

Provider Bulletin
October 8, 2009

BlueChoice HealthPlan Medicaid 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 **November 15, 2009**.

BlueChoice HealthPlan Medicaid 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 Medicaid 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.00004	Electrical Bone Growth Stimulation	Revised/added criteria
DME.00027	Ultrasound Bone Growth Stimulation	Revised/added criteria
DRUG.00015	Prevention of Respiratory Syncytial Virus Infections	Revised criteria
GENE.00015	Predictive Genetic Testing for Non-Malignant Diseases	Added procedure
MED.00101	Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)	New Medical Policy
MED.00102	Ultrafiltration in Decompensated Heart Failure	New Medical Policy
RAD.00002	Positron Emission Tomography (PET) and PET/CT Fusion	Revised/added criteria
RAD.00011	Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE)	Revised criteria / Added procedure
SURG.00011	Autologous, Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Added procedure
SURG.00059	Recombinant Human Bone Morphogenetic Protein	Revised criteria / Added procedure
SURG.00061	Presbyopia and Astigmatism-Correcting Intraocular Lenses	Added procedure
SURG.00066	Percutaneous Neurolysis for Chronic Back Pain	Revised criteria / Added procedure
SURG.00110	Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Masses	New Medical Policy
SURG.00111	Axial Lumbar Interbody Fusion	New Medical Policy
SURG.00112	Occipital Nerve Stimulation	New Medical Policy
SURG.00113	Artificial Retinal Devices	New Medical Policy
TRANS.00028	High-Dose Chemotherapy with Hematopoietic Stem Cell Transplantation for Hodgkin's Disease and non-Hodgkin's Lymphoma	Revised criteria