

## **Medical Policies and Clinical Utilization Management Guidelines update**

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* 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:**

- MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting was revised to add bioengineered autologous skin-derived products (for example, SkinTE) as investigational and not medically necessary.
- MED.00126 — Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders was revised to add Nasal Nitric Oxide as investigational and not medically necessary in the diagnosis and monitoring of asthma and other respiratory disorders.
- SURG.00037 — Treatment of Varicose Veins (Lower Extremities) was revised:
  - to replace “non-surgical management” with “conservative therapy” in the medically necessary criteria
  - to add sclerotherapy used in conjunction with a balloon catheter (for example, catheter-assisted vein sclerotherapy [KAWS] procedure) as investigational and not medically necessary
- TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases (Previous title: Mesenchymal Stem Cell Therapy For Orthopedic Indications)
  - Includes the revised position statement: “Mesenchymal stem cell therapy is considered investigational and not medically (INV&NMN) for the treatment of joint and ligament disorders caused by injury or degeneration as well as autoimmune, inflammatory and degenerative diseases”
  - Expands the document’s scope to address non-FDA approved uses of mesenchymal stem cell therapy
- The following AIM Specialty Health® updates took effect on January 24, 2019:
  - Advanced Imaging
    - Imaging of the Heart
    - Imaging of the Head and Neck
  - Arterial Ultrasound
  - Joint Surgery
  - Sleep Disorder Management Diagnostic and Treatment

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

**Medical Policies**

On January 24, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem).

| <b>Publish Date</b> | <b>Medical Policy Number</b> | <b>Medical Policy Title</b>   | <b>New or Revised</b> |
|---------------------|------------------------------|---|-----------------------|
| 1/31/2019           | DRUG.00071                   | Pembrolizumab (Keytruda®)   | Revised               |
| 1/31/2019           | DRUG.00088                   | Atezolizumab (Tecentriq®)   | Revised               |
| 2/27/2019           | LAB.00036                    | Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus   | New                   |
| 2/27/2019           | MED.00110*                   | Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting   | Revised               |
| 2/27/2019           | MED.00126*                   | Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders  | Revised               |
| 1/31/2019           | OR-PR.00003                  | Microprocessor Controlled Lower Limb Prosthesis   | Revised               |
| 2/27/2019           | SURG.00011                   | Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting  | Revised               |
| 2/27/2019           | SURG.00037*                  | Treatment of Varicose Veins (Lower Extremities)   | Revised               |
| 2/27/2019           | TRANS.00035*                 | Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases<br><br>Previous title: Mesenchymal Stem Cell Therapy For Orthopedic Indications | Revised               |

**Clinical UM Guidelines**

On January 24, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Anthem members on March, 28, 2019.

| <b>Publish Date</b> | <b>Clinical UM Guideline number</b> | <b>Clinical UM Guideline title</b>   | <b>New or Revised</b> |
|---------------------|-------------------------------------|--|-----------------------|
| 1/31/2019           | CG-ANC-07                           | Inpatient Interfacility Transfers  | New                   |
| 1/31/2019           | CG-DRUG-50                          | Paclitaxel, protein-bound (Abraxane®)  | Revised               |
| 1/31/2019           | CG-DRUG-99                          | Elotuzumab (Empliciti™)  | Revised               |
| 2/27/2019           | CG-DRUG-106                         | Brentuximab Vedotin (Adcetris®)  | Revised               |
| 2/27/2019           | CG-GENE-05                          | Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)  | New                   |
| 1/31/2019           | CG-LAB-09                           | Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain                                      | Revised               |
| 2/27/2019           | CG-MED-73                           | Hyperbaric Oxygen Therapy (Systemic/Topical)   | Revised               |
| 1/31/2019           | CG-REHAB-02                         | Outpatient Cardiac Rehabilitation  | Revised               |
| 1/31/2019           | CG-SURG-27                          | Sex Reassignment Surgery   | Revised               |
| 2/27/2019           | CG-SURG-77                          | Refractive Surgery   | Revised               |
| 1/31/2019           | CG-SURG-83                          | Bariatric Surgery and Other Treatments for Clinically Severe Obesity   | Revised               |
| 2/27/2019           | CG-SURG-92                          | Paraesophageal Hernia Repair   | New                   |
| 2/27/2019           | CG-SURG-93                          | Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction                            | New                   |
| 3/21/2019           | CG-SURG-94                          | Keratoprosthesis   | New                   |
| 3/21/2019           | CG-SURG-95                          | Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention | New                   |
| 3/21/2019           | CG-SURG-96                          | Intraocular Telescope  | New                   |

\* Criteria may be perceived to be more restrictive.