

Clinical Utilization Management Guidelines update

The *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Note, several guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

On March 22, 2018, the Medical Policy and Technology Assessment Committee approved the following *Clinical UM Guidelines* applicable to Anthem Blue Cross and Blue Shield Medicaid. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on April 19, 2018.

| Publish date | <i>Clinical UM Guideline number</i> | <i>Clinical UM Guideline title</i> | New or revised |
|---------------------|--|--|-----------------------|
| 6/22/2018 | CG-DRUG-89 | Implantable and Extended-Release Buprenorphine-Containing Products | New |
| 6/28/2018 | CG-DRUG-90 | Intravitreal Treatment for Retinal Vascular Conditions | New |
| 6/28/2018 | CG-DRUG-91 | Intravitreal Corticosteroid Implants | New |
| 6/28/2018 | CG-DRUG-92 | Alpha-1 Proteinase Inhibitor Therapy | New |
| 6/28/2018 | CG-DRUG-93 | Sarilumab (Kevzara®) | New |
| 6/28/2018 | CG-MED-69 | Inhaled Nitric Oxide | New |

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

To search for specific guidelines, visit http://www.anthem.com/cptsearch_shared.html.

<https://mediproviders.anthem.com/ky>

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