

Medical Policy and Clinical Guidelines Updates

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The following new and revised medical policies were endorsed at the July 26, 2018 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at anthem.com/providers, scroll down and select *Find Resources for Indiana*, then from the Indiana Provider Home Page, select [Medical Policies and Clinical UM Guidelines](#).

These medical policies were converted to clinical guidelines and became effective on September 20, 2018.

New Clinical Guideline	Content Moved From Clinical Guideline and/or Medical Policy
CG-DME-45 Ultrasound Bone Growth Stimulation	Content moved from DME.00027 No change to position statement → clinical indications
CG-MED-73 Hyperbaric Oxygen Therapy (Systemic/Topical)	Content moved from MED.00005 No change to position statement → clinical indications
CG-MED-74 Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Content moved from MED.00051 No change to position statement → clinical indications
CG-MED-75 Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome	Content moved from MED.00107 No change to position statement → clinical indications
CG-MED-76 Magnetic Source Imaging and Magnetoencephalography	Content moved from RAD.00019 No change to position statement → clinical indications
CG-MED-77 SPECT/CT Fusion Imaging	Content moved from RAD.00042 No change to position statement → clinical indications
CG-REHAB-11 Cognitive	Content moved from MED.00081

Rehabilitation	Removed "Note" in Clinical Indications referring to CG-REHAB-09 Acute Inpatient Rehabilitation
CG-SURG-81 Cochlear Implants and Auditory Brainstem Implants	Content moved from SURG.00014 No change to position statement → clinical indications
CG-SURG-82 Bone-Anchored and Bone Conduction Hearing Aids	Content moved from SURG.00020 No change to position statement → clinical indications
CG-SURG-84 Mandibular/Maxillary (Orthognathic) Surgery	Content moved from SURG.00049 No change to position statement → clinical indications
CG-SURG-87 Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring	Content moved from SURG.00074 Revised title - Previous title: Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring No change to position statement → clinical indications
CG-SURG-88 Mastectomy for Gynecomastia	Content moved from SURG.00085 No change to position statement → clinical indications
CG-SURG-89 Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	Content moved from SURG.00090 No change to position statement → clinical indications
CG-TRANS-03 Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation	Content moved from TRANS.00018 No change to position statement → clinical indications

These medical policies were converted to clinical guidelines and will become effective on October 31, 2018

New Clinical Guideline	Content Moved From Clinical Guideline and/or Medical Policy
CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Content moved from SURG.00024 No change to position statement → clinical indications
CG-SURG-85 Hip Resurfacing	Content moved from SURG.00051 No change to position statement → clinical indications

CG-SURG-86 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	Content moved from SURG.00054 No change to position statement → clinical indications
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This new medical policy will be implemented on January 1, 2019.

New Medical Policy	Content
GENE.00049 Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)	MPTAC approved this new medical policy which reflects the following: The use of a circulating tumor DNA (ctDNA) test for the diagnosis or treatment of cancer is considered investigational and not medically necessary (INV&NMN) for all indications

This medical policy has been revised and will be effective January 1, 2019.

New Medical Policy	Content
ANC.00007 Cosmetic and Reconstructive Services: Skin Related	MPTAC approved revision of policy which reflects the following: • Added microneedling (also known as percutaneous collagen induction therapy or skin needling) as COS&NMN for all indications

This medical policy is archived effective September 1, 2018.

GENE.00008 - Analysis of Fecal DNA for Colorectal Cancer Screening and Surveillance

URL: <https://providernews.anthem.com/indiana/article/medical-policy-and-clinical-guidelines-updates>

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October 2018 Anthem Indiana Provider Newsletter

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