

**CarePlus - Covered Procedures and Covered Services  
Calendar Year 2016**

The Covered Procedures effective **January 1, 2016**  
Benefits added or removed from the list of approved procedures **highlighted in yellow** in the list below.

CarePlus Covered Procedures and Covered Services for Calendar Year 2015	CarePlus Covered Procedures and Covered Services for Calendar Year 2016
<b>Cancer : Diagnosis, Staging and Management</b>	<b>Cancer : Diagnosis, Staging and Management</b>
<p>Autologous Stem Cell (including Bone Marrow) Autologous Stem Cell (including Bone Marrow) Transplant (including stem cells derived from bone marrow, peripheral blood, umbilical cord blood) Transplant w/HDC (for Cancer)</p> <ul style="list-style-type: none"> <li>• Breast Cancer</li> <li>• Brain Cancer (Pediatric): Medulloblastoma, Pinealoma and others</li> <li>• Desmoplastic Small Round Cell Tumor</li> <li>• Fibrosarcoma</li> <li>• Metastatic Ewing’s Sarcoma</li> <li>• Osteosarcoma</li> <li>• Retinoblastoma</li> <li>• Rhabdomyosarcoma (metastatic)</li> <li>• Wilms Tumor, including recurrent</li> </ul>	<p><b>Change/Add:</b> Autologous Stem Cell (including Bone Marrow) Transplant (including stem cells derived from bone marrow, peripheral blood, umbilical cord blood, <b>ex vivo expanded cord blood</b>) Transplant w/HDC (for Cancer)</p> <ul style="list-style-type: none"> <li>• Breast Cancer</li> <li>• Brain Cancer (Pediatric): Medulloblastoma, Pinealoma and others</li> <li>• Desmoplastic Small Round Cell Tumor</li> <li>• Fibrosarcoma</li> <li>• Metastatic Ewing’s Sarcoma</li> <li>• Osteosarcoma</li> <li>• Retinoblastoma</li> <li>• Rhabdomyosarcoma (metastatic)</li> <li>• Wilms Tumor, including recurrent</li> </ul>
<p>Allogeneic Stem Cell (including stem cells derived from bone marrow, peripheral blood, umbilical cord blood or more than one umbilical cord blood, i.e., “double cord”) Transplant w/HDC</p> <ul style="list-style-type: none"> <li>• Advanced Renal Cell Carcinoma</li> <li>• Advanced Melanoma</li> <li>• Breast Cancer</li> <li>• Bony/Soft Tissue Sarcoma</li> <li>• Systemic Mastocytosis</li> <li>• Neuroblastoma</li> <li>• Systemic Mastocytosis</li> </ul>	<p><b>Change/Add:</b> Allogeneic Stem Cell (including stem cells derived from bone marrow, peripheral blood, umbilical cord blood, <b>ex vivo expanded cord blood</b> or more than one umbilical cord blood, i.e., “double cord”) Transplant w/HDC</p> <ul style="list-style-type: none"> <li>• Advanced Renal Cell Carcinoma</li> <li>• Advanced Melanoma</li> <li>• Breast Cancer</li> <li>• Bony/Soft Tissue Sarcoma</li> <li>• Systemic Mastocytosis</li> <li>• Neuroblastoma</li> <li>• Systemic Mastocytosis</li> </ul>
<p>Tandem (Autologous followed by <u>Autologous or Allogeneic</u>) Stem Cell (including stem cells derived from bone marrow, peripheral blood, umbilical cord blood or more than one umbilical cord blood, i.e., “double cord”)</p> <ul style="list-style-type: none"> <li>• Multiple Myeloma</li> <li>• Lymphomas (Hodgkin’s and non-Hodgkin’s)</li> <li>• Acute Leukemias</li> </ul>	<p><b>Change/Add:</b> Tandem (Autologous followed by <u>Autologous or Allogeneic</u>) Stem Cell (including stem cells derived from bone marrow, peripheral blood, umbilical cord blood, <b>ex vivo expanded cord blood</b> or more than one umbilical cord blood, i.e., “double cord”)</p> <ul style="list-style-type: none"> <li>• Multiple Myeloma</li> <li>• Lymphomas (Hodgkin’s and non-Hodgkin’s)</li> <li>• Acute Leukemias</li> </ul>

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CarePlus Covered Procedures and Covered Services for Calendar Year 2015	CarePlus Covered Procedures and Covered Services for Calendar Year 2016
<p>Active Immunotherapy and/or Vaccines for treatment of</p> <ul style="list-style-type: none"> <li>• Melanoma</li> <li>• Non-Small Cell Lung Cancer</li> <li>• Ovarian Cancer</li> <li>• Prostate Cancer</li> <li>• Other Cancers</li> </ul>	<p>Active Immunotherapy and/or Vaccines for treatment of</p> <p><b>Change/Add: Renal Cell Carcinoma, Glioblastoma Multiform</b></p> <ul style="list-style-type: none"> <li>• Melanoma</li> <li>• Non-Small Cell Lung Cancer</li> <li>• Ovarian Cancer</li> <li>• Prostate Cancer</li> <li>• Other Cancers</li> </ul>
<p>Gene Transfer Therapy for treatment of</p> <ul style="list-style-type: none"> <li>• Breast cancer</li> <li>• Glioma</li> <li>• Leukemias</li> <li>• Lymphoma</li> <li>• Multiple Myeloma</li> <li>• Oropharyngeal Cancers</li> <li>• Chronic lymphocytic leukemia</li> <li>• For indications approved by: FDA, NIH/NHLBI, NCI Phase I, II or Phase III Clinical Trials</li> </ul>	<p>Gene Transfer Therapy for treatment of</p> <ul style="list-style-type: none"> <li>• Breast cancer</li> <li>• Glioma</li> <li>• Leukemias</li> <li>• Lymphoma</li> <li>• Multiple Myeloma</li> <li>• Oropharyngeal Cancers</li> <li>• Chronic lymphocytic leukemia</li> <li>• For indications approved by: FDA, NIH/NHLBI, NCI Phase I, II or Phase III Clinical Trials</li> </ul>
<p>F-18 fluorodeoxyglucose (FDG) Positron Emission Tomography, often referred to as FDG-PET, when used in the diagnosis, staging, and subsequent management of malignant solid tumors and myelomas, including cervical cancer and prostate cancer</p> <p>(Note: This service is covered under the Basic Medical Program when used in the staging and management of many malignancies. Inclusion in the CarePlus program removes any restrictions on use of FDG-PET for the <u>diagnosis</u>, staging and management of <u>any</u> malignancy, including malignant bone marrow diseases.)</p>	<p>F-18 fluorodeoxyglucose (FDG) Positron Emission Tomography, often referred to as FDG-PET, when used in the diagnosis, staging, and subsequent management of malignant solid tumors and myelomas, including cervical cancer and prostate cancer</p> <p>(Note: This service is covered under the Basic Medical Program when used in the staging and management of many malignancies. Inclusion in the CarePlus program removes any restrictions on use of FDG-PET for the <u>diagnosis</u>, staging and management of <u>any</u> malignancy, including malignant bone marrow diseases.)</p>
<p>Active Breathing Control (ABC) as adjunct to radiation therapy for breast and lung cancer</p>	<p>Active Breathing Control (ABC) as adjunct to radiation therapy for breast and lung cancer</p>
<p>Hyperthermic instillation chemoperfusion for treatment of cancer of</p> <ul style="list-style-type: none"> <li>• Bladder</li> <li>• Colon, rectum, anus</li> <li>• Peritoneum</li> </ul>	<p>Hyperthermic instillation chemoperfusion for treatment of cancer of</p> <ul style="list-style-type: none"> <li>• Bladder</li> <li>• Colon, rectum, anus</li> <li>• Peritoneum</li> </ul>
<p>Transarterial Chemoembolization (TACE) for treatment of malignant liver tumors that are secondary to other cancers</p> <p>(Note: This service is covered under the Basic Medical Program when used to treat primary liver cancer or metastases to the liver that are secondary to colorectal cancer.)</p>	<p>Transarterial Chemoembolization (TACE) for treatment of malignant liver tumors that are secondary to other cancers</p> <p>(Note: This service is covered under the Basic Medical Program when used to treat primary liver cancer or metastases to the liver that are secondary to colorectal cancer.)</p>

