

New or Revised Medical Policies

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.communityconnecthealthplan.com. These changes are effective for professional services provided on and after **April 16, 2012**.

CommunityConnect HealthPlanSM continuously 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 CommunityConnect HealthPlan 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, please visit our website at www.communityconnecthealthplan.com. In the green **Providers** box, click **Let us show you how**. On the following page, click **Medical Policies and UM Guidelines**.

Medical Policy Number	Medical Policy Title	Medical Policy Change
DME.00035	Electric Tumor Treatment Field (TTF)	New Medical Policy
DRUG.00046	Ipilimumab (Yervoy™)	New Medical Policy
DRUG.00047	Brentuximab vedotin (Adcetris™)	New Medical Policy
DRUG.00048	Eribulin mesylate (Halaven™)	New Medical Policy
RAD.000060	Digital Breast Tomosynthesis	New Medical Policy
RAD.000061	PET/MRI	New Medical Policy
RAD.000062	Intravascular Optical Coherence Tomography (OCT)	New Medical Policy
SURG.00117	Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence; Urinary Retention	New Medical Policy
SURG.00125	Radiofrequency and Pulsed Radiofrequency Ablation of Trigger Point Pain	New Medical Policy
SURG.00126	Ablation of Soft Tissue using Irreversible Electroporation (IRE)	New Medical Policy
SURG.00127	Sacroiliac Joint Fusion	New Medical Policy
SURG.00128	Implantable Left Atrial Hemodynamic (LAH) Monitor	New Medical Policy
ANC.00008	Cosmetic and Reconstructive Services of the Head and Neck	Revised
DME.00036	Ultraviolet Light Therapy Delivery Devices for Home Use	Revised
DRUG.00002	Tumor Necrosis Factor Antagonists	Revised

GENE.00006	Epidermal Growth Factor Receptor (EGFR) Testing	Revised
GENE.00018	Gene Expression Profiling for Cancers of Unknown Primary Site	Revised
OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	Revised
RAD.00014	Brachytherapy for Oncologic Indications	Revised
RAD.00015	Proton Beam Radiation Therapy	Revised
RAD.00035	Coronary Artery Imaging: Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA), Coronary Magnetic Resonance Angiography (MRA), and Cardiac Magnetic Resonance Imaging (MRI)	Revised
SURG.00054	Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	Revised
SURG.00060	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)	Revised
SURG.00067	Percutaneous Spinal Procedures (Vertebroplasty, Kyphoplasty and Sacroplasty)	Revised
SURG.00095	Viscocanalostomy and Canaloplasty	Revised

If you need more information about the new or revised medical policies, please contact the Provider Service Center at **1-877-350-6074**.