Medical Policies update

On November 13, 2014, the Medical Policy and Technology Assessment Committee (MPTAC) approved and adopted the following Medical Policies applicable to Anthem Blue Cross (Anthem). These Medical Policies were developed or revised to support clinical coding edits.

The Medical Policies were made publicly available on the Anthem provider website on the effective dates listed below. Visit [www.anthem.com/cptsearch_shared.html](http://www.anthem.com/cptsearch_shared.html) to search for specific policies. Existing precertification requirements have not changed.

<table>
<thead>
<tr>
<th>Medical Policy effective date</th>
<th>Medical Policy number</th>
<th>Medical Policy</th>
<th>Medical Policy new/revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 13, 2015</td>
<td>DME.00038</td>
<td>Static Progressive Stretch (SPS) and Patient Actuated Serial Stretch (PASS) Devices</td>
<td>New</td>
</tr>
<tr>
<td>January 1, 2015</td>
<td>DRUG.00066</td>
<td>Antihemophilic Factors and Clotting Factors</td>
<td>New</td>
</tr>
<tr>
<td>January 13, 2015</td>
<td>DRUG.00067</td>
<td>Ramucirumab (Cyramza™)</td>
<td>New</td>
</tr>
<tr>
<td>January 13, 2015</td>
<td>DRUG.00068</td>
<td>Vedolizumab (Entyvio™)</td>
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<tr>
<td>January 1, 2015</td>
<td>DRUG.00069</td>
<td>Recombinant Antihemophilic Factor, Fc Fusion Protein (Eloctate™)</td>
<td>New</td>
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<tr>
<td>January 13, 2015</td>
<td>DRUG.00070</td>
<td>Siltuximab (Sylvant™)</td>
<td>New</td>
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<tr>
<td>January 1, 2015</td>
<td>DRUG.00071</td>
<td>Pembrolizumab (Keytruda®)</td>
<td>New</td>
</tr>
<tr>
<td>January 13, 2015</td>
<td>GENE.00044</td>
<td>Analysis of PIK3CA Status</td>
<td>New</td>
</tr>
<tr>
<td>January 13, 2015</td>
<td>OR-PR.00006</td>
<td>Powered Robotic Lower Body Exoskeleton Devices</td>
<td>New</td>
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<tr>
<td>January 13, 2015</td>
<td>DME.00011</td>
<td>Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices</td>
<td>Revised</td>
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<tr>
<td>November 17, 2014</td>
<td>DRUG.00002</td>
<td>Tumor Necrosis Factor Antagonists</td>
<td>Revised</td>
</tr>
<tr>
<td>November 17, 2014</td>
<td>DRUG.00015</td>
<td>Prevention of Respiratory Syncytial Virus Infections</td>
<td>Revised</td>
</tr>
<tr>
<td>November 17, 2014</td>
<td>DRUG.00028</td>
<td>Intravitreal and Periocular Injection Treatment for Retinal Vascular Conditions</td>
<td>Revised</td>
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<tr>
<td>November 17, 2014</td>
<td>DRUG.00032</td>
<td>Intravitreal Corticosteroid Implants</td>
<td>Revised</td>
</tr>
<tr>
<td>January 13, 2015</td>
<td>DRUG.00035</td>
<td>Panitumumab (Vectibix™)</td>
<td>Revised</td>
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<tr>
<td>November 17, 2014</td>
<td>DRUG.00041</td>
<td>Rituximab (Rituxan®)</td>
<td>Revised</td>
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<tr>
<td>January 1, 2015</td>
<td>DRUG.00065</td>
<td>Recombinant Coagulation Factor IX, Fc Fusion Protein (Alprolix™)</td>
<td>Revised</td>
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<tr>
<td>January 1, 2015</td>
<td>GENE.00028</td>
<td>Genetic Testing for Colorectal Cancer Susceptibility</td>
<td>Revised</td>
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<tr>
<td>January 1, 2015</td>
<td>GENE.00029</td>
<td>Genetic Testing for Breast and/or Ovarian Cancer Syndrome</td>
<td>Revised</td>
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<tr>
<td>January 13, 2015</td>
<td>MED.00113</td>
<td>Therapeutic Apheresis</td>
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<td>January 13, 2015</td>
<td>RAD.00015</td>
<td>Proton Beam Radiation Therapy</td>
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<tr>
<td>January 13, 2015</td>
<td>SURG.00024</td>
<td>Surgery for Clinically Severe Obesity</td>
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<tr>
<td>January 13, 2015</td>
<td>SURG.00037</td>
<td>Treatment of Varicose Veins (Lower Extremities)</td>
<td>Revised</td>
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<tr>
<td>November 17, 2014</td>
<td>SURG.00064</td>
<td>Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure</td>
<td>Revised</td>
</tr>
</tbody>
</table>
Clinical Utilization Management Guidelines update

