

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

The Covered Procedures added or removed from the list of approved procedures effective **January 1, 2014**, are **highlighted in yellow** in the list below.

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
Cancer : Diagnosis, Staging and Management	Cancer : Diagnosis, Staging and Management
<p>Autologous Stem Cell (including Bone Marrow) Transplant w/HDC (for Cancer)</p> <ul style="list-style-type: none"> • Breast Cancer • Brain Cancer (Pediatric): Medulloblastoma, Pinealoma and others • Desmoplastic Small Round Cell Tumor • Fibrosarcoma • Metastatic Ewing's Sarcoma • Osteosarcoma • Retinoblastoma • Rhabdomyosarcoma (metastatic) • Wilms Tumor, including recurrent 	<p>Autologous Stem Cell (including Bone Marrow) Transplant w/HDC (for Cancer)</p> <ul style="list-style-type: none"> • Breast Cancer • Brain Cancer (Pediatric): Medulloblastoma, Pinealoma and others • Desmoplastic Small Round Cell Tumor • Fibrosarcoma • Metastatic Ewing's Sarcoma • Osteosarcoma • Retinoblastoma • Rhabdomyosarcoma (metastatic) • Wilms Tumor, including recurrent
<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"> • Advanced Renal Cell Carcinoma • Advanced Melanoma • Breast Cancer • Bony/Soft Tissue Sarcoma • Systemic Mastocytosis • Neuroblastoma • Systemic Mastocytosis 	<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"> • Advanced Renal Cell Carcinoma • Advanced Melanoma • Breast Cancer • Bony/Soft Tissue Sarcoma • Systemic Mastocytosis • Neuroblastoma • Systemic Mastocytosis
<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"> • Multiple Myeloma • Lymphomas (Hodgkin's and non-Hodgkin's) • Acute Leukemias 	<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"> • Multiple Myeloma • Lymphomas (Hodgkin's and non-Hodgkin's) • Acute Leukemias
<p>Active Immunotherapy and/or Vaccines for treatment of:</p> <ul style="list-style-type: none"> • Melanoma • Non-Small Cell Lung Cancer • Prostate Cancer • Other Cancers 	<p>Active Immunotherapy and/or Vaccines for treatment of:</p> <p style="background-color: yellow;">Change/Add: Ovarian Cancer</p> <ul style="list-style-type: none"> • Melanoma • Non-Small Cell Lung Cancer • Prostate Cancer • Other Cancers

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
<p>Gene Transfer Therapy</p> <ul style="list-style-type: none"> • Breast cancer • Glioma • Leukemias • Lymphoma • Multiple Myeloma • Oropharyngeal Cancers • Chronic lymphocytic leukemia • For indications approved by: FDA, NIH/NHLBI, NCI Phase I, II or Phase III Clinical Trials <p>(expanded language to clarify existing coverage, no new benefit)</p>	<p>Gene Transfer Therapy</p> <ul style="list-style-type: none"> • Breast cancer • Glioma • Leukemias • Lymphoma • Multiple Myeloma • Oropharyngeal Cancers • Chronic lymphocytic leukemia • For indications approved by: FDA, NIH/NHLBI, NCI Phase I, II or Phase III Clinical Trials <p>(expanded language to clarify existing coverage, no new benefit)</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 standard benefit 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 standard benefit 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"> • Bladder • Colon, rectum, anus • Peritoneum 	<p>Hyperthermic instillation chemoperfusion for treatment of cancer of:</p> <ul style="list-style-type: none"> • Bladder • Colon, rectum, anus • Peritoneum
<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 standard benefit 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 standard benefit when used to treat primary liver cancer or metastases to the liver that are secondary to colorectal cancer.)</p>
<p>Local or focal hyperthermia as an adjunct to chemotherapy for treatment of:</p> <ul style="list-style-type: none"> • Cutaneous, subcutaneous, non-invasive or superficial cancer of the bladder • Cervical cancer • Cancer of the rectum or anus 	<p>Local or focal hyperthermia as an adjunct to chemotherapy for treatment of:</p> <ul style="list-style-type: none"> • Cutaneous, subcutaneous, non-invasive or superficial cancer of the bladder • Cervical cancer • Cancer of the rectum or anus

