

December 2018

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed 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 search for specific policies or guidelines, visit
http://www.anthem.com/cptsearch_shared.html.

Medical Policies

On September 13, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem).

Publish date	Medical Policy number	Medical Policy title	New or revised
10/17/2018	MED.00125	Biofeedback and Neurofeedback	New
10/17/2018	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised

Clinical UM Guidelines

On September 13, 2018, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on September 27, 2018.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or Revised
10/17/2018	CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs	New
10/17/2018	CG-SURG-90	Mohs Micrographic Surgery	New
9/20/2018	CG-DRUG-94	Rituximab (Rituxan [®]) for Non-Oncologic Indications	Revised
10/17/2018	CG-DRUG-107	Pharmacotherapy for Hereditary Angioedema	Revised
9/20/2018	CG-SURG-40	Cataract Removal Surgery for Adults	Revised

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