

MEDICAID PROVIDER BULLETIN

November 2017

Medical Policies update

On November 28, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Medicaid (Anthem). These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on the Anthem provider website on the effective date listed below. Visit www.anthem.com/cptsearch_shared.html to search for specific policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

<i>Medical Policy effective date</i>	<i>Medical Policy number</i>	<i>Medical Policy</i>	<i>Medical Policy (new/revised)</i>
9/29/17	DRUG.00110	Inotuzumab ozogamicin (Besponsa [®])	New
9/29/17	DRUG.00043	Tocilizumab (Actemra [®])	Revised

Clinical Utilization Management Guidelines update

On November 28, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Anthem. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on October 19, 2017.

To see the guidelines, visit www.anthem.com/cptsearch_shared.html.

On September 29, 2017, the clinical guidelines were made publicly available on the Anthem *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit www.anthem.com/cptsearch_shared.html to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

<i>Effective date</i>	<i>Clinical UM Guideline number</i>	<i>Clinical UM Guideline title</i>	<i>New/revised</i>
N/A	N/A	N/A	N/A

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

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

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