

## Provider Bulletin

October 6, 2008

### BlueChoice HealthPlan Implements New or Revised Medical Policies

Please see the chart below for a partial list of our new or revised medical policies, including coding changes. The new medical policies are listed in boldface. You can find the remainder of this list on our website at [www.BlueChoiceSCMedicaid.com](http://www.BlueChoiceSCMedicaid.com). These changes are effective for services you provide on or after **January 14, 2008**.

BlueChoice HealthPlan constantly updates and adds medical policies in an effort to stay current with ever-changing medical practices and new technologies. Medical policy, however, does not constitute plan authorization, nor is it an explanation of benefits.

All coverage that BlueChoice HealthPlan provides or administers for its Medicaid members excludes services or supplies that are investigational or not medically necessary.

To learn more about our medical policies, visit our website at [www.BlueChoiceSCMedicaid.com](http://www.BlueChoiceSCMedicaid.com). You will find **Medical Policies and UM Guidelines** on the **Resources** Page under the **Providers** link.

Medical Policy Number	Medical Policy Title	Medical Policy Changes
DME.00005	Glucose Monitoring and Related Supplies	Added criteria.
DRUG.00002	Tumor Necrosis Factor Antagonists	Removed indication, added code.
DRUG.00013	Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests	Added procedure code.
<b>DRUG.00039</b>	Trastuzumab (Herceptin®)	<b>New medical policy.</b>
<b>DRUG.00040</b>	Abatacept (Orencia®)	<b>New medical policy.</b>
<b>LAB.00022</b>	Breast Lymph Node (BLN) Assay	<b>New medical policy.</b>
<b>LAB.00024</b>	Immune Cell Function Assay for the Management of Organ Transplant Rejection	<b>New medical policy.</b>
<b>LAB.00025</b>	Topographic Genotyping (PathFinderTG® Test)	<b>New medical policy.</b>
RAD.00014	Brachytherapy for Oncologic Indications	Title change, added codes.
RAD.00036	MRI of the Breast	Added procedure codes.
SURG.00009	Refractive Surgery	Added procedure codes.
SURG.00011	Wound Healing: Skin Substitutes and Blood Derived Growth Factors	Revised criteria for J7344.
SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease	Added procedure code.
SURG.00066	Percutaneous Thermal Neurolysis for Chronic Back Pain and Trigeminal Neuralgia	Added procedure code.
SURG.00067	Percutaneous Spinal Procedures	Title change and added NOC code.
<b>MED.00002</b>	Diagnosis of Sleep Disorders	<b>New medical policy.</b> New codes effective 07/01/08 - G0398, G0399, G0400.
<b>RAD.00056</b>	Intraocular Epiretinal Brachtherapy	<b>New medical policy.</b> New code effective 07/01/08 - 0190T.
<b>SURG.00103</b>	Intraocular (Anterior Segment) Aqueous Drainage Implant/Shunt	<b>New medical policy.</b> New code effective 07/01/08 - 0191T, 0192T.