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
<p>Emerging treatments or therapies for cancer and other severe, life-threatening diseases, when:</p> <ul style="list-style-type: none"> 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. 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. 	<p>Emerging treatments or therapies for cancer and other severe, life-threatening diseases, when:</p> <ul style="list-style-type: none"> 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. 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.
<p>Radiofrequency Ablation (RF):</p> <ul style="list-style-type: none"> Lung Cancer Bone Cancer (palliation) 	<p>Radiofrequency Ablation (RF):</p> <ul style="list-style-type: none"> Lung Cancer Metastatic Bone Cancer (palliation) <p><u>Change/Add: Prostate Cancer</u></p>
<p>Photodynamic Therapy (PDT):</p> <ul style="list-style-type: none"> Bladder Cancer Cutaneous Malignant Metastases (e.g., Breast Cancer) Tumors of Tracheobronchial Tree Nonmalignant Neoplasms of the Breasts (Fibroadenomas) 	<p>Photodynamic Therapy (PDT):</p> <ul style="list-style-type: none"> Bladder Cancer Cutaneous Malignant Metastases (e.g., Breast Cancer) Tumors of Tracheobronchial Tree Nonmalignant Neoplasms of the Breasts (Fibroadenomas)
<p>Accelerated Partial Breast Irradiation (Breast Brachytherapy) when provided as sole form of Radiation Treatment</p> <p>(Note: This service is covered under the standard benefit when used as an adjunct to whole Breast Irradiation.)</p>	<p>Accelerated Partial Breast Irradiation (Breast Brachytherapy) when provided as sole form of Radiation Treatment</p> <p>(Note: This service is covered under the standard benefit when used as an adjunct to whole Breast Irradiation.)</p>
<p>Brachytherapy for Treatment of Malignant Brain Tumors</p>	<p>Brachytherapy for Treatment of Malignant Brain Tumors</p>
<p>Circulating Tumor Cell Assay</p>	<p>Circulating Tumor Cell Assay</p>

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
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	<u>For members who do not have coverage for this under their base medical plan:</u> Fecal DNA Analysis for detection and diagnosis of colorectal and anal cancer
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 standard benefit 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 standard benefit 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 due to chemotherapy or radiation therapy	Nplate® (romiplostim) thrombopoietin stimulating agent for treatment of thrombocytopenia due to chemotherapy or radiation therapy
Trastuzumab-DM1 (Herceptin-maytansine conjugate) for treatment-resistant HER2-positive breast cancer	<u>Delete: now covered under base medical plan</u> Trastuzumab-DM1 (Herceptin-maytansine conjugate) for treatment-resistant HER2-positive breast cancer
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 that uses continuous, low-intensity electric fields delivered by specialized portable headgear to arrest/disrupt cellular proliferation	NovoTTF™ for treatment of recurrent glioblastoma that uses continuous, low-intensity electric fields delivered by specialized portable headgear to arrest/disrupt cellular proliferation
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	Krystexxa® (pegloticase) for treatment of tumor lysis syndrome and hyperuricemia of cancer
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

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
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
<i>EarlyCDT®</i> -Lung screening blood test for early detection of lung cancer	<i>EarlyCDT®</i> -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 used to determine the type of cancer cells in tumors of unknown origin	Pathwork® Tissue of Origin Test used to determine the type of cancer cells in tumors of unknown origin
	Add: ThermoDox® for treatment of primary and secondary liver cancer
	Add: Nivolumab for treatment of non-small cell lung cancer, renal cell carcinoma and melanoma
	Add: SpaceOAR Injectable Hydrogel to protect tissue during radiation therapy for prostate cancer, cervical cancer, breast cancer, lung cancer and head and neck cancers
Mental Diseases and Disorders	Mental Diseases and Disorders
Deep Brain stimulation for treatment of Major Depressive Disorder (MDD) and Obsessive Compulsive Disorder (OCD)	Deep Brain stimulation for treatment of Major Depressive Disorder (MDD) and Obsessive Compulsive Disorder (OCD)
Autoimmune, Immune-mediated and Collagen Vascular Diseases	Autoimmune, Immune-mediated and Collagen Vascular Diseases