On November 13, 2014, MPTAC approved the following Clinical Utilization Management (UM) Guidelines. These Clinical Guidelines were developed or revised to support clinical coding edits. This list represents the guidelines approved and adopted by the Medical Operations Committee on December 1, 2014. *Existing precertification requirements have not changed.*

The Clinical UM Guidelines are publicly available on the Anthem Medical Policies and Clinical UM Guidelines subsidiary website. To access this site:

2. Select Providers from the top menu bar.
3. Choose California from the drop-down menu and select Enter.
4. From the blue menu on the left side, select Enter under Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements.

<table>
<thead>
<tr>
<th>Effective date</th>
<th>Clinical UM Guideline number</th>
<th>Clinical UM Guideline title</th>
<th>Guideline new/revised</th>
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<tbody>
<tr>
<td>January 1, 2015</td>
<td>CG-DRUG-33</td>
<td>Palonosetron (Aloxi®)</td>
<td>New</td>
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<tr>
<td>January 1, 2015</td>
<td>CG-DRUG-34</td>
<td>Docetaxel (Taxotere®)</td>
<td>New</td>
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<tr>
<td>January 1, 2015</td>
<td>CG-DRUG-38</td>
<td>Pemetrexed Disodium (Alimta®)</td>
<td>New</td>
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<tr>
<td>January 1, 2015</td>
<td>CG-DRUG-40</td>
<td>Bortezomib (Velcade®)</td>
<td>New</td>
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<tr>
<td>January 1, 2015</td>
<td>CG-DRUG-41</td>
<td>Zoledronic acid</td>
<td>New</td>
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<tr>
<td>January 1, 2015</td>
<td>CG-DRUG-42</td>
<td>Asparagine Specific Enzymes (Asparaginase)</td>
<td>New</td>
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<tr>
<td>January 13, 2015</td>
<td>CG-SURG-45</td>
<td>Bone Graft Substitutes</td>
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<tr>
<td>January 13, 2015</td>
<td>CG-DRUG-03</td>
<td>Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis</td>
<td>Revised</td>
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<tr>
<td>January 13, 2015</td>
<td>CG-DRUG-08</td>
<td>Enzyme Replacement Therapy for Gaucher Disease</td>
<td>Revised</td>
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<tr>
<td>January 13, 2015</td>
<td>CG-DRUG-15</td>
<td>Gonadotropin Releasing Hormone (GnRH) Analogs</td>
<td>Revised</td>
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<tr>
<td>November 17, 2014</td>
<td>CG-DRUG-19</td>
<td>Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women</td>
<td>Revised</td>
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<tr>
<td>November 17, 2014</td>
<td>CG-MED-40</td>
<td>Ambulatory Event Monitors to Detect Cardiac Arrhythmias</td>
<td>Revised</td>
</tr>
<tr>
<td>January 1, 2015</td>
<td>CG-SURG-09</td>
<td>Temporomandibular Disorders</td>
<td>Revised</td>
</tr>
</tbody>
</table>

Please share this notice with other members of your practice and office staff. For more information on this topic or questions about this provider bulletin, call one of our Medi-Cal Customer Care Centers at 1-800-407-4627 (outside L.A. County) or 1-888-285-7801 (inside L.A. County).