Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Medical Policies and *Clinical Utilization Management Guidelines* update

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* 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:
Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- ***GENE.00023 — Gene Expression Profiling of Melanomas**
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (**INV&NMN**) statement to include suspicion of melanoma
- ***GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing**
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations
- ***MED.00110— Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting**
  - Revised title
  - Added new **INV&NMN** statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- ***SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])**
  - Revised title
  - Combined the three **INV&NMN** statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the **INV&NMN** statement
- ***TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases**
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- ***CG-ANC-07 — Inpatient Interfacility Transfers**

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    - Added NMN statements regarding admission and subsequent care at the receiving facility
- ***CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities**
    - Revised title
    - Expanded Scope
    - Revised MN statement to include upper extremities
- The following **AIM Specialty Health® updates** were approved:
    - *Spine Surgery
    - *Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
    - Sleep Disorder Management Diagnostic & Treatment Guidelines
    - Advanced Imaging
        - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
        - *Imaging of the Abdomen and Pelvis
- **MCG Customization** for Repair of Pelvic Organ Prolapse (W0163) — Updated Coding Section

Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield (Anthem).

Publish date	*Medical Policy* number	*Medical Policy* title	New or revised
9/25/2019	**MED.00130**	**Surface Electromyography Devices for Seizure Monitoring**	New
8/29/2019	**DRUG.00071**	**Pembrolizumab (Keytruda®)**	Revised
8/29/2019	**DRUG.00082**	**Daratumumab (DARZALEX®)**	Revised
9/25/2019	**GENE.00010**	**Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status** *Previous title*: Genotype Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
9/25/2019	**GENE.00011**	**Gene Expression Profiling for Managing Breast Cancer Treatment**	Revised
9/25/2019	**GENE.00029**	**Genetic Testing for Breast and/or Ovarian Cancer Syndrome**	Revised

Publish date	*Medical Policy* number	*Medical Policy* title	New or revised
8/29/2019	**OR-PR.00003**	**Microprocessor Controlled Lower Limb Prosthesis**	Revised
8/29/2019	**RAD.00023**	**Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications**	Revised
9/25/2019	**SURG.00129**	**Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring**	Revised
7/30/2019	**MED.00129**	**Gene Therapy for Spinal Muscular Atrophy**	Revised

Clinical UM Guidelines

On August 22, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines adopted by the medical operations committee for Anthem members on September 26, 2019.

Publish date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	New or revised
8/29/2019	**CG-DME-47**	**Noninvasive Home Ventilator Therapy for Respiratory Failure**	New
9/25/2019	**CG-MED-84**	**Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting**	New
9/25/2019	**CG-SURG-103**	**Male Circumcision**	New
11/20/2019	**CG-GENE-12**	**PIK3CA Mutation Testing**	New
9/25/2019	**CG-GENE-02**	**Analysis of RAS Status** *Previous title*: Analysis of KRAS Status	Revised
11/20/2019	**CG-MED-39**	**Bone Mineral Density Testing Measurement** *Previous title*: Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual	Revised

Publish date	***Clinical UM Guideline* number**	***Clinical UM Guideline* title**	**New or revised**
		Energy X-Ray Absorptiometry	
9/25/2019	**CG-MED-68**	**Therapeutic Apheresis**	Revised
9/25/2019	**CG-REHAB-08**	**Private Duty Nursing in the Home Setting**	Revised
9/25/2019	**CG-SURG-52**	**Level of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services**	Revised
9/25/2019	**CG-SURG-63**	**Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure**	Revised
11/20/2019	**CG-SURG-78**	**Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies** *Previous Title*: Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies	Revised
9/25/2019	**CG-SURG-79**	**Implantable Infusion Pumps**	Revised
9/25/2019	**CG-SURG-83**	**Bariatric Surgery and Other Treatments for Clinically Severe Obesity**	Revised