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
<p>Autologous Stem Cell (including bone marrow) Transplant w/HDC for Additional (non-cancer) Indications:</p> <ul style="list-style-type: none"> • Recessive Dystrophic Epidermolysis Bullosa (rDEB) • Systemic Lupus Erythematosus • Systemic Sclerosis • Rheumatoid Arthritis • Juvenile Rheumatoid Arthritis • Dermatomyositis • Polymyositis • Crohn's Disease • Ulcerative Colitis <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"> • Recessive Dystrophic Epidermolysis Bullosa (rDEB) • Systemic Lupus Erythematosus • Systemic Sclerosis • Rheumatoid Arthritis • Juvenile Rheumatoid Arthritis • Dermatomyositis • Polymyositis • Crohn's Disease • Ulcerative Colitis <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"> • Systemic Lupus Erythematosus • Systemic Sclerosis • ANCA – positive vasculitis • Pemphigus 	<p>Rituximab (Anti B-Cell) Therapy for (Expanded list of indications-Immune Modulation)</p> <ul style="list-style-type: none"> • Systemic Lupus Erythematosus • Systemic Sclerosis • ANCA – positive vasculitis • Pemphigus
<p>Tofacitinib oral Janus kinase inhibitor for active rheumatoid arthritis</p>	<p>Delete: now covered under base medical plan</p> <p>Tofacitinib oral Janus kinase inhibitor for active rheumatoid arthritis</p>
<p align="center">Multiple Sclerosis</p>	<p align="center">Multiple Sclerosis</p>
<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>
<p align="center">Infectious Diseases (including HIV / AIDS)</p>	<p align="center">Infectious Diseases (including HIV / AIDS)</p>
<p>FibroSure® laboratory test for diagnosis and management of chronic infection with hepatitis C virus (HCV) or hepatitis B virus (HBV)</p>	<p>FibroSure® laboratory test for diagnosis and management of chronic infection with hepatitis C virus (HCV) or hepatitis B virus (HBV)</p>

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
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"> • HIV and AIDS-Related Complex • Cytomegalic Virus (CMV) • Varicella Zoster Virus 	Interferon Therapy for: <ul style="list-style-type: none"> • HIV and AIDS-Related Complex • Cytomegalic Virus (CMV) • Varicella Zoster Virus
Gene Transfer Therapy for treatment of: <ul style="list-style-type: none"> • HIV/AIDS 	Gene Transfer Therapy for treatment of: <ul style="list-style-type: none"> • HIV/AIDS
Nplate® (romiplostim) thrombopoietin stimulating agent for treatment of HIV-related thrombocytopenia	Nplate® (romiplostim) thrombopoietin stimulating agent for treatment of HIV-related thrombocytopenia
Hereditary Syndromes	Hereditary Syndromes
Gene Transfer Therapy for treatment of: <ul style="list-style-type: none"> • Cystic Fibrosis • Muscular Dystrophy • Hereditary anemias • Hereditary and idiopathic thrombocytopenias 	Gene Transfer Therapy for treatment of: <ul style="list-style-type: none"> • Cystic Fibrosis • Muscular Dystrophy • Hereditary anemias • Hereditary and idiopathic thrombocytopenias
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"> • Muscular Dystrophy (MD) 	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"> • Muscular Dystrophy (MD)
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
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