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<p>Local or focal hyperthermia as an adjunct to chemotherapy for treatment of</p> <ul style="list-style-type: none"> <li>• Cutaneous, subcutaneous, non-invasive or superficial cancer of the bladder</li> <li>• Cervical cancer</li> <li>• Cancer of the rectum or anus</li> </ul>	<p>Local or focal hyperthermia as an adjunct to chemotherapy for treatment of</p> <ul style="list-style-type: none"> <li>• Cutaneous, subcutaneous, non-invasive or superficial cancer of the bladder</li> <li>• Cervical cancer</li> <li>• Cancer of the rectum or anus</li> </ul>
<p>Emerging treatments or therapies for cancer and other severe, life-threatening diseases, when:</p> <ul style="list-style-type: none"> <li>• Conducted pursuant to an FDA, NIH, NCI, or Cancer-cooperative group approved Phase I, II or Phase III Clinical Trial. In the event a covered person is not formally a participant in the approved Clinical Trial, such treatment or therapy must be administered under the direction of a physician, follow the protocols and procedures utilized in the trial and be delivered at a facility that has been designated as a participant under the approved FDA, NIH, NCI, or Cancer-cooperative group for Phase I, II or Phase III Clinical Trial</li> <li>• Where the illness is encountered so infrequently that no formal trials exist, if the proposed treatment is considered promising care by knowledgeable experts in the field and is supported by evidence of efficacy in the peer reviewed literature, such treatment will be allowed when performed within a facility that actively participates in approved FDA, NIH, NCI, or Cancer-cooperative group Phase I, II or Phase III Clinical Trials.</li> </ul>	<p>Emerging treatments or therapies for cancer and other severe, life-threatening diseases, when:</p> <ul style="list-style-type: none"> <li>• Conducted pursuant to an FDA, NIH, NCI, or Cancer-cooperative group approved Phase I, II or Phase III Clinical Trial. In the event a covered person is not formally a participant in the approved Clinical Trial, such treatment or therapy must be administered under the direction of a physician, follow the protocols and procedures utilized in the trial and be delivered at a facility that has been designated as a participant under the approved FDA, NIH, NCI, or Cancer-cooperative group for Phase I, II or Phase III Clinical Trial</li> <li>• Where the illness is encountered so infrequently that no formal trials exist, if the proposed treatment is considered promising care by knowledgeable experts in the field and is supported by evidence of efficacy in the peer reviewed literature, such treatment will be allowed when performed within a facility that actively participates in approved FDA, NIH, NCI, or Cancer-cooperative group Phase I, II or Phase III Clinical Trials.</li> </ul>
<p>Radiofrequency Ablation (RF)</p> <ul style="list-style-type: none"> <li>• Lung Cancer</li> <li>• Bone Cancer (palliation)</li> <li>• Prostate Cancer</li> </ul>	<p>Radiofrequency Ablation (RF)</p> <ul style="list-style-type: none"> <li>• Lung Cancer</li> <li>• Metastatic Bone Cancer (palliation)</li> <li>• Prostate Cancer</li> </ul>
<p>Photodynamic Therapy (PDT):</p> <ul style="list-style-type: none"> <li>• Bladder Cancer</li> <li>• Cutaneous Malignant Metastases e.g., Breast Cancer</li> <li>• Tumors of Tracheobronchial Tree</li> <li>• Nonmalignant Neoplasms of the Breasts (Fibroadenomas)</li> </ul>	<p>Photodynamic Therapy (PDT):</p> <ul style="list-style-type: none"> <li>• Bladder Cancer</li> <li>• Cutaneous Malignant Metastases e.g., Breast Cancer</li> <li>• Tumors of Tracheobronchial Tree</li> <li>• Nonmalignant Neoplasms of the Breasts (Fibroadenomas)</li> </ul>

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<b>CarePlus Covered Procedures and Covered Services for Calendar Year 2015</b>	<b>CarePlus Covered Procedures and Covered Services for Calendar Year 2016</b>
Accelerated Partial Breast Irradiation (Breast Brachytherapy) when provided as sole form of Radiation Treatment  (Note: This service is covered under the Basic Medical Program when used as an adjunct to whole Breast Irradiation).	Accelerated Partial Breast Irradiation (Breast Brachytherapy) when provided as sole form of Radiation Treatment  (Note: This service is covered under the Basic Medical Program when used as an adjunct to whole Breast Irradiation).
Brachytherapy for Treatment of Malignant Brain Tumors	Brachytherapy for Treatment of Malignant Brain Tumors
Circulating Tumor Cell Assay	Circulating Tumor Cell Assay
In vitro chemosensitivity testing for management, staging and treatment selection	In vitro chemosensitivity testing for management, staging and treatment selection
Thermal (laser) coagulation for treatment of benign breast tumors	Thermal (laser) coagulation for treatment of benign breast tumors
Fecal DNA Analysis for detection and diagnosis of colorectal and anal cancer for participants who do not have coverage for this service under their Basic Medical Program	Fecal DNA Analysis for detection and diagnosis of colorectal and anal cancer for participants who do not have coverage for this service under their Basic Medical Program
CyberKnife® Robotic Radiosurgery for treatment of locally advanced prostate cancer	CyberKnife® Robotic Radiosurgery for treatment of locally advanced prostate cancer
Implantable Beta-Emitting Microspheres for treatment of malignant liver tumors that are secondary to other cancers  (Note: This service is covered under the Basic Medical Program when used to treat primary liver cancer or metastases to the liver that are secondary to colorectal cancer.)	Implantable beta-emitting microspheres for treatment of malignant liver tumors that are secondary to other cancers  (Note: This service is covered under the Basic Medical Program when used to treat primary liver cancer or metastases to the liver that are secondary to colorectal cancer.)
Nplate® (romiplostim) thrombopoietin stimulating agent for treatment of thrombocytopenia of cancer due to chemotherapy or radiation therapy	Nplate® (romiplostim) thrombopoietin stimulating agent for treatment of thrombocytopenia of cancer due to chemotherapy or radiation therapy
DeICATH Percutaneous Hepatic Perfusion (PHP) System for delivering high-dose melphalan chemotherapy to treat liver tumors	DeICATH Percutaneous Hepatic Perfusion (PHP) System for delivering high-dose melphalan chemotherapy to treat liver tumors
NovoTTF for treatment of recurrent glioblastoma	NovoTTF for treatment of recurrent glioblastoma
Removab® (catumaxomab) an investigational monoclonal antibody therapy proposed for treatment of malignant ascites due to intraperitoneal cancer	Removab® (catumaxomab) an investigational monoclonal antibody therapy proposed for treatment of malignant ascites due to intraperitoneal cancer
Krystexxa™ (pegloticase) for treatment of tumor lysis syndrome and hyperuricemia of cancer	<b>Delete: now covered under base medical plan</b>  Krystexxa™ (pegloticase) for treatment of tumor lysis syndrome and hyperuricemia of cancer

