

March 2019 Medical Policies and Clinical Utilization Management Guidelines update

Published: Nov 1, 2019 - State & Federal / Medicaid

Category: Medicaid

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit <https://www11.anthem.com/search.html>.

Notes/updates:

- CG-DME-44 -- Electric Tumor Treatment Field (TTF) was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.
- CG-MED-72 -- Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- CG-SURG-09 -- Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- CG-SURG-30 -- Tonsillectomy for Children with or without Adenoidectomy was revised to:
 - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
 - Clarify criterion addressing parapharyngeal abscess (B4) to say *two or more*.
 - Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b).
- The following AIM Specialty Health® updates took effect on March 31, 2019:

- Advanced Imaging
- Imaging of the Brain
- Imaging of the Extremities
- Imaging of the Spine

Medical Policies

On March 21, 2019, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem).

Publish date	<i>Medical Policy number</i>	<i>Medical Policy title</i>	New or revised
4/24/2019	MED.00127	Chelation Therapy	New
4/24/2019	GENE.00050	Gene Expression Profiling for Coronary Artery Disease	New
4/24/2019	MED.00128	Insulin Potentiation Therapy	New
4/24/2019	SURG.00152	Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing	New
3/28/2019	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
3/28/2019	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
4/24/2019	GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	Revised
4/24/2019	GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
4/24/2019	SURG.00139	Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography	Revised
4/24/2019	GENE.00012	Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent	Revised
4/24/2019	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Clinical UM Guidelines

On March 21, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations Committee for members on May 7, 2019.

Publish date	<i>Clinical UM Guideline number</i>	<i>Clinical UM Guideline title</i>	New or revised
3/28/2019	CG-ANC-07	Inpatient Interfacility Transfers	Revised
3/28/2019	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
3/28/2019	CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla®)	Revised
3/28/2019	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	Revised
4/24/2019	CG-DME-44	Electric Tumor Treatment Field (TTF)	Revised
4/24/2019	CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Revised
4/24/2019	CG-GENE-01	Janus Kinase 2, CALR, and MPL Gene Mutation Assays Previous title: Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays	Revised
4/24/2019	CG-GENE-05	Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)	Revised
4/24/2019	CG-MED-82	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting	New
4/24/2019	CG-MED-83	Level of Care: Specialty Pharmaceuticals	New
4/24/2019	CG-SURG-30	Tonsillectomy for Children with or without Adenoidectomy	Revised
5/9/2019	CG-DRUG-113	Inotuzumab ozogamicin (Besponsa®)	New
5/9/2019	CG-GENE-06	Preimplantation Genetic Diagnosis Testing	New
5/9/2019	CG-GENE-07	BCR-ABL Mutation Analysis	New
5/9/2019	CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome	New

5/9/2019	CG-GENE-09	Genetic Testing for CHARGE Syndrome	New
5/9/2019	CG-MED-81	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	New
5/9/2019	CG-SURG-98	Prostate Multiparametric Magnetic Resonance Imaging	New
5/9/2019	CG-SURG-99	Panniculectomy and Abdominoplasty	New
6/24/2019	CG-SURG-97	Cardioverter Defibrillators	New

ANV-NU-0075-19 September 2019

URL: <https://providernews.anthem.com/nevada/article/march-2019-medical-policies-and-clinical-utilization-management-guidelines-update-4>

Featured In:

November 2019 Anthem Provider News and Important Updates - Nevada

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.