

## New or Revised Coverage Guidelines Implemented for Anthem HealthKeepers Plus Members

On **February 13, 2014**, the WellPoint Medical Policy and Technology Assessment Committee (MPTAC) approved the following Anthem HealthKeepers Plus coverage guidelines. These guidelines were developed or revised to support clinical coding edits. On **April 15, 2014** the coverage guidelines were made publicly available on the Anthem provider website. These changes are effective immediately.

Please see the chart below for a partial list of our new or revised coverage guidelines, including coding changes. The new guidelines are listed in **boldface**. You can find the remainder of this list on our website at [www.anthem.com](http://www.anthem.com).

HealthKeepers, Inc. continuously updates and adds coverage guidelines in an effort to stay current with ever-changing medical practices and new technologies. Coverage guidelines, however, do not constitute plan authorization, nor is it an explanation of benefits.

All coverage that HealthKeepers, Inc. provides or administers for its Medicaid members excludes services or supplies that are investigational or not medically necessary.

To learn more about our coverage guidelines, please visit our website at [www.anthem.com](http://www.anthem.com). Under **OTHER ANTHEM WEBSITES**, select **Providers**. Select **Virginia** and click **Enter**. On the following **Provider Home** page, in the middle blue box on the left, click **Enter** under **Coverage & Clinical UM Guidelines, and Pre-Cert Requirements**.

Coverage Guideline Number	Coverage Guideline Title	Coverage Guideline Change (New/Revised)
<b>GENE.00034</b>	<b>SensiGene® Fetal RhD Genotyping Test</b>	<b>New Medical Policy</b>
<b>GENE.00035</b>	<b>Genetic Testing for TP53 Mutations (Li-Fraumeni Syndrome)</b>	<b>New Medical Policy</b>
<b>SURG.00138</b>	<b>Laser Treatment of Onychomycosis</b>	<b>New Medical Policy</b>
DRUG.00013	Administration of Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion	Revised
GENE.00007	Cardiac Ion Channel Genetic Testing	Revised
GENE.00012	Preconceptional or Prenatal Genetic Testing of a Parent or Prospective Parent	Revised
GENE.00013	Diagnostic Genetic Testing of a Potentially Affected Individual (Adult or Child)	Revised
LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	Revised
LAB.00030	Measurement of Serum Concentrations of Tumor Necrosis Factor Antagonist Drugs and Antibodies to Anti-Tumor Necrosis Factor Antagonist Drugs	Revised
MED.00110	Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting (without	Revised

Coverage Guideline Number	Coverage Guideline Title	Coverage Guideline Change (New/Revised)
	extraocular reservoir)	
SURG.00001	Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty	Revised
SURG.00028	Implantable Cardioverter-Defibrillator (ICD)	Revised
SURG.00108	Endothelial Keratoplasty	Revised
SURG.00109	Surgical Treatment of Femoroacetabular Impingement Syndrome	Revised

**For More Information**

For more information on this topic, please contact your Provider Services team at 1-800-901-0200.