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Confocal Endomicroscopy to detect and evaluate malignant and pre-malignant cells during standard esophagoscopy	Confocal Endomicroscopy to detect and evaluate malignant and pre-malignant cells during standard esophagoscopy
Reflectance Confocal Microscopy to detect and evaluate suspicious moles and dermal lesions	Reflectance Confocal Microscopy to detect and evaluate suspicious moles and dermal lesions
Digital Mammography with Tomosynthesis that produces a 3-D picture of suspected tumors within breast tissue	Digital Mammography with Tomosynthesis that produces a 3-D picture of suspected tumors within breast tissue
Computer-controlled, multi-spectral dermoscopy (e.g. Melafind™) to detect and evaluate potentially malignant and pre-malignant dermal lesions	Computer-controlled, multi-spectral dermoscopy (e.g. Melafind™) to detect and evaluate potentially malignant and pre-malignant dermal lesions
EarlyCDT™-Lung screening blood test for early detection of lung cancer	EarlyCDT™-Lung screening blood test for early detection of lung cancer
Spiral Computed Tomography Screening for early-stage lung tumors	Spiral Computed Tomography Screening for early-stage lung tumors
Electromagnetic Navigational Bronchoscopy for enhanced visualization of lung lesions	Electromagnetic Navigational Bronchoscopy for enhanced visualization of lung lesions
Pathwork® Tissue of Origin Test or Response DX™ Tissue of Origin Test used to determine the type of cancer cells in tumors of unknown origin	Pathwork® Tissue of Origin Test or Response DX™ Tissue of Origin Test used to determine the type of cancer cells in tumors of unknown origin
ThermoDox for treatment of primary and secondary liver cancer	ThermoDox for treatment of primary and secondary liver cancer
Nivolumab for treatment of non-small cell lung cancer, renal cell carcinoma and melanoma	Nivolumab for treatment of non-small cell lung cancer, renal cell carcinoma and melanoma
SpaceOAR Injectable Hydrogel to protect tissue during radiation therapy for prostate cancer, cervical cancer, breast cancer, lung cancer and head and neck cancers	SpaceOAR Injectable Hydrogel to protect tissue during radiation therapy for prostate cancer, cervical cancer, breast cancer, lung cancer and head and neck cancers
<b>Add:</b>  MRI/Ultrasound Image Fusion for image-guided prostate biopsy	MRI/Ultrasound Image Fusion for image-guided prostate biopsy
<b>Add:</b>  NanoKnife Electroporation for hepatocellular carcinoma and pancreatic cancer	NanoKnife Electroporation for hepatocellular carcinoma and pancreatic cancer

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<p><b>Add:</b></p> <p>Intraoperative Radiation Therapy and Stereotactic Body Radiation Therapy for multiple cancer types:</p> <ul style="list-style-type: none"> <li>• Brain and spinal tumors</li> <li>• Renal cell carcinoma</li> <li>• Colorectal cancer</li> <li>• Adrenal metastases</li> <li>• Lymph node metastases</li> <li>• Non small-cell lung cancer</li> <li>• Pancreatic cancer</li> </ul>	<p>Intraoperative Radiation Therapy and Stereotactic Body Radiation Therapy for multiple cancer types:</p> <ul style="list-style-type: none"> <li>• Brain and spinal tumors</li> <li>• Renal cell carcinoma</li> <li>• Colorectal cancer</li> <li>• Adrenal metastases</li> <li>• Lymph node metastases</li> <li>• Non small-cell lung cancer</li> <li>• Pancreatic cancer</li> </ul> <p><b><u>(Note: Participants who have coverage for the preceding service under their Base Medical Program are not eligible for the same under the Program.)</u></b></p>
	<p><b>Add:</b></p> <p>Defibrotide (Defitelio) for treatment of severe hepatic veno-occlusive disease (VOD) in patients over one month of age undergoing hematopoietic stem cell transplantation</p>
	<p><b>Add:</b></p> <p>Pelareorep (Reolysin) as an adjunct to chemotherapy or radiation therapy for numerous cancers including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Head and neck</li> <li>• Ovarian</li> <li>• Soft tissue sarcoma</li> </ul>
	<p><b>Add:</b></p> <p>Multipeptide vaccine (IMA901) for renal cell carcinoma</p>
	<p><b>Add:</b></p> <p>90Y-clivatuzumab tetraxetan for pancreatic cancer</p>
	<p><b>Add:</b></p> <p>Trabectedin (Yondelis) for treatment of relapsed ovarian cancer and advanced soft tissue sarcoma</p>
<b>Mental Diseases and Disorders</b>	<b>Mental Diseases and Disorders</b>
<p>Deep Brain stimulation for treatment of Major Depressive Disorder (MDD) and Obsessive Compulsive Disorder (OCD)</p>	<p>Deep Brain stimulation for treatment of Major Depressive Disorder (MDD) and Obsessive Compulsive Disorder (OCD)</p>

