

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 <https://www11.anthem.com/search.html>.

Updates:

- CG-BEH-01 — Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome was revised to add tests for metabolic markers in the blood, urine, tissue or other biologic materials (also known as metabolomics), including but not limited to Amino Acid Dysregulation Metabotype testing as not medically necessary.
- The following AIM Specialty Health® updates took effect on November 21, 2018:
 - Musculoskeletal interventional pain management
 - Spine surgery
 - Radiology
- The following customizations to MCG Care Guidelines (22nd Edition) went into effect on January 16, 2019:
 - *Behavioral Health Level of Care Guidelines*
 - *Inpatient and Surgical Care Care Guidelines* — neonatology, orthopedics, thoracic surgery and pulmonary disease
- Customizations to the MCG Care Guidelines (23rd Edition) take effect on May 24, 2019.
- The InterQual 2019 version release takes effect on May 1, 2019.

Medical Policies

On November 21, 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 # | Medical Policy title | New or revised |
|---------------------|-------------------------|--|-----------------------|
| 12/12/2018 | MED.00126 | Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders | New |
| 12/12/2018 | DRUG.00090 | Bezlotoxumab (ZINPLAVA™) | Revised |
| 11/15/2018 | MED.00109 | Corneal Collagen Cross-Linking | Revised |
| 12/12/2018 | TRANS.00024 | Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome | Revised |
| 11/15/2018 | SURG.00120 | Internal Rib Fixation Systems | Revised |

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

| Publish date | Medical Policy # | Medical Policy title | New or revised |
|---------------------|-------------------------|---|-----------------------|
| 12/12/2018 | SURG.00103 | Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir) | Revised |
| 11/15/2018 | DRUG.00046 | Ipilimumab (Yervoy®) | Revised |
| 11/15/2018 | DRUG.00075 | Nivolumab (Opdivo®) | Revised |
| 12/12/2018 | DRUG.00062 | Obinutuzumab (Gazyva®) | Revised |
| 11/15/2018 | DRUG.00071 | Pembrolizumab (Keytruda®) | Revised |
| 12/12/2018 | SURG.00121 | Transcatheter Heart Valve Procedures | Revised |

Clinical UM Guidelines

On November 21, 2018, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Nevada Medicaid members on January 3, 2019.

| Publish date | Clinical UM Guideline # | Clinical UM Guideline title | New or revised |
|---------------------|--------------------------------|--|-----------------------|
| 11/15/2018 | CG-DRUG-88 | Dupilumab (Dupixent®) | Revised |
| 12/12/2018 | CG-BEH-01 | Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome | Revised |
| 12/12/2018 | CG-DRUG-107 | Pharmacotherapy for Hereditary Angioedema | Revised |
| 12/12/2018 | CG-DRUG-63 | Levoleucovorin Products <i>Previously title: Levoleucovorin Calcium (Fusilev®)</i> | Revised |
| 12/12/2018 | CG-DRUG-65 | Tumor Necrosis Factor Antagonists | Revised |
| 12/12/2018 | CG-DRUG-78 | Antihemophilic Factors and Clotting Factors | Revised |
| 12/12/2018 | CG-GENE-01 | Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays <i>Previous title: Janus Kinase 2 (JAK2) V617F Gene Mutation Assay</i> | Revised |
| 12/12/2018 | CG-GENE-03 | BRAF Mutation Analysis | Revised |
| 12/12/2018 | CG-LAB-14 | Respiratory Viral Panel Testing in the Outpatient Setting | New |
| 12/12/2018 | CG-MED-78 | Anesthesia Services for Interventional Pain Management Procedures | New |
| 12/12/2018 | CG-SURG-27 | Sex Reassignment Surgery | Revised |
| 12/12/2018 | CG-SURG-60 | Cervical Total Disc Arthroplasty | Revised |
| 12/12/2018 | CG-SURG-91 | Minimally Invasive Ablative Procedures for Epilepsy | New |
| 12/12/2018 | CG-THER-RAD-03 | Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy | Revised |
| 1/3/2019 | CG-MED-79 | Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems | New |
| 1/3/2019 | CG-MED-80 | Positron Emission Tomography (PET) and PET/CT Fusion | New |