

MEDICAID PROVIDER BULLETIN

January 2018

Medical Policies update

On November 28, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* for 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. We made these *Medical Policies* publicly available on our 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 title</i>	Revised or new?
9/27/17	DRUG.00110	Inotuzumab ozogamicin (Besponsa [®])	New
9/27/17	DRUG.00043	Tocilizumab (Actemra [®])	Revised

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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