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<b>CarePlus Covered Procedures and Covered Services for Calendar Year 2015</b>	<b>CarePlus Covered Procedures and Covered Services for Calendar Year 2016</b>
<b>Autoimmune, Immune-mediated and Collagen Vascular Diseases</b>	<b>Autoimmune, Immune-mediated and Collagen Vascular Diseases</b>
<p>Autologous Stem Cell (including bone marrow) Transplant w/HDC for Additional (non-cancer) Indications:</p> <ul style="list-style-type: none"> <li>• Recessive Dystrophic Epidermolysis Bullosa (rDEB)</li> <li>• Systemic Lupus Erythematosus</li> <li>• Systemic Sclerosis</li> <li>• Rheumatoid Arthritis</li> <li>• Juvenile Rheumatoid Arthritis</li> <li>• Dermatomyositis</li> <li>• Polymyositis</li> <li>• Crohn's Disease</li> <li>• Ulcerative Colitis</li> </ul> <p>(expanded language to clarify existing coverage, no new benefit)</p>	<p>Autologous Stem Cell (including bone marrow) Transplant w/HDC for Additional (non-cancer) Indications:</p> <ul style="list-style-type: none"> <li>• Recessive Dystrophic Epidermolysis Bullosa (rDEB)</li> <li>• Systemic Lupus Erythematosus</li> <li>• Systemic Sclerosis</li> <li>• Rheumatoid Arthritis</li> <li>• Juvenile Rheumatoid Arthritis</li> <li>• Dermatomyositis</li> <li>• Polymyositis</li> <li>• Crohn's Disease</li> <li>• Ulcerative Colitis</li> </ul> <p>(expanded language to clarify existing coverage, no new benefit)</p>
<p>Intravenous Immune Globulin (IVIG) for treatment of specific conditions consistent with guidelines published by recognized expert organizations (i.e., IOM, NICE, AAAAI) and medical specialty societies</p>	<p>Intravenous Immune Globulin (IVIG) for treatment of specific conditions consistent with guidelines published by recognized expert organizations (i.e., IOM, NICE, AAAAI) and medical specialty societies</p>
<p>Rituximab (Anti B-Cell) Therapy for (Expanded list of indications-Immune Modulation)</p> <ul style="list-style-type: none"> <li>• Systemic Lupus Erythematosus</li> <li>• Systemic Sclerosis</li> <li>• ANCA – positive vasculitis</li> <li>• Pemphigus</li> </ul>	<p>Rituximab (Anti B-Cell) Therapy for (Expanded list of indications-Immune Modulation)</p> <ul style="list-style-type: none"> <li>• Systemic Lupus Erythematosus</li> <li>• Systemic Sclerosis</li> <li>• ANCA – positive vasculitis</li> <li>• Pemphigus</li> </ul>
	<p><b>Add:</b></p> <p>Remestemcel-L (Prochymal) for treatment of acute graft-versus-host disease</p>
<b>Multiple Sclerosis</b>	<b>Multiple Sclerosis</b>
<p>Autologous Stem Cell (including bone marrow) Transplant w/HDC</p>	<p>Autologous Stem Cell (including bone marrow) Transplant w/HDC</p>
<p>Anti-T-Cell Monoclonal Antibodies</p>	<p>Anti-T-Cell Monoclonal Antibodies</p>
<p>Rituximab (Anti B-Cell) Therapy</p>	<p>Rituximab (Anti B-Cell) Therapy</p>
<p>T-Cell Receptor Therapy</p>	<p>T-Cell Receptor Therapy</p>
<b>Infectious Diseases (including HIV / AIDS)</b>	<b>Infectious Diseases (including HIV / AIDS)</b>

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FibroSure® laboratory test for diagnosis and management of chronic infection with hepatitis C virus (HCV) or hepatitis B virus (HBV)	FibroSure® laboratory test for diagnosis and management of chronic infection with hepatitis C virus (HCV) or hepatitis B virus (HBV)
Intravenous Immune Globulin (IVIG) for treatment of specific conditions consistent with guidelines published by recognized expert organizations (i.e., IOM, NICE, AAAAI) and medical specialty societies	Intravenous Immune Globulin (IVIG) for treatment of specific conditions consistent with guidelines published by recognized expert organizations (i.e., IOM, NICE, AAAAI) and medical specialty societies
Interferon Therapy for: <ul style="list-style-type: none"> <li>• HIV and AIDS-Related Complex</li> <li>• Cytomegalic Virus (CMV)</li> <li>• Varicella Zoster Virus</li> </ul>	Interferon Therapy for: <ul style="list-style-type: none"> <li>• HIV and AIDS-Related Complex</li> <li>• Cytomegalic Virus (CMV)</li> <li>• Varicella Zoster Virus</li> </ul>
Gene Transfer Therapy for treatment of <ul style="list-style-type: none"> <li>• HIV/AIDS</li> </ul>	Gene Transfer Therapy for treatment of <ul style="list-style-type: none"> <li>• HIV/AIDS</li> </ul>
Nplate® (romiplostim) thrombopoietin stimulating agent for treatment of HIV-related thrombocytopenia	Nplate® (romiplostim) thrombopoietin stimulating agent for treatment of HIV-related thrombocytopenia
<b>Hereditary Syndromes</b>	<b>Hereditary Syndromes</b>
Gene Transfer Therapy for treatment of <ul style="list-style-type: none"> <li>• Cystic Fibrosis</li> <li>• Muscular Dystrophy</li> <li>• Hereditary anemias</li> <li>• Hereditary and idiopathic thrombocytopenias</li> </ul>	Gene Transfer Therapy for treatment of <ul style="list-style-type: none"> <li>• Cystic Fibrosis</li> <li>• Muscular Dystrophy</li> <li>• Hereditary anemias</li> <li>• Hereditary and idiopathic thrombocytopenias</li> </ul>
Phase I, II or III Clinical Trials, when approved or sponsored by the FDA, NIH, or recognized cooperative groups, for diagnosis and/or treatment of <ul style="list-style-type: none"> <li>• Muscular Dystrophy (MD)</li> </ul>	Phase I, II or III Clinical Trials, when approved or sponsored by the FDA, NIH, or recognized cooperative groups, for diagnosis and/or treatment of <ul style="list-style-type: none"> <li>• Muscular Dystrophy (MD)</li> </ul>
BMT/Stem Cell Transplant for Treatment of Recessive Dystrophic Epidermolysis Bullosa	BMT/Stem Cell Transplant for Treatment of Recessive Dystrophic Epidermolysis Bullosa
AmpliChip® Cytochrome P450 Genotype Assay to characterize metabolizing efficiency of CYP2D6 and CYP2C19 catalytic enzymes	AmpliChip® Cytochrome P450 Genotype Assay to characterize metabolizing efficiency of CYP2D6 and CYP2C19 catalytic enzymes
Verigene® Warfarin Metabolism Nucleic Acid Test to characterize sensitivity to warfarin (Coumadin®)	Verigene® Warfarin Metabolism Nucleic Acid Test to characterize sensitivity to warfarin (Coumadin®)
Thymus/Parathyroid Transplant for infants with complete or partial DiGeorge Syndrome	Thymus/Parathyroid Transplant for infants with complete or partial DiGeorge Syndrome
Gene-Based Testing and Genetic Counseling for Marfan Syndrome	Gene-Based Testing and Genetic Counseling for Marfan Syndrome

