

Amended Coverage Policies

MCP#	Medical Coverage Policy Name	Effective Date of Change	Description of Changes
BI007	Electro Diagnostic Testing	11.01.16	Added wording requiring that EMG is to be ordered by a specialty trained physician who will monitor the patient during the procedure.
BI158	Obesity Surgery	11.01.16	Pediatric obesity surgery is not covered; updated self-funded medical plan listing in public statement to reflect simple statement.
BI401	Xeljanz	11.01.16	Updating to add extended release product drug to use once-a-day versus twice-a-day but is still subject to step therapy.
BI458	Cyramza	11.01.16	Added additional indications.
BI517	Makena	11.01.16	New policy; drug to help with preterm labor.
BI193	Soliris	11.01.16	Updated approved indications for both drugs per FDA and NCCN.
BI304	Oral Transmucosal Fentanyl	11.01.16	Added statement that PA would be approved if patient has terminal illness. Added definition of terminal illness pursuant to Act 992.
BI508	BRCA Testing	11.01.16	Clarified criteria for services to be billed under preventive and medical benefit coverage for BRCA testing.

Coming Amendments

BI023	Corneal Pachymetry	01.01.17	Updated codes, clarified language. Added “covered once per lifetime per eye....”
BI116	Neuromuscular Electrical Stimulation	01.01.17	Updated codes: removed deleted code(s).
BI124	Flow Cytometry	01.01.17	Added medical policy statement; no previous indication of what Dx justified testing.
BI147	Rhinoplasty	01.01.17	Added missing codes; un-ranged first set of codes to correct conflict.
BI173	Alpha 1 — Antitrypsin Inhibitor Therapy	01.01.17	Updated codes; corrected code due to typography error.
B175	Mammosite Procedure	01.01.17	Updated codes; removed deleted codes.
BI455	Ambulance Services (previously Air Ambulance)	01.01.17	Added pass-through (pay) codes. Ground transportation is noted in policy; name should reflect Ambulance Services. Will be updating with HCPCS codes.

BI020	Chiropractic Care	01.01.17	CPT code 97020 is no longer a valid code. Replaced with 97022 throughout BI.
BI021	Prolonged Medical Services	12.01.16	Will deny without parent codes. Will monitor use patterns and may request records to review required documentation.
BI029	UV Light Therapy	01.01.17	Added in-office UV treatment codes, clarifying language and pre-authorization for in-home UVB therapy (requiring physician attestation of inability to receive therapy in office due to homebound status).
BI141	Hyperbaric Oxygen	01.01.17	First two units of hyperbaric oxygen therapy do not require pre-authorization, to allow immediate use in medical emergencies in the ER or hospital.
BI143	Enbrel	01.01.17	Removed diagnosis of reactive arthritis. Added prerequisite of trial and failure of at least two (2) of Humira, Cimzia and Simponi, when appropriate.
BI153	Humira	01.01.17	Added diagnosis of hidradenitis suppurativa as covered diagnosis.
BI156	ADHD	02.01.17	Added Vyvanse to policy, requiring pre-authorization.
BI165	Multiple Sclerosis	01.01.17	Updated preferred and non-preferred products for relapsing/remitting MS. Added Zinbryta to policy. Removed HCPCS codes J1565 and J1567 from the BI; these codes are no longer valid.
BI187	Revlimid	01.01.17	Updated approved indications for both drugs per FDA and NCCN.
BI220	DC X-ray Policy	01.01.17	CPT code updates incorporated into policy.
BI231	TMJ	01.01.17	Added X-ray code and description.
BI261	Simponi	01.01.17	Removed prerequisite therapy with both Enbrel and Humira.
BI275	Cimzia	01.01.17	Removed prerequisite trial and failure of both Enbrel and Humira.
BI336	Benlysta	01.01.17	Added coverage criteria for plans that cover this product.
BI375	ACTH	01.01.17	Changed coverage to medical benefit as opposed to pharmacy benefit. More clearly defined intolerance to corticosteroids.
BI453	Corticosteroid Bets Agonist Combo Products	01.01.17	Updated coverage to include Breo Ellipta and exclude Dulera.
BI482	Hepatitis C	01.01.17	Updated covered drugs to include Zepatier and Epclusa with small adjustment to criteria related to these products. Updated non-covered drugs to include Harvoni, Sovaldi and Daklinza. Updated dosing regimens for covered drugs.

BI491	Orkambi	01.01.17	Updated age requirements in criteria and added dosing information.
BI526	Zurampic	01.01.17	New drug to treat Gout. Pharmacy benefit.
BI527	Proton Pump Inhibitors	01.01.17	New policy stating will cover PPI depending on formulary.
BI528	Vyvanse	01.01.17	New drug that will require pre-authorization to help treat ADHD. Covered under the pharmacy benefit.