

Provider Bulletin
April 3, 2009
BlueChoice HealthPlan Implements New or Revised Medicaid 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. These changes are effective for services you provide on or after **July 19, 2009**.

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. 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.00034	Standing Frames	New medical policy
GENE.00014	Analysis of KRAS Status in Metastatic Colorectal Cancer	New medical policy
MED.00099	Electromagnetic Navigational Bronchoscopy	New medical policy
MED.00100	Diaphragmatic/Phrenic Nerve Stimulation	New medical policy
RAD.00057	Near-Infrared Imaging as an Aid for the Evaluation of Coronary Artery Plaques	New medical policy
SURG.00107	Prostate Saturation Biopsy (new)	New medical policy
SURG.00108	Endothelial Keratoplasty	New medical policy
DRUG.00004	Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Hypertension	Title change, added code, revised criteria
DRUG.00041	Rituximab (Rituxan)	New medical policy
GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Added procedure code
GENE.00015	Predictive Genetic Testing for Non-Malignant Diseases	New medical policy
MED.00031	Apheresis (Plasmapheresis, Plasma Exchange, Lipid Pheresis and Protein A Column Pheresis)	Revised
MED.00041	Microvolt T-Wave Alternans	Revised
SURG.00011	Autologous, Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
SURG.00052	Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty)	Revised, title change
SURG.00109	Surgical Treatment of Femoroacetabular Impingement Syndrome	New medical policy