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Tafamidis for adult patients with stage 1 TTR-FAP designed to delay neurologic impairment	Tafamidis for adult patients with stage 1 TTR-FAP designed to delay neurologic impairment
Participation in clinical trials for exon skipping compounds that allow production of functional proteins for Duchenne muscular dystrophy	Participation in clinical trials for exon skipping compounds that allow production of functional proteins for Duchenne muscular dystrophy
GMI-1070 for treatment of vaso-occlusive crisis in patients with sickle cell disease	GMI-1070 for treatment of vaso-occlusive crisis in patients with sickle cell disease
	<b>Add:</b>  Deflazacort for treatment of Duchenne Muscular Dystrophy (DMD)
<b>Diabetes</b>	<b>Diabetes</b>
<b><u>Change: Clarifying coverage for Artificial Pancreas Devices</u></b>  Continuous Glucose Monitoring Device paired with Insulin Pump, also known as “Closed System,” e.g., Medtronic’s MiniMed 530G Artificial Pancreas Device	Continuous Glucose Monitoring Device paired with Insulin Pump, also known as “Closed System,” e.g., Medtronic’s MiniMed 530G Artificial Pancreas Device
TempTouch for Prevention of Diabetic Ulcers	TempTouch for Prevention of Diabetic Ulcers
Allogeneic Islet Cell Transplant	Allogeneic Islet Cell Transplant
Targeted Renal Therapy with the Benephit™ Catheter for cardio-renal syndrome	Targeted Renal Therapy with the Benephit™ Catheter for cardio-renal syndrome
<b>Cardiovascular Procedures, Devices and Therapies</b>	<b>Cardiovascular Procedures, Devices and Therapies</b>
Gene Transfer Therapy for treatment of cardiovascular disease	Gene Transfer Therapy for treatment of cardiovascular disease
Microvolt T-wave alternans to assess risk of sudden death from cardiac arrhythmia.	<b>Delete: now covered under base medical plan</b>  Microvolt T-wave alternans to assess risk of sudden death from cardiac arrhythmia.
Dynamic Cardiomyoplasty	Dynamic Cardiomyoplasty
Percutaneous Transmyocardial Laser Revascularization	Percutaneous Transmyocardial Laser Revascularization

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CarePlus Covered Procedures and Covered Services for Calendar Year 2015	CarePlus Covered Procedures and Covered Services for Calendar Year 2016
<p>Artificial Heart or Ventricular Assist Devices for destination therapy, e.g.</p> <ul style="list-style-type: none"> <li>• Mini-Ventricular Assist Device (Mini-VAD)</li> <li>• 2<sup>nd</sup> Generation VAD (e.g., Heartmate II, III, Jarvik 2000, Abiocror, DeBakey, LionHeart)</li> </ul> <p>(Note: this service is covered under the Basic Medical Program when used as a bridge to transplant and is also a Designated Emergency Covered Procedure under the Program)</p>	<p>Artificial Heart or Ventricular Assist Devices for destination therapy, e.g.</p> <ul style="list-style-type: none"> <li>• Mini-Ventricular Assist Device (Mini-VAD)</li> <li>• 2<sup>nd</sup> Generation VAD (e.g., Heartmate II, III, Jarvik 2000, Abiocror, DeBakey, LionHeart)</li> </ul> <p>(Note: this service is covered under the Basic Medical Program when used as a bridge to transplant and is also a Designated Emergency Covered Procedure under the Program)</p>
<p>Muscle Tissue Replacement (Stem Cell Transplant)</p> <ul style="list-style-type: none"> <li>• Heart Failure</li> <li>• Ischemic Heart Disease</li> </ul>	<p>Muscle Tissue Replacement (Stem Cell Transplant) for treatment of</p> <ul style="list-style-type: none"> <li>• Heart Failure</li> <li>• Ischemic Heart Disease</li> </ul>
<p>Patent Foramen Ovale (PFO) closure devices</p> <ul style="list-style-type: none"> <li>• For prevention of migraine headaches</li> <li>• For prevention of strokes</li> </ul>	<p>Patent Foramen Ovale (PFO) closure devices</p> <ul style="list-style-type: none"> <li>• For prevention of migraine headaches</li> <li>• For prevention of strokes</li> </ul>
<p>Minimally -invasive, percutaneous repair of mitral valve regurgitation (e.g. MitraClip® catheter-based surgical system)</p>	<p>Minimally -invasive, percutaneous repair of mitral valve regurgitation (e.g. MitraClip® catheter-based surgical system)</p>
<p>Aquapheresis for treatment of hypervolemia due to congestive heart failure (CHF)</p>	<p>Aquapheresis for treatment of hypervolemia due to congestive heart failure (CHF)</p>
<p>Watchman® left atrial appendage (LAA) closure technology for atrial fibrillation (AFIB)</p>	<p>Watchman® left atrial appendage (LAA) closure technology for atrial fibrillation (AFIB)</p>
<p>Pericardial Reconstruction using CorMatrix (ECM) to repair the pericardium following open heart surgery</p>	<p>Pericardial Reconstruction using CorMatrix (ECM) to repair the pericardium following open heart surgery</p>
<p>Transesophageal Echocardiography (TEE) for monitoring patients in the CICU following heart surgery</p>	<p>Transesophageal Echocardiography (TEE) for monitoring patients in the CICU following heart surgery</p>
<p>Crossing and Re-entry Catheter-Based System for coronary chronic total occlusion (CTO)</p>	<p>Crossing and Re-entry Catheter-Based System for coronary chronic total occlusion (CTO)</p>
<p><b>Add:</b></p> <p>Subcutaneous Implantable Defibrillator to prevent sudden cardiac arrest</p>	<p>Subcutaneous Implantable Defibrillator to prevent sudden cardiac arrest</p>
	<p><b>Add:</b></p> <p>Implantable wireless monitor for management of Chronic Heart Failure in patients with NYHA Class III heart failure</p>

**CarePlus - Covered Procedures and Covered Services  
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CarePlus Covered Procedures and Covered Services for Calendar Year 2015	CarePlus Covered Procedures and Covered Services for Calendar Year 2016
	<p><b>Add:</b></p> <p>Pediatric artificial mitral valve for use as a last resort in children diagnosed with mitral valve disease</p>
	<p><b>Add:</b></p> <p>Coronary sinus reducer stent for patients with refractory angina who are not candidates for conventional revascularization procedures</p>
	<p><b>Add:</b></p> <p>C-Pulse heart assist system to reduce cardiac workload in heart failure patients</p>
<b>Other Vascular Procedures, Devices and Therapies</b>	<b>Other Vascular Procedures, Devices and Therapies</b>
MERCI Embolic Retriever (for acute cerebral blood clots/stroke)	MERCI Embolic Retriever (for acute cerebral blood clots/stroke)
Rheos Baroreflex HTS™ for treatment of uncontrolled hypertension	Rheos Baroreflex HTS™ for treatment of uncontrolled hypertension
Radiofrequency Ablation of renal nerves for treatment of refractory hypertension	Radiofrequency Ablation of renal nerves for treatment of refractory hypertension
<b>Ophthalmologic Procedures, Devices and Therapies</b>	<b>Ophthalmologic Procedures, Devices and Therapies</b>
Corneal Stem Cell Transplant	Corneal Stem Cell Transplant
Retisert™ intravitreal implant for treatment of macular edema  (Note: This service is covered under the Basic Medical Program when used to treat noninfectious uveitis)	Retisert™ intravitreal implant for treatment of macular edema  (Note: This service is covered under the Basic Medical Program when used to treat noninfectious uveitis)
<b><u>Delete: now covered under base medical plan</u></b>	
Implantable Miniature Telescope (IMT™) for treatment of end-stage dry macular degeneration (Dry AMD)	
Epi-Rad 90 (strontium-90 brachytherapy) for treatment of neovascular macular degeneration	Epi-Rad 90 (strontium-90 brachytherapy) for treatment of neovascular macular degeneration

