

April 2018

## Medical Policies update

On November 21, 2017, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* for Anthem Blue Cross and Blue Shield Healthcare Solutions (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](http://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>                    | <b>Revised or new?</b> |
|--------------------------------------|------------------------------|--|------------------------|
| 9/27/17                              | DRUG.00110                   | Inotuzumab ozogamicin (Besponsa <sup>®</sup> ) | New                    |
| 9/27/17                              | MED.00124                    | Tisagenlecleucel (Kymriah <sup>™</sup> )       | New                    |
| 9/27/17                              | DRUG.00043                   | Tocilizumab (Actemra <sup>®</sup> )            | Revised                |

## Clinical Utilization Management Guidelines update

On November 21, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* for Anthem. These guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing.

The *Clinical UM Guidelines* on this list represent those adopted by the medical operations committee for the Government Business Division on October 19, 2017. We made these guidelines publicly available on the [Medical Policy and Clinical UM Guideline website](#) on the effective date listed below.

Visit [www.anthem.com/cptsearch\\_shared.html](http://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.

| <b>Effective date</b> | <i>Clinical UM Guideline number</i> | <i>Clinical UM Guideline title</i>   | <b>Revised or new?</b> |
|-----------------------|-------------------------------------|--|------------------------|
| 9/27/17               | CG-LAB-11                           | Screening for Vitamin D Deficiency in Average Risk Individuals   | New                    |
| 9/27/17               | CG-MED-59                           | Upper Gastrointestinal Endoscopy for Diagnosis, Screening or Surveillance  | New                    |
| 9/27/17               | CG-SURG-59                          | Vena Cava Filter   | New                    |
| 9/27/17               | CG-DME-31                           | Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs) | Revised                |

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