



Coverage Guidelines and Clinical Utilization Management Guidelines update

The *Coverage Guidelines, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below, which are applicable to Anthem HealthKeepers Plus members, 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>.

Updates:

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

- ***SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)**
 - Revised scope of document to only address benign prostatic hyperplasia (BPH)
 - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less than 30 mL"
 - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
 - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
 - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- ***SURG.00037 - Treatment of Varicose Veins (Lower Extremities)**
 - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
 - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
 - Added limits to retreatment to the medically necessary criteria for all procedures
- ***SURG.00047 - Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis**
 - Expanded scope to include gastroparesis
 - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- ***SURG.00097 - Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents**
 - Expanded scope of document to include vertebral body tethering
 - Added vertebral body tethering as investigational and not medically necessary

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

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- ***CG-LAB-14 - Respiratory Viral Panel Testing in the Outpatient Setting**
 - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving 5 targets or less when criteria are met
 - Added RVP testing in the outpatient setting using large panels involving 6 or more targets as not medically necessary
- ***CG-MED-68 - Therapeutic Apheresis**
 - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following **AIM Specialty Clinical Appropriateness Guidelines** have been approved, to view an AIM guideline, visit the [AIM Specialty Health®** page](#):
 - *Joint Surgery
 - *Advanced Imaging—Vascular Imaging

Coverage Guidelines

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Coverage Guidelines* applicable to Anthem HealthKeepers Plus members.

| Publish Date | Medical Policy # | Medical Policy Title | New or Revised |
|---------------------|-------------------------|--|-----------------------|
| 12/18/2019 | ADMIN.00001 | Medical Policy Formation | Revised |
| 11/12/2019 | ANC.00009 | Cosmetic and Reconstructive Services of the Trunk and Groin | Revised |
| 11/12/2019 | BEH.00002 | Transcranial Magnetic Stimulation | Revised |
| 02/05/2020 | GENE.00025 | Proteogenomic Testing for the Evaluation of Malignancies Previous title: Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies | Revised |
| 02/05/2020 | GENE.00052 | Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling | New |
| 12/18/2019 | MED.00110 | Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting | Revised |
| 02/05/2020 | MED.00117 | Autologous Cell Therapy for the Treatment of Damaged Myocardium | Revised |
| 11/12/2019 | MED.00124 | Tisagenlecleucel (Kymriah®) | Revised |
| 12/18/2019 | SURG.00011 | Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting | Revised |
| 11/12/2019 | SURG.00023 | Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures | Revised |
| 12/18/2019 | *SURG.00028 | Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) Previous title: Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions | Revised |

| Publish Date | Medical Policy # | Medical Policy Title | New or Revised |
|---------------------|-------------------------|---|-----------------------|
| 12/18/2019 | SURG.00032 | Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention | Revised |
| 12/18/2019 | *SURG.00037 | Treatment of Varicose Veins (Lower Extremities) | Revised |
| 12/18/2019 | *SURG.00047 | Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis Previous title: Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia | Revised |
| 12/18/2019 | *SURG.00097 | Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents Previous title: Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents | Revised |
| 12/18/2019 | SURG.00127 | Sacroiliac Joint Fusion | Revised |
| 11/12/2019 | SURG.00145 | Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts) | Revised |
| 12/18/2019 | TRANS.00033 | Heart Transplantation | Revised |

Clinical UM Guidelines

On November 7, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem HealthKeepers Plus members. These guidelines adopted by the medical operations committee for Anthem HealthKeepers Plus members on November 25, 2019.

| Publish Date | Clinical UM Guideline # | Clinical UM Guideline Title | New or Revised |
|---------------------|--------------------------------|--|-----------------------|
| 12/18/2019 | CG-ANC-04 | Ambulance Services: Air and Water | Revised |
| 12/18/2019 | CG-BEH-01 | Assessment of Autism Spectrum Disorders and Rett Syndrome Previous title: Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome | Revised |
| 12/18/2019 | CG-BEH-02 | Adaptive Behavioral Treatment for Autism Spectrum Disorder | Revised |
| 12/18/2019 | CG-GENE-12 | PIK3CA Mutation Testing for Malignant Conditions Previous title: PIK3CA Mutation Testing | Revised |
| 2/5/2020 | CG-GENE-13 | Genetic Testing for Inherited Diseases | New |
| 2/5/2020 | CG-GENE-14 | Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management | New |
| 2/5/2020 | CG-GENE-15 | Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis | New |
| 2/5/2020 | CG-GENE-16 | BRCA Testing for Breast and/or Ovarian Cancer Syndrome | New |
| 2/5/2020 | CG-GENE-17 | RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility | New |
| 2/5/2020 | CG-GENE-18 | Genetic Testing for TP53 Mutations | New |
| 2/5/2020 | CG-GENE-19 | Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers | New |
| 2/5/2020 | CG-GENE-20 | Epidermal Growth Factor Receptor (EGFR) Testing | New |

| Publish Date | Clinical UM Guideline # | Clinical UM Guideline Title | New or Revised |
|---------------------|--------------------------------|---|-----------------------|
| 12/18/2019 | *CG-LAB-14 | Respiratory Viral Panel Testing in the Outpatient Setting | Revised |
| 12/18/2019 | CG-MED-42 | Maternity Ultrasound in the Outpatient Setting | Revised |
| 12/18/2019 | *CG-MED-68 | Therapeutic Apheresis | Revised |
| 12/18/2019 | CG-MED-71 | Chronic Wound Care in the Home or Outpatient Setting Previous title: Wound Care in the Home Setting | Revised |
| 12/18/2019 | CG-MED-84 | Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting | Revised |
| 12/18/2019 | CG-MED-85 | Posterior Segment Optical Coherence Tomography | New |
| 12/18/2019 | CG-MED-86 | Enhanced External Counterpulsation in the Outpatient Setting | New |
| 2/5/2020 | CG-MED-87 | Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications | New |
| 12/18/2019 | CG-REHAB-02 | Outpatient Cardiac Rehabilitation | Revised |
| 12/18/2019 | CG-SURG-27 | Gender Reassignment Surgery Previous title: Sex Reassignment Surgery | Revised |
| 12/18/2019 | CG-SURG-61 | Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver Previous title: Cryosurgical Ablation of Solid Tumors Outside the Liver | Revised |
| 12/18/2019 | CG-SURG-92 | Paraesophageal Hernia Repair | Revised |
| 12/18/2019 | CG-SURG-104 | Intraoperative Neurophysiological Monitoring | New |
| 2/5/2020 | CG-SURG-105 | Corneal Collagen Cross-Linking | New |
| 2/5/2020 | CG-SURG-106 | Venous Angioplasty with or without Stent Placement or Venous Stenting Alone | New |