**CarePlus - Covered Procedures and Covered Services  
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CarePlus Covered Procedures and Covered Services for Calendar Year 2015	CarePlus Covered Procedures and Covered Services for Calendar Year 2016
<p><b>Add:</b></p> <p>Femtosecond Laser for cataract surgery (for participants who do not have coverage for this service under their Basic Medical Program)</p>	<p>Femtosecond Laser for cataract surgery (for participants who do not have coverage for this service under their Basic Medical Program)</p>
<p><b>Add:</b></p> <p>Drug-Eluting Contact Lenses for treatment of glaucoma</p>	<p>Drug-Eluting Contact Lenses for treatment of glaucoma</p>
<p><b>Add:</b></p> <p>Ocriplasmin (Jetrea) for treatment of symptomatic vitreomacular adhesion (VMA)</p>	<p>Ocriplasmin (Jetrea) for treatment of symptomatic vitreomacular adhesion (VMA)</p>
	<p><b>Add:</b></p> <p>Telescopic contact lens integrated with 3D television eyeglasses (“smart glasses”) for patients with age-related macular degeneration</p>
<p align="center"><b>Orthopedic Procedures, Devices and Therapies</b></p>	<p align="center"><b>Orthopedic Procedures, Devices and Therapies</b></p>
<p>Extendable endoprostheses for reconstruction of pediatric long bone skeletal defects (e.g., Repiphysis™)</p>	<p>Extendable endoprostheses for reconstruction of pediatric long bone skeletal defects (e.g., Repiphysis™)</p>
<p>Intradiscal Electrothermal Therapy (IDET) for chronic discogenic back pain</p>	<p>Intradiscal Electrothermal Therapy (IDET) for chronic discogenic back pain</p>
<p>Vertebral Arthroplasty using prosthetic intervertebral discs</p> <ul style="list-style-type: none"> <li>• Cervical</li> <li>• Lumbar</li> </ul>	<p>Vertebral Arthroplasty using prosthetic intervertebral discs</p> <ul style="list-style-type: none"> <li>• Cervical</li> <li>• Lumbar</li> </ul>
<p>Hand Transplant to replace all or part of a person’s hand</p>	<p>Hand Transplant to replace all or part of a person’s hand</p>
<p>Comprehensive Treatment for Mandibular Disorders including:</p> <ul style="list-style-type: none"> <li>• Partial or total joint replacement surgery</li> <li>• EMG biofeedback</li> <li>• Low-load prolonged-duration stretch (LLPD) devices (e.g., Dynasplint®)</li> <li>• Passive rehabilitation therapy (PRS) devices (e.g., TheraBite®)</li> </ul> <p>Note: The following services are already covered by the Base Medical Program: arthrocentesis, arthroplasty, arthroscopy, arthrotomy, steroid injections, physical therapy, and splint therapy</p>	<p>Comprehensive Treatment for Mandibular Disorders including:</p> <ul style="list-style-type: none"> <li>• Partial or total joint replacement surgery</li> <li>• EMG biofeedback</li> <li>• Low-load prolonged-duration stretch (LLPD) devices (e.g., Dynasplint®)</li> <li>• Passive rehabilitation therapy (PRS) devices (e.g., TheraBite®)</li> </ul> <p>Note: The following services are already covered by the Base Medical Program: arthrocentesis, arthroplasty, arthroscopy, arthrotomy, steroid injections, physical therapy, and splint therapy</p>

**CarePlus - Covered Procedures and Covered Services  
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CarePlus Covered Procedures and Covered Services for Calendar Year 2015	CarePlus Covered Procedures and Covered Services for Calendar Year 2016
Reciprocating Gait Orthoses (ReWalk and eLegs Systems) for mobility after spinal cord injury	Reciprocating Gait Orthoses (ReWalk and eLegs Systems) for mobility after spinal cord injury
<b>Add:</b>  Sodium Hyaluronate Injections for osteoarthritis of the shoulder	Sodium Hyaluronate Injections for osteoarthritis of the shoulder
	<b>Add:</b>  DEKA prosthetic arm system for patients with upper limb amputation
<b>Neurologic Procedures, Devices and Therapies</b>	<b>Neurologic Procedures, Devices and Therapies</b>
Magnetoencephalography for evaluation of <ul style="list-style-type: none"> <li>• Stroke</li> <li>• Multiple Sclerosis</li> <li>• Brain function</li> <li>• Learning disorders</li> <li>• Psychiatric conditions</li> </ul>	Magnetoencephalography for evaluation of <ul style="list-style-type: none"> <li>• Stroke</li> <li>• Multiple Sclerosis</li> <li>• Brain function</li> <li>• Learning disorders</li> <li>• Psychiatric conditions</li> </ul>
Botulinum Toxin (Botox) for: <ul style="list-style-type: none"> <li>• Severe Paradoxical Vocal Cord Movement with demonstrated functional airway obstruction</li> <li>• Trismus and Stridor in Amyotrophic Lateral Sclerosis</li> <li>• Refractory Gastroparesis (Idiopathic and Diabetic)</li> </ul>	Botulinum Toxin (Botox) for: <ul style="list-style-type: none"> <li>• Severe Paradoxical Vocal Cord Movement with demonstrated functional airway obstruction</li> <li>• Trismus and Stridor in Amyotrophic Lateral Sclerosis</li> <li>• Refractory Gastroparesis (Idiopathic and Diabetic)</li> </ul>
Comprehensive Treatment for Occipital Neuralgia and Cervicalgia including occipital nerve injection and the following: <ul style="list-style-type: none"> <li>• Neurectomy, rhizotomy, or decompression surgery</li> <li>• Radiofrequency ablation</li> <li>• Implantable Neurostimulator device</li> <li>• Electrostimulation</li> </ul>	Comprehensive Treatment for Occipital Neuralgia and Cervicalgia including occipital nerve injection and the following: <ul style="list-style-type: none"> <li>• Neurectomy, rhizotomy, or decompression surgery</li> <li>• Radiofrequency ablation</li> <li>• Implantable Neurostimulator device</li> <li>• Electrostimulation</li> </ul>
Emerging Clinical Trials, when approved or sponsored by the FDA, NIH, or recognized Neurologic-cooperative groups, for diagnosis and/or treatment of <ul style="list-style-type: none"> <li>• Alzheimer's Disease</li> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> <li>• Traumatic brain or spinal cord injury</li> <li>• Acute stroke</li> <li>• Neurodegenerative diseases</li> <li>• Hereditary neurologic disorders</li> </ul>	Emerging Clinical Trials, when approved or sponsored by the FDA, NIH, or recognized Neurologic-cooperative groups, for diagnosis and/or treatment of <ul style="list-style-type: none"> <li>• Alzheimer's Disease</li> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> <li>• Traumatic brain or spinal cord injury</li> <li>• Acute stroke</li> <li>• Neurodegenerative diseases</li> <li>• Hereditary neurologic disorders</li> </ul>
Deep Brain Stimulation for Tourette's Syndrome to reduce the frequency and severity of motor symptoms	Deep Brain Stimulation for Tourette's Syndrome to reduce the frequency and severity of motor symptoms

