

## Bacillus Calmette-Guerin (BCG)

| Also known as     | <div><div>1. Bacille Calmette-Guerin (BCG)</div><div>2. BCG Live</div></div>  |      |             |         |                       |
|-------------------|---|------|-------------|---------|-----------------------|
| Description       | <div>The BCG vaccine is used for tuberculosis (TB) prevention. It is not used for treatment of TB.</div> <div>Another form of BCG (BCG Live – intravesical) is used for the treatment of bladder cancer.</div>  |      |             |         |                       |
| See also          | <div>Similar, related, or easily confused documents.</div> <div><div><div>• <a href="#">Bladder Cancer Screening Ancillary Urinary Tests</a> - A test to detect bladder cancer that involves an examination of the bladder with a scope (cystoscopy) and analysis of cells in the urine.</div><div>• <a href="#">Cystometrogram (CMG)</a> - A recording of the pressure in the bladder at varying stages of filling.</div><div>• <a href="#">Cystoscopy</a> - Cystoscopy is the examination of the bladder and urethra using a thin, lighted instrument called a cystoscope. This allows the physician to see the lower urinary tract (urethra, prostate, bladder neck, and bladder) and assists in detecting abnormalities of the urinary tract (such as bladder cancer, blood in the urine, or cystitis) or to assist in transurethral surgery (such as prostate surgery).</div><div>• <a href="#">Cystourethrogram</a> - X-ray of the bladder and urethra performed while the bladder is emptying.</div><div>• <a href="#">Tuberculosis Testing</a> - Tuberculosis testing is done to determine if someone has been exposed to tuberculosis, also called TB.</div></div></div> |      |             |         |                       |
| Table of Contents | <div>The following topics are included in this document:</div> <div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div>  |      |             |         |                       |
| Document history  | <div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.11.24</td><td>Refreshed due to age.</td></tr></table>  | Date | Description | 3.11.24 | Refreshed due to age. |
| Date              | Description   |      |             |         |                       |
| 3.11.24           | Refreshed due to age.   |      |             |         |                       |

# Commercial

| Introduction              | <p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>  |      |             |         |                       |
|---------------------------|---|------|-------------|---------|-----------------------|
| Benefits (all except MMP) | <p>Coverage depends on the reason being used:</p> <ul style="list-style-type: none"><li>• <b>TB prevention:</b> Quote immunization benefits.<ul style="list-style-type: none"><li>– <b>Self-Insured groups:</b> A group may exclude immunizations. Check for plan exclusions.</li></ul></li><li>• <b>Treatment of bladder cancer:</b> Quote office visit or outpatient hospital benefits.</li></ul> |      |             |         |                       |
| Mayo Medical Plan (MMP)   | <p>Coverage depends on the reason being used:</p> <ul style="list-style-type: none"><li>• <b>TB prevention:</b> Quote immunization benefits.<ul style="list-style-type: none"><li>– <b>Self-Insured groups:</b> A group may exclude immunizations. Check for plan exclusions.</li></ul></li><li>• <b>Treatment of bladder cancer:</b> Quote office visit or outpatient hospital benefits.</li></ul> |      |             |         |                       |
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| 3.11.24                   | Refreshed due to age.   |      |             |         |                       |

Government Programs

| Introduction   | This section applies to all Medicaid and Medicare products.  |      |             |         |                       |
|--|--|------|-------------|---------|-----------------------|
| AccessAbility (SNBC),<br><br>Minnesota Senior Care Plus (MSC+) | <p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Coverage depends on the reason being used:<ul style="list-style-type: none"><li>– <b>TB prevention</b>: Not covered.</li><li>– <b>Treatment of bladder cancer</b>: Quote office visit or outpatient hospital benefits.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul> |      |             |         |                       |
| AccessAbility Enhanced (I-SNBC),<br><br>DUAL (MSHO)            | <p>Coverage depends on the reason being used:</p> <ul style="list-style-type: none"><li>• <b>TB prevention</b>: Not covered.</li><li>• <b>Treatment of bladder cancer</b>: Quote office visit or outpatient hospital benefits.</li><li>• Medica is the only payer.</li></ul>   |      |             |         |                       |
| Cost (Prime)   | <p>Coverage depends on the reason being used:</p> <ul style="list-style-type: none"><li>• <b>TB prevention</b>: Not covered.</li><li>• <b>Treatment of bladder cancer</b>: Quote office visit benefits.</li><li>• Follows Medicare guidelines.</li></ul>   |      |             |         |                       |
| Med Advantage  | <p>Coverage depends on the reason being used:</p> <ul style="list-style-type: none"><li>• <b>TB prevention</b>: Not covered.</li><li>• <b>Treatment of bladder cancer</b>: Quote office visit benefits.</li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>   |      |             |         |                       |
| Med Supp (Select, Signature)                                   | <p>Coverage depends on the reason being used:</p> <ul style="list-style-type: none"><li>• <b>TB prevention</b>: Not covered.</li><li>• <b>Treatment of bladder cancer</b>: Quote office visit or outpatient hospital benefits.</li><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>  |      |             |         |                       |
| Medicaid   | <p>Coverage depends on the reason being used:</p> <ul style="list-style-type: none"><li>• <b>TB prevention</b>: Quote immunization benefits.</li><li>• <b>Treatment of bladder cancer</b>: Quote office visit or outpatient hospital benefits.</li></ul>   |      |             |         |                       |
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## Individual and Family Business (IFB)

| Introduction     | <p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>  |      |             |         |                       |
|------------------|--|------|-------------|---------|-----------------------|
| Benefits         | <p>Coverage depends on the reason being used:</p> <ul style="list-style-type: none"><li>• <b>TB prevention:</b> Quote immunization benefits.</li><li>• <b>Treatment of bladder cancer:</b> Quote office visit or outpatient hospital benefits.</li></ul> |      |             |         |                       |
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