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Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
	<p>Participation in clinical trials for</p> <p>Exon Skipping Compounds that allow production of functional proteins for Duchenne muscular dystrophy</p>
	<p>Add:</p> <p>GMI-1070 for treatment of vaso-occlusive crisis in patients with sickle cell disease</p>
Diabetes	Diabetes
Continuous Glucose Monitoring Device paired with Insulin Pump, also known as “Closed System”	Continuous Glucose Monitoring Device paired with Insulin Pump, also known as “Closed System”
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
Cardiovascular Procedures, Devices and Therapies	Cardiovascular Procedures, Devices and Therapies
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	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
<p>Artificial Heart or Ventricular Assist Devices for destination therapy, e.g.,</p> <ul style="list-style-type: none"> • Mini-Ventricular Assist Device (Mini-VAD) • 2nd Generation VAD (e.g., Heartmate II, III, Jarvik 2000, Abioco, DeBakey, LionHeart) <p>(Note: this service is covered under the standard benefit when used as a bridge to transplant and is also a Designated Emergency Covered Procedure under the standard benefit plan.)</p>	<p>Artificial Heart or Ventricular Assist Devices for destination therapy, e.g.,</p> <ul style="list-style-type: none"> • Mini-Ventricular Assist Device (Mini-VAD) • 2nd Generation VAD (e.g., Heartmate II, III, Jarvik 2000, Abioco, DeBakey, LionHeart) <p>(Note: this service is covered under the standard benefit when used as a bridge to transplant and is also a Designated Emergency Covered Procedure under the standard benefit plan.)</p>
<p>Muscle Tissue Replacement (Stem Cell Transplant) for treatment of:</p> <ul style="list-style-type: none"> • Heart Failure • Ischemic Heart Disease 	<p>Muscle Tissue Replacement (Stem Cell Transplant) for treatment of:</p> <ul style="list-style-type: none"> • Heart Failure • Ischemic Heart Disease

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
Patent Foramen Ovale (PFO) closure devices to prevent migraine headaches and strokes	Patent Foramen Ovale (PFO) closure devices <ul style="list-style-type: none"> • For prevention of migraine headaches • For prevention of strokes
Minimally -invasive, percutaneous repair of mitral valve regurgitation (e.g., MitraClip® catheter-based surgical system)	Minimally -invasive, percutaneous repair of mitral valve regurgitation (e.g., MitraClip® catheter-based surgical system)
Aquapheresis for treatment of hypervolemia due to congestive heart failure (CHF)	Aquapheresis for treatment of hypervolemia due to congestive heart failure (CHF)
Transcatheter pulmonary valve replacement	Delete: now covered under base medical plan Transcatheter pulmonary valve replacement
Watchman® left atrial appendage (LAA) closure technology for atrial fibrillation (AFIB)	Watchman® left atrial appendage (LAA) closure technology for atrial fibrillation (AFIB)
Outpatient Mobile Cardiovascular Telemetry for management of cardiac arrhythmia	Outpatient Mobile Cardiovascular Telemetry for management of cardiac arrhythmia
Pericardial Reconstruction using CorMatrix (ECM) to repair the pericardium following open heart surgery	Pericardial Reconstruction using CorMatrix (ECM) to repair the pericardium following open heart surgery
Transesophageal Echocardiography (TEE) for monitoring patients in the CICU following heart surgery	Transesophageal Echocardiography (TEE) for monitoring patients in the CICU following heart surgery
Crossing and Re-entry Catheter-Based System for coronary chronic total occlusion (CTO)	Crossing and Re-entry Catheter-Based System for coronary chronic total occlusion (CTO)
Other Vascular Procedures, Devices and Therapies	Other Vascular Procedures, Devices and Therapies
MERCİ Embolic Retriever (for acute cerebral blood clots/stroke)	MERCİ 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
Ophthalmologic Procedures, Devices and Therapies	Ophthalmologic Procedures, Devices and Therapies
Corneal Stem Cell Transplant	Corneal Stem Cell Transplant