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CarePlus Covered Procedures and Covered Services for Calendar Year 2015	CarePlus Covered Procedures and Covered Services for Calendar Year 2016
NeuroFlo™ to restore cerebral blood flow during acute ischemic stroke using a dual-balloon aortic catheter system	NeuroFlo™ to restore cerebral blood flow during acute ischemic stroke using a dual-balloon aortic catheter system
TheraSuit® to improve proprioception (pressure on joints, ligaments and muscles), reflexes and physiological muscle synergies for children with Cerebral Palsy	TheraSuit® to improve proprioception (pressure on joints, ligaments and muscles), reflexes and physiological muscle synergies for children with Cerebral Palsy
Neuromodulation Therapy to reduce severity of cluster headaches	Neuromodulation Therapy to reduce severity of cluster headaches
NeuroPace RNS to reduce the frequency of seizure for hard to treat epilepsy	NeuroPace RNS to reduce the frequency of seizure for hard to treat epilepsy
ExAblate MRI-guided Focused Ultrasound for treatment of essential tremor	ExAblate MRI-guided Focused Ultrasound for treatment of essential tremor
Ear Implant for treatment of Meniere's disease	Ear Implant for treatment of Meniere's disease
	<b>Add:</b>  Auditory brainstem implant for patients with neural and sensorineural hearing loss who are not candidates for cochlear implant
<b>Respiratory &amp; Pulmonary Procedures, Devices and Therapies</b>	<b>Respiratory &amp; Pulmonary Procedures, Devices and Therapies</b>
Bronchothermoplasty for treatment for adult asthma	Bronchothermoplasty for treatment for adult asthma
Nitric Oxide Breath Testing for diagnosis and management of asthma and other pulmonary diseases	Nitric Oxide Breath Testing for diagnosis and management of asthma and other pulmonary diseases
Xolair (Omalizumab) for off-label use to treat milk and peanut allergies	Xolair (Omalizumab) for off-label use to treat milk and peanut allergies
Endobronchial Valves for Lung Volume Reduction (LVR) for emphysema as an alternative to conventional LVR	Endobronchial Valves for Lung Volume Reduction (LVR) for emphysema as an alternative to conventional LVR
Thoracoscopic Laser Ablation of Pulmonary Bullae for emphysema as an alternative to conventional LVR	Thoracoscopic Laser Ablation of Pulmonary Bullae for emphysema as an alternative to conventional LVR
<b><u>Change/Delete: HBOT for Necrotizing Soft Tissue Infections now covered under base medical plan</u></b>  Hyperbaric Oxygen Therapy (HBOT) for patients with thermal or chemical pulmonary damage and cerebral edema (for participants who do not have coverage for this service under their Basic Medical Program)	Hyperbaric Oxygen Therapy (HBOT) for patients with thermal or chemical pulmonary damage and cerebral edema (for participants who do not have coverage for this service under their Basic Medical Program)

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<b>CarePlus Covered Procedures and Covered Services for Calendar Year 2015</b>	<b>CarePlus Covered Procedures and Covered Services for Calendar Year 2016</b>
Drug-Eluting Sinus Stents for steroid delivery following functional endoscopic sinus surgery (FESS) (for participants who do not have coverage for this service under their Basic Medical Program)	Drug-Eluting Sinus Stents for steroid delivery following functional endoscopic sinus surgery (FESS) (for participants who do not have coverage for this service under their Basic Medical Program)
Portable Inhaled Nitric Oxide Device (Nitrosyl) for the treatment of pulmonary arterial hypertension	Portable Inhaled Nitric Oxide Device (Nitrosyl) for the treatment of pulmonary arterial hypertension
<b>Add:</b>  Inspire Upper Airway Stimulation Therapy for treatment of obstructive sleep apnea	Inspire Upper Airway Stimulation Therapy for treatment of obstructive sleep apnea
<b>Gastroenterologic Procedures, Devices and Therapies</b>	<b>Gastroenterologic Procedures, Devices and Therapies</b>
Wireless Esophageal pH Monitoring	Wireless Esophageal pH Monitoring
LINX™ Reflux Management System for prevention of esophageal reflux and other symptoms of Gastroesophageal reflux disease (GERD)	LINX™ Reflux Management System for prevention of esophageal reflux and other symptoms of Gastroesophageal reflux disease (GERD)
<b>Add:</b>  ReShape Duo Non-Surgical Intra-gastric Balloon for treatment of obesity	ReShape Duo Non-Surgical Intra-gastric Balloon for treatment of obesity
<b>Genitourinary Procedures, Devices and Therapies</b>	<b>Genitourinary Procedures, Devices and Therapies</b>
ExAblate MRI-guided focused ultrasound for non-invasive ablation of uterine fibroids (MR-guided Focused Ultrasound to treat uterine fibroids)	ExAblate MRI-guided focused ultrasound for non-invasive ablation of uterine fibroids (MR-guided Focused Ultrasound to treat uterine fibroids)
Neurovascular reconstruction of cavernous nerve bundles following radical retropubic prostatectomy, involving unilateral or bilateral graft of sural nerve(s)	Neurovascular reconstruction of cavernous nerve bundles following radical retropubic prostatectomy, involving unilateral or bilateral graft of sural nerve(s)
Renesa® System for relief from stress urinary incontinence using radiofrequency micro-remodeling of the bladder and urethra	Renesa® System for relief from stress urinary incontinence using radiofrequency micro-remodeling of the bladder and urethra
Injectable Bulking Agents for fecal incontinence	Injectable Bulking Agents for fecal incontinence
<b>Other Services</b>	<b>Other Services</b>

