

Amended Coverage Policies

MCP#	Medical Coverage Policy Name	Effective Date of Change	Description of Changes
BI010	Flu Immunizations	01.01.17	Updated code.
BI022	Immunization Coverage	01.01.17	Updated code.
BI039	Foot Care	01.01.17	Updated code.
BI047	Counseling & Risk Factor Reduction	03.01.17	Updated language.
BI079	Botulinum Toxin A & B	03.01.17	Added new indication for treatment for overactive bladder.
BI273	Outpatient Mental Health and Substance Use Disorders	01.01.17	Updated code.
BI345	Testing for Drugs of Abuse	01.01.17	Updated code.
BI373	Dental Treatment in Accidental Injury	03.01.17	Clarified that dental implants are not covered.
BI403	Intensity Modulated Radiation Therapy (IMRT)	03.01.17	Added head and neck region of lymphomas as covered diagnosis.
BI431	Billing for Psychotherapy Services	01.01.17	Updated code.
Coming Amendments			
BI062	Preventive Health Benefit	04.01.17	Added Virtual Colonoscopy is allowed with pre-authorization; Cologuard Test not covered

BI217	Orthotic Devices and Orthotic Services	04.01.17	Added upper extremity fracture orthotic code to be covered without pre-authorization.
BI439	Transcranial Magnetic Stimulation	05.01.17	Added diagnosis of severe major depressive disorder will be documented by standardized rating scales.