

## Amended Coverage Policies

MCP#	Medical Coverage Policy Name	Effective Date of Change	Description of Changes
010	Flu Immunization	07.01.16	Changed recommendation stating intranasal flu vaccine is no longer covered; per CDC.
091	Compression Devices	07.01.16	Made reference to Medical Policy 022.
099	Interferons	08.01.16	Updated codes from dump code to S code.
138	Services for Disabled Children	08.01.16	Referenced to Medical Policy 184; updated code range to remove compression service code.
398	Habilitative Services	08.01.16	Updated code range to remove compression device code.
<b>Coming Amendments</b>			
038	Genetic Testing	09.01.16	Remove pre-authorization from Mutation Testing of tumor tissue. Changed codes that are experimental/investigational from pre-authorization and will not be covered.
049	Hearing Aids	09.01.16	Removed dollar limit verbiage; changed limit verbiage for 1 aid per ear every 3 years.
089	Remicade	09.01.16	Added statement specifying in Infliximab antibodies are considered experimental/investigational and will not be covered.
141	Hyperbaric Oxygen	10.01.16	Added code for facilities to bill which will require a pre-authorization and will have limits.
153	Humira	09.01.16	Added statement specifying in Infliximab antibodies are considered experimental/investigational and will not be covered.
264	FEHBP Hearing Aids	09.01.16	Updated to state limit of 1 aid per ear per 36 months.
432	Pediatric Dental Coverage	01.01.17	Changed to screening exams are covered every 6 months and Prophylaxis and Fluoride treatments once every 6 months.