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
Retisert™ intravitreal implant for treatment of macular edema (Note: This service is covered under the standard benefit when used to treat noninfectious uveitis.)	Retisert™ intravitreal implant for treatment of macular edema (Note: This service is covered under the standard benefit when used to treat noninfectious uveitis.)
Implantable Miniature Telescope (IMT™) for treatment of end-stage dry macular degeneration (Dry AMD)	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
Orthopedic Procedures, Devices and Therapies	Orthopedic Procedures, Devices and Therapies
Extendable endoprostheses for reconstruction of pediatric long bone skeletal defects (e.g., Repiphysis™)	Extendable endoprostheses for reconstruction of pediatric long bone skeletal defects (e.g., Repiphysis™)
Intradiscal Electrothermal Therapy (IDET) for chronic discogenic back pain	Intradiscal Electrothermal Therapy (IDET) for chronic discogenic back pain
Vertebral Arthroplasty using prosthetic intervertebral discs <ul style="list-style-type: none"> • Cervical • Lumbar 	Vertebral Arthroplasty using prosthetic intervertebral discs <ul style="list-style-type: none"> • Cervical • Lumbar
Hand Transplant to replace all or part of a person's hand	Hand Transplant to replace all or part of a person's hand
Comprehensive Treatment for Mandibular Disorders including: <ul style="list-style-type: none"> • Partial or total joint replacement surgery • EMG biofeedback • Low-load prolonged-duration stretch (LLPD) devices (e.g., Dynasplint®) • Passive rehabilitation therapy (PRS) devices (e.g., TheraBite®) (Note: The following services are already covered by the base medical plan: arthrocentesis, arthroplasty, arthroscopy, arthrotomy, steroid injections, physical therapy, and splint therapy.)	Comprehensive Treatment for Mandibular Disorders including: <ul style="list-style-type: none"> • Partial or total joint replacement surgery • EMG biofeedback • Low-load prolonged-duration stretch (LLPD) devices (e.g., Dynasplint®) • Passive rehabilitation therapy (PRS) devices (e.g., TheraBite®) (Note: The following services are already covered by the base medical plan: arthrocentesis, arthroplasty, arthroscopy, arthrotomy, steroid injections, physical therapy, and splint therapy.)
	Add: Reciprocating Gait Orthoses (ReWalk and eLegs Systems) for mobility after spinal cord injury
Neurologic Procedures, Devices and Therapies	Neurologic Procedures, Devices and Therapies

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
Magnetoencephalography for evaluation of: <ul style="list-style-type: none"> • Stroke • Multiple Sclerosis • Brain function • Learning disorders • Psychiatric conditions 	Magnetoencephalography for evaluation of: <ul style="list-style-type: none"> • Stroke • Multiple Sclerosis • Brain function • Learning disorders • Psychiatric conditions
Botulinum Toxin (Botox) for: <ul style="list-style-type: none"> • Severe Paradoxical Vocal Cord Movement with demonstrated functional airway obstruction • Trismus and Stridor in Amyotrophic Lateral Sclerosis • Refractory Gastroparesis (Idiopathic and Diabetic) 	Botulinum Toxin (Botox) for: <ul style="list-style-type: none"> • Severe Paradoxical Vocal Cord Movement with demonstrated functional airway obstruction • Trismus and Stridor in Amyotrophic Lateral Sclerosis • Refractory Gastroparesis (Idiopathic and Diabetic)
Comprehensive Treatment for Occipital Neuralgia and Cervicalgia including occipital nerve injection and the following: <ul style="list-style-type: none"> • Neurectomy, rhizotomy, or decompression surgery • Radiofrequency ablation • Implantable Neurostimulator device • Electrostimulation 	Comprehensive Treatment for Occipital Neuralgia and Cervicalgia including occipital nerve injection and the following: <ul style="list-style-type: none"> • Neurectomy, rhizotomy, or decompression surgery • Radiofrequency ablation • Implantable Neurostimulator device • Electrostimulation
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"> • Alzheimer's Disease • Amyotrophic Lateral Sclerosis (ALS) • Traumatic brain or spinal cord injury • Acute stroke • Neurodegenerative diseases • Hereditary neurologic disorders 	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"> • Alzheimer's Disease • Amyotrophic Lateral Sclerosis (ALS) • Traumatic brain or spinal cord injury • Acute stroke • Neurodegenerative diseases • Hereditary neurologic disorders
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
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
	Add: Neuromodulation Therapy to reduce severity of cluster headaches
	Add: NeuroPace RNS to reduce the frequency of seizure for hard to treat epilepsy

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
	<p>Add:</p> <p>ExAblate MRI-guided Focused Ultrasound for treatment of essential tremor</p>
	<p>Add:</p> <p>Ear Implant for treatment of Meniere's disease</p>
Respiratory & Pulmonary Procedures, Devices and Therapies	Respiratory & Pulmonary Procedures, Devices and Therapies
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
Hyperbaric Oxygen Therapy (HBOT) for patients with thermal or chemical pulmonary damage, cerebral edema, and necrotizing soft tissue infections	Hyperbaric Oxygen Therapy (HBOT) for patients with thermal or chemical pulmonary damage, cerebral edema, and necrotizing soft tissue infections
Drug-Eluting Sinus Stents for steroid delivery following functional endoscopic sinus surgery (FESS)	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 Base Medical Program)
	<p>Add:</p> <p>Portable Inhaled Nitric Oxide Device (Nitrosyl) for the treatment of pulmonary arterial hypertension</p>
Gastroenterologic Procedures, Devices and Therapies	Gastroenterologic Procedures, Devices and Therapies
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)

