

**Provider Bulletin
February 18, 2011**

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 **April 10, 2011**.

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
GENE.00017	Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies	New Medical Policy
MED.00108	Transcranial Magnetic Stimulation for Non-Behavioral Health Indications	New Medical Policy
SURG.00119	Endobronchial Valve Devices	New Medical Policy
SURG.00120	Open Treatment of Rib Fracture(s) Requiring Internal Fixation	New Medical Policy
SURG.00121	Transcatheter Heart Valves	New Medical Policy
DRUG.00039	Trastuzumab (Herceptin®)	Revised
DRUG.00041	Rituximab (Rituxan®)	Revised
GENE.00001	Genetic Testing for Cancer Susceptibility	Revised
MED.00106	Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer	Revised
RAD.00014	Brachytherapy for Oncologic Indications	Revised
RAD.00030	Wireless Capsule Endoscopy for Esophageal and Small Bowel Imaging and the Patency Capsule	Revised
RAD.00041	Intensity Modulated Radiation Therapy (IMRT)	Revised
RAD.00057	Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging	Revised
SURG.00066	Percutaneous Neurolysis for Chronic Back Pain	Revised
SURG.00106	Ablative Techniques as a Treatment for Barrett's Esophagus	Revised
TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	Revised

www.BlueChoiceSCMedicaid.com

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0111 SCW3062 2/18/11