Chapter 2, Section 30.3, <i>Speech Pathology Services</i> to <i>Speech Services</i> .	TOC-2	2-13	TOC-2	2-13
<u>Chapter 2, Section 2.1,</u> <i>X-Ray Mammography.</i> Under Effective Date adds January 1, 2002, for computer aided detection (CAD);	2-2.1	1-3	2-2.1	1-3

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under Procedure Codes(s) adds CPT code 76085 and HCPCS code G0236 for CAD and deletes HCPCS Code(s) G0203 and G0205; under Policy adds coverage for CAD as an adjunct to cancer screening mammography for an asymptomatic woman under the age of 35 years old; and under Exclusions adds that CAD is non-covered for women under the age of 35 unless there is a family history of breast cancer in a first degree relative.

Chapter 2, Section 4.1, *Cardiovascular System.* Removes USC and TRICARE References; adds Procedure Codes 32100-32160; moves all effective dates from within policy to Effective Date(s); under Policy Considerations adds external counterpulsation (EECP) for patients with class III or IV disabling angina who are refractive to medical therapy and who are not surgical candidates; left ventricular assist devices (LVAD'S) are a covered benefit for patients with end-stage heart failure who are ineligible for heart transplantation; and under Exclusions adds external counterpulsation (ECP), except as indicated in Policy Considerations; external ventricular assist devices for patients waiting for a heart transplant, thermogram, cephalic, peripheral; and transmyocardial revascularization as non-covered benefits.

2-4.1 1-5 2-4.1 1-6

Chapter 2, Section 11.4, *Therapeutic Apheresis Therapy.* Removes USC Reference; under Policy adds Raynaud's Disease and systemic lupus erythematosus (last resort) as covered benefits; and deletes Exclusions.

2-11.4 1-3 2-11.4 1-3

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Chapter 2, Section 30.3, *Speech Services*. Changes policy title from *Speech Pathology Services* to *Speech Services*; removes TRICARE Policy Manual Reference; amends CPT codes; adds Definitions for the at risk infant or toddler and the Individuals with Disabilities Education Act; adds Description of speech services; under Policy adds that coverage is allowed for dysfunctions resulting from a therapeutic process; under Policy Considerations adds coverage for 30 outpatient sessions and criteria for continued coverage; adds Exceptions for the at risk infant or toddler and for beneficiaries ages 3 to 21 when speech therapy is unavailable through the school system; removes Limitations; and under Exclusions adds mental health diagnosis as a non-organic condition.

<u>C-S</u>	<u>REMOVE Pages</u>	<u>INSERT C-S</u>	<u>Pages</u>
2-30.3	1-4	2-30.3	1-3

Chapter 2, Section 30.6, *Brachytherapy Radiation Therapy*. Removes 38 USC and TRICARE Reference; adds CPT codes, 77261-77499; under Description revises radiation therapy and adds description of external radiation therapy and internal radiation therapy; under Policy Considerations adds intracoronary brachytherapy via ribbons with seeds that emit gamma radiation to treat in-stent restenosis of saphenous vein bypass grafts; and under Exclusions adds intracoronary brachytherapy to treat in-stent restenosis of saphenous vein bypass grafts using radioactive sources; intracoronary brachytherapy to manage de-novo lesions or treat restenosis in native or grafted coronary vessels without stents; brachytherapy as sole radiation for early stage breast cancer after breast-conserving surgery; and peripheral artery brachytherapy as an adjunct to percutaneous transluminal angioplasty for the

2-30.6	1-2	2-30.6	1-3
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prevention of restenosis in the femoropopliteal system are all not covered benefits.

Chapter 2, Section 31.7, *Liver Transplantation.* Removes USC and TRICARE Policy Manual Reference; amends Related Authority Line; under Effective Date adds requirements for coverage of adult hepatocellular carcinoma, effective September 1, 2001; under Policy adds preauthorization requirement for the donor acquisition team to the transportation center and all donor costs; and under Exclusions adds adult transplantation for all malignancies, except for hepatocellular carcinoma, significant or advanced cardiac, pulmonary, renal, nervous system, or systemic disease, systemic infection, acute or severe hemodynamic compromise, at the time of transplantation, if compromised by or failure of one or more vital organs, active alcohol or drug abuse, the need for prior transplantation of a second organ, and the history of a behavior pattern or psychiatric illness.

2-31.7 1-5 2-31.7 1-5

Chapter 2, Section 31.10, *High Dose Chemotherapy and Stem Cell Transplantation.* Adds Effective Date, September 2, 2002, for agnogenic myeloid metaplasia (myelofibrosis); under Policy provides coverage for HDC with ABMT or PSCT and allogenic stem cell transplantation with or without HDC; adds allogenic bone marrow stem cell transplantation for amegakaryocytic thromboctopenia, anogenic myeloid metaplasia (myelofibrosis), chronic granulocytic leukemia, chronic myelogenous leukemia, Hodgkin's lymphoma for stage III or IV A or B, follicular non-Hodgkin's lymphoma, Kostmann's Syndrome, leukocyte adhesion deficiencies;

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mucopolysaccharidoses; myelodysplasia/myelofibrosis, mucopolysaccharidosis, and X-linked lympho proliferation syndrome; and under Exclusions adds allogenic stem cell transplant for chronic lymphocytic leukemia, ovarian cancer, small lymphocytic lymphoma, solid tumors, and polycythemia vera; allogenic bone marrow transplants using unrelated donors; salvage HDC/AlloSCS after HDC/AuSCS for patients with recurrent neuroblastoma, metastatic breast cancer, germ cell tumors in relapse or any other solid tumor; salvage HDC/AlloSCS for relapse of incomplete remission after HDC/AuSCS for patients with multiple myeloma, non-Hodgkin's and Hodgkin's lymphoma, acute myeloblastic leukemia and acute lymphoblastic leukemia, and reduced intensity transplants are not covered.

Chapter 3, Table of Contents.

Payments. Deleted Chapter 1, *Reconsideration/Appeal of Claims*.

TOC-3 1-3 TOC-3 1-3

Chapter 3, Section 1.3. *Reconsideration/Appeal of Claims.*

Moved policy to Chapter 1, Section 5.1.

3-1.3 1-2

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

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Subject Index. Amends entire index to update and include policies reference in this transmittal.

A1 thru A-7	A-1 thru A-7
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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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