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
Genitourinary Procedures, Devices and Therapies	Genitourinary Procedures, Devices and Therapies
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: <ul style="list-style-type: none"> • Unilateral or bilateral graft of sural nerve(s) 	Neurovascular reconstruction of cavernous nerve bundles following radical retropubic prostatectomy, involving: <ul style="list-style-type: none"> • Unilateral or bilateral graft of sural nerve(s)
Renessa® System for relief from stress urinary incontinence using radiofrequency micro-remodeling of the bladder and urethra	Renessa® 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
Other Services	Other Services
On Trial Basis: Access to Cleveland Clinic's MyConsult® Online Second Opinion service for certain life-threatening conditions	On Trial Basis: Access to Cleveland Clinic's MyConsult® Online Second Opinion service for certain life-threatening conditions
Complementary & Alternative Medicine (CAM)	Complementary & Alternative Medicine (CAM)
Occupational Therapy for pervasive developmental disorders, including autism spectrum disorders, Down syndrome, Rett syndrome, Klinefelter syndrome, Turner syndrome, and other genetic disorders	Change: clarifying annual visit limit of 26 visits combined occupational/speech therapy 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
Speech Therapy for pervasive developmental disorders, including autism spectrum disorders, Down syndrome, Rett syndrome, Klinefelter syndrome, Turner syndrome, and other genetic disorders	See above
NicVAX® as an aid in smoking cessation programs by attenuating behavioral reinforcements from nicotine	NicVAX® as an aid in smoking cessation programs by attenuating behavioral reinforcements from nicotine
Augmentative and Alternative Communication (AAC) Devices for individuals unable to communicate using speech	Augmentative and Alternative Communication (AAC) Devices for individuals unable to communicate using speech
Esteem Hearing Prosthesis for patients with sensorineural hearing loss	Esteem Hearing Prosthesis for patients with sensorineural hearing loss

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

CarePlus Covered Procedures and Covered Services for Calendar Year 2013	CarePlus Covered Procedures and Covered Services for Calendar Year 2014
Full and Partial Face Transplant to replace all or part of a person's face	Full and Partial Face Transplant to replace all or part of a person's face
Chromosome Microarray Analysis and Fragile X Testing for Autism Spectrum Disorder and Developmental Delay	Chromosome Microarray Analysis and Fragile X Testing for Autism Spectrum Disorder and Developmental Delay

**CarePlus - Covered Procedures and Covered Services
Calendar Year 2014**

IMPORTANT: Designated Emergency Covered Procedures, including but not limited to artificial heart procedures, the Mini-VAD, 2nd 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 three 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 removed for 2014 as these are already covered under the base medical plan:

- Trastuzumab-DM1 (Herceptin-maytansine conjugate) for treatment-resistant HER2-positive breast cancer
- Tofacitinib oral Janus kinase inhibitor for active rheumatoid arthritis
- Transcatheter pulmonary valve replacement

The following procedures have been removed for 2014 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 2014 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 Program:

- Fecal DNA Analysis for detection and diagnosis of colorectal and anal cancer
- Drug-Eluting Sinus Stents for steroid delivery following functional endoscopic sinus surgery (FESS)

Plan language describing the following procedures has been revised to clarify new limitations:

- Occupational Therapy for pervasive developmental disorders, including Autism Spectrum Disorders, Down syndrome, Rett syndrome, Klinefelter syndrome, Turner syndrome, and other genetic disorders
- Speech Therapy for pervasive developmental disorders, including Autism Spectrum Disorders, Down syndrome, Rett syndrome, Klinefelter syndrome, Turner syndrome, and other genetic disorders

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

- Radiofrequency ablation now includes treatment for prostate cancer
- Active immunotherapy and vaccines now includes treatment for ovarian cancer