

MEDICAID PROVIDER BULLETIN

March 2015

Medical policies update

On **February 5, 2015**, the Medical Policy and Technology Assessment Committee (MPTAC) approved and adopted the following medical policies applicable to Anthem Blue Cross and Blue Shield Medicaid (Anthem) health plans. These medical policies were developed or revised to support clinical coding edits.

These medical policies were made publicly available on the Anthem Medical Policy and Clinical UM Guideline website.

Visit http://www.anthem.com/cptsearch_shared.html to find specific policies. **Existing precertification requirements have not changed.**

Medical policy effective date	Medical policy number	Medical policy	Medical policy new/revised
April 7, 2015	DRUG.00072	Alpha-1 proteinase inhibitor therapy	NEW
April 7, 2015	DRUG.00073	Rilonacept (Arcalyst®)	NEW
April 7, 2015	DRUG.00074	Alemtuzumab (Lemtrada™)	NEW
April 7, 2015	GENE.00043	Genetic testing of an individual's genome for inherited diseases	NEW
April 7, 2015	MED.00115	Outpatient cardiac hemodynamic monitoring using a wireless sensor for heart failure management	NEW
April 7, 2015	MED.00116	Near-infrared spectroscopy brain screening for hematoma detection	NEW
February 9, 2015	DRUG.00064	Enteral carbidopa and levodopa intestinal gel suspension	Revised
February 9, 2015	GENE.00036	Genetic testing for hereditary pancreatitis	Revised
February 9, 2015	SURG.00136	Intraocular telescope	Revised
April 7, 2015	ADMIN.00001	Medical policy formation	Revised
April 7, 2015	GENE.00010	Genotype testing for genetic polymorphisms to determine drug-metabolizer status	Revised
April 7, 2015	GENE.00026	Cell-free fetal DNA-based prenatal screening for fetal aneuploidy	Revised
April 7, 2015	DRUG.00024	Omalizumab (Xolair®)	Revised
April 7, 2015	DRUG.00044	Belimumab (Benlysta®)	Revised
April 7, 2015	MED.00100	Diaphragmatic/phrenic nerve stimulation and diaphragm pacing systems	Revised
April 7, 2015	MED.00117	Autologous cell therapy for the treatment of damaged myocardium	Revised
April 7, 2015	SURG.00010	Treatments for urinary incontinence	Revised
April 7, 2015	SURG.00067	Percutaneous vertebroplasty, kyphoplasty and sacroplasty	Revised
April 7, 2015	SURG.00117	Sacral nerve stimulation (SNS) and percutaneous tibial nerve stimulation (PTNS) for urinary and fecal incontinence; urinary retention	Revised
April 7, 2015	SURG.00134	Interspinous process fixation devices	Revised

www.Anthem.com/KYMedicaidoc

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Medical Policies update, continued

Pending	GENE.00008	Analysis of fecal DNA for colorectal cancer screening and surveillance	Pending
Pending	SURG.00011	Allogeneic, xenographic, synthetic and composite products for wound healing and soft tissue grafting	Pending

Clinical Utilization Management Guidelines update

On **February 5, 2015**, 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 **February 23, 2015**.

Clinical UM Guidelines are publicly available on the Anthem Medical Policies and Clinical UM Guidelines website. Visit http://www.anthem.com/cptsearch_shared.html to search for specific policies.

Existing precertification requirements have not changed.

Effective date	Clinical UM guideline number	Clinical UM guideline title	Guideline new/revised
April 7, 2015	CG-DRUG-43	Natalizumab (Tysabri®)	NEW
April 7, 2015	CG-DRUG-44	Pegloticase (Krystexxa®)	NEW
April 7, 2015	CG-SURG-46	Myringotomy and Tympanostomy tube insertion	NEW
February 9, 2015	CG-ANC-04	Ambulance services: air and water	Revised
February 9, 2015	CG-DME-21	External infusion pumps for the administration of drugs in the home or residential care settings	Revised
February 9, 2015	CG-OR-PR-04	Cranial remodeling bands and helmets (cranial orthotics)	Revised
April 7, 2015	CG-BEH-07	Psychological testing	Revised
April 7, 2015	CG-DME-19	Therapeutic shoes, inserts or modifications for individuals with diabetes	Revised
April 7, 2015	CG-DME-24	Wheeled mobility devices: manual wheelchairs—standard, heavy duty, lightweight	Revised
April 7, 2015	CG-DME-31	Wheeled mobility devices: wheelchairs—powered, motorized, with or without power seating systems and Power Operated Vehicles (POVs)	Revised
April 7, 2015	CG-DME-33	Wheeled mobility devices: manual wheelchairs—ultra lightweight	Revised
April 7, 2015	CG-DRUG-07	Hepatitis C pegylated interferon antiviral therapy	Revised
April 7, 2015	CG-DRUG-14	Dihydroergotamine mesylate (DHE) injection for the treatment of migraine or cluster headaches in adults	Revised
April 7, 2015	CG-DRUG-21	Naltrexone (Vivitrol®) injections for the treatment of alcohol and opioid dependence	Revised

April 7, 2015	CG-LAB-09	Drug testing or screening in the context of substance abuse and chronic pain	Revised
April 7, 2015	CG-MED-22	Neuropsychological testing	Revised
April 7, 2015	CG-MED-32	Ancillary services for pregnancy complications	Revised
April 7, 2015	CG-MED-46	Ambulatory and inpatient video	Revised
April 7, 2015	CG-SURG-33	Lumbar fusion and lumbar artificial intervertebral disc (LAID)	Revised
April 7, 2015	CG-SURG-39	Pain management: epidural steroid injections	Revised
April 7, 2015	CG-SURG-41	Surgical strabismus correction	Revised
April 7, 2015	CG-SURG-44	Coronary angiography and cardiac catheterization in the outpatient setting	Revised

The following Medical Policies and Clinical UM guidelines have been archived on the date listed below.

Effective date	Clinical UM guideline number	Clinical UM guideline title	Guideline
April 7, 2015	GENE.00013	Diagnostic genetic testing of a potentially affected individual (adult or child)	Archived
April 7, 2015	GENE.00015	Predictive genetic testing for non-malignant diseases	Archived
April 7, 2015	CG-DRUG-32	HCV and HIV-AIDS anti-viral drug treatment regimens	Archived

What if I have questions?

If you have questions about this communication, received this fax in error or need assistance with any other items, call Provider Services at **1-855-661-2028**.