

Policies may be inactivated when the medical service is addressed in member contracts or other documents, has gained general acceptance, or is no longer available. *Active* policies are available on Medica's Web site in the "Providers," "Clinical & Quality Resources," "Medical Policies" section at [www.medica.com](http://www.medica.com).

<b>Policy Title</b>	<b>Comments</b>	<b>Posting Date</b>
<b>- C -</b>		
Cryosurgical Ablation for Treatment of Prostate Cancer	Covered within the limitations of the member's benefit package.	6/1/05
<b>- E -</b>		
External Counterpulsation (ECP) (UM Policy III-MED.05)	Converted to a coverage policy titled <i>External Counterpulsation (ECP)</i> . Prior authorization is no longer required.	6/1/05
<b>- G -</b>		
Gastrointestinal Surgery for Morbid Obesity	Converted to a utilization management (UM) policy titled <i>Gastrointestinal Surgery for Morbid Obesity</i> . Prior authorization is required.	11/1/05
<b>- H -</b>		
Home Uterine Activity Monitoring	Covered for a select population of patients for the detection of preterm labor. Notification is required (refer to Medica's Prior Authorization List).	1/1/04
<b>- I -</b>		
Influenza Virus Vaccine, Live, Intranasal - FluMist™	Has gained general acceptance.	11/1/09
Intracoronary Brachytherapy	With the development of drug eluting stents, this technology is no longer as widely used in clinical practice.	7/1/06
<b>- L -</b>		
Laser Prostatectomy (ELAP, TUEP, TVAP, VLAP)	Content included in a comprehensive policy titled <i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</i> .	11/1/02
Laser Surgery for the Prostate – Indigo	Content included in a comprehensive policy titled <i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</i> .	11/1/02
Laser Treatment for Psoriasis	Content included in a comprehensive policy titled <i>Light Treatment for Dermatologic Conditions</i> .	8/1/06

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Levulan® Photodynamic Therapy for the Treatment of Actinic Keratoses of the Face and Scalp	Content included in a comprehensive policy titled <i>Light Treatment for Dermatologic Conditions</i> .	8/1/06
Light Box Treatment for Seasonal Affective Disorder (SAD)	Covered within the limitations of the member's benefit package.	5/1/06
Lyme Disease Vaccine (LYMERix™)	LYMERix™ is no longer being manufactured; therefore, any claims received with date of service of 9/1/02 or later will be denied as incorrect procedure code.	9/1/02

**- M -**

Macugen™ (Pegaptanib Sodium Injection) for Treatment of Subfoveal Neovascularization due to Age-Related Macular Degeneration	Content included in a comprehensive policy titled <i>Vascular Endothelial Growth Factor (VEGF) Inhibitor Antibody Treatment for Subfoveal Neovascularization due to Age-related Macular Degeneration</i> .	1/1/07
Medicare Coverage Issues -- Bone Growth Stimulation (UM Policy III-DEV.07M)	Medicare National Coverage Determination Manual is currently referenced/linked in III-DEV.07.	7/1/07
Meningococcal Vaccine	Covered as recommended by the Advisory Committee on Immunization Practices (ACIP). Refer to the ICSI guideline <i>Immunizations</i> for specific recommendations.	2/1/04
Mosaicplasty for Femoral Condyle Defects	Covered within the limitations of the member's benefit package.	9/1/05

**- O -**

Oncotype DX™ Recurrence Score Assay for Predicting Distant Recurrence of Early Stage, Estrogen Receptor Positive Breast Cancer	Content included in a comprehensive policy titled <i>Gene Expression Profiling Assays for Predicting Breast Cancer Recurrence Risk</i> .	11/1/07
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**- P -**

Pallidotomy	Covered within the limitations of the member's benefit package.	5/1/06
PapNet®	PapNet® is no longer available.	9/1/02
Photography for Multidysplastic Nevus Syndrome	Photography for multiple dysplastic syndrome is addressed in member contracts.	12/1/02
Plasma Exchange for Multiple Sclerosis	Content included in a comprehensive policy titled <i>Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange</i> .	1/1/04
Plasma Exchange for Non-Hematologic Cancer	Content included in a comprehensive policy titled <i>Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange</i> .	1/1/04
Pneumococcal Conjugate Vaccine (Prennar®)	Covered as recommended by the Advisory Committee on Immunization Practices (ACIP). Refer to the ICSI guideline <i>Immunizations</i> for specific recommendations.	2/1/04

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Prostatic Stents	Content included in a comprehensive policy titled <i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</i> .	11/1/02
<b>- S -</b>		
Sentinel Node Biopsy for Breast Cancer	Covered within the limitations of the member's benefit package.	10/1/04
<b>- T -</b>		
Temporomandibular Joint Surgical Procedures (UM Policy III-SUR.28)	Covered within the limitations of the member's benefit package.	8/1/06
Thermal Capsulorrhaphy for Glenohumeral Instability	Content included in a composite policy titled <i>Electrothermal Therapy for Treatment of Joint Instability or Laxity of Ligaments</i> .	10/1/05
Thermal Shrinkage of Tendons and Ligaments of the Knee	Content included in a composite policy titled <i>Electrothermal Therapy for Treatment of Joint Instability or Laxity of Ligaments</i> .	10/1/05
Thin Layer (Liquid-Based) Cervical Cytology Slide Preparation	Covered within the limitations of the member's benefit package. Note: Previously titled <i>ThinPrep® Pap Test</i> .	9/1/02
Transurethral Hyperthermia of the Prostate (TUHT)	Content included in a comprehensive policy titled <i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</i> .	11/1/02
Transurethral Incision of the Prostate (TUIP)	Content included in a comprehensive policy titled <i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</i> .	11/1/02
Transurethral Laser Induced Prostatectomy (TULIP)	Content included in a comprehensive policy titled <i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</i> .	11/1/02
Transurethral Microwave Thermotherapy (TUMT)	Content included in a comprehensive policy titled <i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</i> .	11/1/02
Transurethral Needle Ablation of the Prostate (TUNA)	Content included in a comprehensive policy titled <i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</i> .	11/1/02
<b>- U -</b>		
Urea Breath Test for <i>H. pylori</i>	Covered within the limitations of the member's benefit package.	7/1/02
Uterine Artery Embolization for the Treatment of Fibroids	Covered as a treatment option for patients with symptomatic fibroids.	1/1/04

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<b>Policy Title</b>	<b>Comments</b>	<b>Posting Date</b>
<b>- V -</b>		
Verteporfin (Visudyne™) Photodynamic Therapy for Classical Subfoveal Choroidal Neovascularization	Content included in a comprehensive policy titled <i>Laser Treatments for Neovascularization Associated with Macular Degeneration</i> .	7/1/04

### **Product Application**

The policy applies to all fully insured Medica, Medica Insurance Company, and Medica Health Plan of Wisconsin health plans, unless a specific limitation or exception exists. For self-insured plans, consult individual plan sponsor benefit documents. If there is a discrepancy between a coverage policy and a self-insured benefit plan, the provisions of the benefit plan will govern. With respect to Medicare and Medicaid members, this policy will apply unless Medicare or Medicaid policies, as applicable, require different coverage.