

## Amended Coverage Policies

MCP#	Medical Coverage Policy Name	Effective Date of Change	Description of Changes
<b>BI003</b>	Extracorporeal Shock Wave Therapy (Orthotripsy)	01/01/18	Updated codes.
<b>BI005</b>	Neuropsychological Testing	01/01/18	Use of telemedicine services for providing neuropsychological testing is not covered.
<b>BI011</b>	Computer Aided Diagnosis (CAD) Mammography	01/01/18	Updated codes.
<b>BI022</b>	Immunization Coverage	01/01/18	Updated codes.
<b>BI033</b>	Viscosupplementation	01/01/18	Updated codes.
<b>BI038</b>	Genetic Testing	01/01/18	Genetic testing requests from ordering providers need to be submitted prior to or within 14 days of collection of blood specimen.
<b>BI062</b>	Preventive Health Benefit	03/01/18	Updated codes.
<b>BI096</b>	Continuous Glucose Monitoring	01/01/18	Updated codes. Transmitters for continuous glucose monitors are limited to two every 12 months. Additional transmitter requests require documentation of transmitter malfunction by the ordering provider.
<b>BI116</b>	Neuromuscular Electrical Stimulation	01/01/18	Updated codes.
<b>BI138</b>	Services for Disabled Children	01/01/18	Updated codes.

<b>BI165</b>	Multiple Sclerosis	01/01/18	Updated codes.
<b>BI174</b>	Psychological Testing	01/01/18	Use of telemedicine services for providing psychological testing is not covered.
<b>BI184</b>	Autism Spectrum Disorder Treatment	01/01/18	Updated codes.
<b>BI191</b>	Pap Smear Codes	01/01/18	Updated codes.
<b>BI258</b>	Stelara	01/01/18	Updated codes.
<b>BI289</b>	Bone Anchored Hearing Aides (BAHA)	01/01/18	Updated codes.
<b>BI307</b>	Physical & Occupational Therapy Services	01/01/18	Updated codes.
<b>BI322</b>	Applied Behavior Analysis Treatment of Autism	01/01/18	Use of telemedicine for providing ABA is not covered.
<b>BI332</b>	Monitored Anesthesia	01/01/18	Updated codes.
<b>BI333</b>	Photodynamic Therapy for Dermatologic Conditions	01/01/18	Updated codes.
<b>BI372</b>	Women's Preventive Health Care - Contraception	01/01/18	Update codes.

<b>BI381</b>	Intraoperative Neurophysiologic Monitoring	01/01/18	Updated codes.
<b>BI391</b>	Factor Products for Bleeding Disorders	01/01/18	Updated codes.
<b>BI398</b>	Habilitative Services	01/01/18	Updated codes.
<b>BI439</b>	Transcranial Magnetic Stimulation	01/01/18	Updated codes. TMS requires failure of at least three different drug regimens from two different drug classes. Pre-authorization request requires submission of clinical documentation of drug treatment failures covering the previous 18 months of treatment.
<b>BI473</b>	Bariatric Surgery - CHI	01/01/18	Added once-per-lifetime coverage limitation and clarified medical necessity criteria. Added nutritional counseling codes and limits that are covered with bariatric surgery.
<b>BI517</b>	Makena	01/01/18	Updated codes.
<b>BI523</b>	Tecentriq	01/01/18	Updated codes.

<b>BI529</b>	Telemedicine Payment Policy	01/01/18	Updated to reflect use of Telemedicine services is not covered for providing Applied Behavioral Analysis Treatment of Autism (BI322), Psychological Testing (BI174) and Neuropsychological Testing (BI005). Providers are required to submit a one-time, signed Telemedicine Attestation form to QualChoice in order to be reimbursed for telemedicine services.
<b>BI533</b>	Spinraza	01/01/18	Updated codes.
<b>BI536</b>	Lartruvo	01/01/18	Updated codes.
<b>BI542</b>	Pulmonary Function Testing	01/01/18	Updated codes.
<b>BI555</b>	Bavencio	01/01/18	Updated codes.