

**Provider Bulletin
December 13, 2010**

Update: New or Revised Medical Policies for Medicaid

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 professional services provided on or after **February 1, 2010**.

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. Click **Providers**, then click **Resources**. On the right side of the page, click **Medical Policies and UM Guidelines**, then click the **Medical Policies and UM Guidelines** in the center of the page.

Medical Policy Number	Medical Policy Title	Medical Policy Change
ANC.00008	Cosmetic and Reconstructive Services of the Head and Neck	Revised Medical Policy
DME.00034	Standing Frames	Revised Medical Policy
DRUG.00003	Chelation Therapy	Revised Medical Policy
DRUG.00009	Growth Hormone	Revised Medical Policy
DRUG.00034	Insulin Potentiation Therapy	Revised Medical Policy
DRUG.00035	Panitumumab (Vectibix™)	Revised Medical Policy
DRUG.00038	Bevacizumab (Avastin®) for Oncologic Indications	Revised Medical Policy
DRUG.00042	Ustekinumab (Stelera™)	New Medical Policy
GENE.00001	Genetic Testing for Cancer Susceptibility	Revised Medical Policy
GENE.00007	Cardiac Ion Channel Genetic Testing	Revised Medical Policy
MED.00032	Treatment of Hyperhidrosis	Revised Medical Policy
MED.00103	Automated Meibomian Gland Evacuation	New Medical Policy
OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	Revised Medical Policy
RAD.00002	Positron Emission Tomography (PET) and PET/CT Fusion	Revised Medical Policy
RAD.00023	SPECT Scans and Scintimammography	Revised Medical Policy
RAD.00029	CT Colonography (Virtual Colonoscopy) as a Screening or Diagnostic Test for Colorectal Cancer	Revised Medical Policy
RAD.00058	Real-Time Intra-Fraction Target Tracking During Radiation Therapy	New Medical Policy
SURG.00007	Vagus Nerve Stimulation Therapy	Revised Medical Policy
SURG.00010	Treatments for Urinary Incontinence and Urinary Retention	Revised Medical Policy
SURG.00020	Bone Anchored Hearing Aids	Revised Medical Policy
SURG.00071	Percutaneous and Endoscopic Spinal Surgery	Revised Medical Policy
SURG.00081	Total Ankle Replacement	Revised Medical Policy
SURG.00093	Treatment of Osteochondral Defects of the Knee and Ankle	Revised Medical Policy
SURG.00114	Facet Joint-Allograft Implants for Facet Disease	New Medical Policy
SURG.00115	Keratoprosthesis	New Medical Policy
TRANS.00013	Small Bowel and Multivisceral Transplant Including Small Bowel/Liver	Revised Medical Policy

www.BlueChoiceSCMedicaid.com

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