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<b>CarePlus Covered Procedures and Covered Services for Calendar Year 2015</b>	<b>CarePlus Covered Procedures and Covered Services for Calendar Year 2016</b>
<p>Complementary &amp; Alternative Medicine (CAM)</p> <p><b><u>Change/Delete: Remove from list of covered CAM services</u></b></p> <ul style="list-style-type: none"> <li>• Massage Therapy for cancer-related fatigue</li> <li>• Aromatherapy for palliative care in cancer patients</li> <li>• Hypnosis as an adjunct to asthma therapy</li> <li>• Meditation, Tai Chi, Yoga, or Hypnosis for osteoarthritis or low back pain</li> <li>• Tai Chi for stress reduction in patients with heart disease</li> </ul> <p>Continue coverage for the following CAM services:</p> <ul style="list-style-type: none"> <li>• Acupuncture for chemotherapy-induced nausea, chronic headache, and cancer-related fatigue</li> <li>• Massage Therapy or Relaxation Therapy for palliative care in cancer patients.</li> <li>• Biofeedback Therapy for headache, including migraine</li> </ul> <p>Continue Coverage for Transcendental Meditation for patients with heart disease or hypertension</p>	<p>Complementary &amp; Alternative Medicine (CAM)</p> <p>Continue coverage for the following CAM services:</p> <ul style="list-style-type: none"> <li>• Acupuncture for chemotherapy-induced nausea, chronic headache, and cancer-related fatigue</li> <li>• Massage Therapy or Relaxation Therapy for palliative care in cancer patients.</li> <li>• Biofeedback Therapy for headache, including migraine</li> <li>• Continue Coverage for Transcendental Meditation for patients with heart disease or hypertension</li> </ul>
<p>Up to 26 visits combined of occupational therapy or speech therapy for pervasive developmental disorders, including autism spectrum disorders, Down syndrome, Rett syndrome, Klinefelter syndrome, Turner syndrome, and other genetic disorders</p>	<p>Up to 26 visits combined of occupational therapy or speech therapy for pervasive developmental disorders, including autism spectrum disorders, Down syndrome, Rett syndrome, Klinefelter syndrome, Turner syndrome, and other genetic disorders</p>
<p><b><u>Delete: failed multiple late-stage clinical trials</u></b></p> <p>NicVAX® as an aid in smoking cessation programs by attenuating behavioral reinforcements from nicotine</p>	
<p>Augmentative and Alternative Communication (AAC) Devices for individuals unable to communicate using speech (for participants who do not have coverage for this service under their Base Medical Program)</p>	<p>Augmentative and Alternative Communication (AAC) Devices for individuals unable to communicate using speech (for participants who do not have coverage for this service under their Base Medical Program)</p>
<p>Esteem Hearing Prosthesis for patients with sensorineural hearing loss</p>	<p>Esteem Hearing Prosthesis for patients with sensorineural hearing loss</p>
<p>Full and Partial Face Transplant to replace all or part of a person's face</p>	<p>Full and Partial Face Transplant to replace all or part of a person's face</p>
<p><b><u>Delete: now covered under base medical plan</u></b></p> <p>Chromosome Microarray Analysis and Fragile X Testing for Autism Spectrum Disorder and Developmental Delay</p>	

**CarePlus - Covered Procedures and Covered Services  
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CarePlus Covered Procedures and Covered Services for Calendar Year 2015	CarePlus Covered Procedures and Covered Services for Calendar Year 2016
<p><b>Add:</b></p> <p>Whole Genomic Testing and Related Interpretation for Pediatric Odyssey</p> <p>Coverage includes interpretation of results, but is limited to nationally recognized pediatric undiagnosed and rare disease programs as determined by the CarePlus coordinator</p>	<p>Whole Genomic Testing and Related Interpretation for Pediatric Odyssey</p> <p>Coverage includes interpretation of results, but is limited to nationally recognized pediatric undiagnosed and rare disease programs as determined by the CarePlus coordinator</p>
	<p><b>Add:</b></p> <p>Reproductive tissue cryopreservation to preserve the reproductive functions of females and males who may undergo aggressive radiation and chemotherapy by harvesting and cryopreserving ovarian/testicular tissue or eggs/sperm</p>
	<p><b>Add:</b></p> <p>3D printing of human collagen and bone prosthetics to produce prosthetics used in facial reconstructive surgery (mandible, maxilla, ear, nose, forehead)</p>

**IMPORTANT:** Designated Emergency Covered Procedures, including but not limited to artificial heart procedures, the Mini-VAD, 2<sup>nd</sup> Generation VAD, Artificial Heart/Left Ventricular assist device, NeuroFlow™ dual balloon catheter and the Merci retriever procedure, may be approved by the Program Benefits Administrator retrospectively. Notification is required within 3 business days of the Emergency Covered Procedure being performed. Failure to provide timely Notification to the Benefits Administrator of a Designated Emergency Covered Procedure will result in a \$500 reduction in the Benefits that would otherwise be payable.

**The following procedures have been added to the list of benefits for 2016:**

- Defibrotide (Defitelio) for treatment of severe hepatic veno-occlusive disease (VOD)
- Pelareorep (Reolysin) as an adjunct to chemotherapy or radiation therapy for cancer
- Reproductive tissue cryopreservation (RCT) to preserve the reproductive functions of females and males who may undergo aggressive radiation and chemotherapy
- IMA901 multi-peptide cancer vaccine for renal cell carcinoma
- Ex vivo expanded cord blood for autologous or allogeneic stem cell transplant
- Implantable wireless monitor for management of chronic heart failure
- Remestemcel-L (Prochymal) for treatment of acute graft-versus-host disease
- Auditory brainstem implant for neural and sensorineural hearing loss
- Pediatric artificial mitral valve for congenital cardiac anomalies
- Deflazacort for treatment of Duchenne Muscular Dystrophy (DMD)

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- Telescopic contact lens integrated with 3D television eyeglasses (“smart glasses”) for macular degeneration
- 3-d printing of facial prosthetics
- 90Y-clivatuzumab tetraxetan for pancreatic cancer
- Coronary sinus reducer (CSR) stent for treatment of refractory angina
- C-Pulse heart assist system for end-stage heart failure
- DEKA prosthetic arm system for upper limb amputation

**The following have been added to a list of qualifying conditions for coverage of specific procedures, treatments, or therapies:**

- Autologous dendritic cell immunotherapy (AGS-003) for renal cell carcinoma
- Autologous dendritic cell immunotherapy (DCVax-L) for glioblastoma multiforme

**The following benefits are covered under a generic provision of the plan, but are listed separately to improve beneficiary awareness of coverage:**

- Trabectedin (Yondelis) for treatment of relapsed ovarian cancer and advanced soft tissue sarcoma

**The following procedures have been removed for 2016 as these are already covered under the base medical plan:**

- Pegloticase (Krystexxa)
- Microvolt T-wave alternans

**The following procedures have been removed for 2016 due to publication of adverse clinical trial results, lack of progress in development, availability or proven results:**

- None

**The following procedures have been removed for 2016 since no one performs these procedures any longer:**

- None

**Plan language describing the following procedures has been revised to clarify coverage by CarePlus is limited to members who do not have coverage under their base medical plan:**

- None

**Plan language describing the following procedures has been added revised to introduce new other limitations:**

- None