



September 2015

Medical policies and Clinical Utilization Management Guidelines update

Medical policies update

On **August 6, 2015**, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies applicable to Anthem Blue Cross and Blue Shield (Anthem). These medical 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.

The medical policies were made publicly available on the Anthem provider website on the effective date listed below. Visit 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.

| Medical policy effective date | Medical policy number | Medical policy | Medical policy (new/revised) |
|-------------------------------|-----------------------|--|------------------------------|
| 10/06/15 | DRUG.00077 | Secukinumab (Cosentyx™) | New |
| 08/10/15 | DRUG.00078 | Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors | New |
| 10/06/15 | SURG.00141 | Doppler-Guided Transanal Hemorrhoidal Dearterialization | New |
| 08/10/15 | DRUG.00046 | Ipilimumab (Yervoy™) | Revised |
| 08/10/15 | DRUG.00075 | Nivolumab (Opdivo®) | Revised |
| 08/10/15 | GENE.00010 | Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status | Revised |
| 08/10/15 | GENE.00026 | Cell-Free Fetal DNA-Based Prenatal Screening for Fetal Aneuploidy | Revised |
| 10/06/15 | MED.00064 | Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation) | Revised |
| 08/10/15 | SURG.00055 | Cervical Total Disc Arthroplasty | Revised |
| 08/10/15 | SURG.00098 | Mechanical Embolectomy for Treatment of Acute Stroke | Revised |

www.anthem.com/wimedicaidoc

In Eastern Wisconsin, Anthem Blue Cross and Blue Shield is the trade name of CompCare Health Services Insurance Corporation (for its insurance policies offered through the BadgerCare Plus and Medicaid SSI programs), an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Clinical Utilization Management Guidelines update

On **August 6, 2015**, MPTAC approved the following Clinical Utilization Management (UM) Guidelines. These clinical 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. This list represents the guidelines adopted by the Medical Operations Committee for the Government Business Division on **August 18, 2015**.

On **August 6, 2015**, the clinical guidelines were made publicly available on the Anthem Medical Policies and Clinical UM Guidelines subsidiary website. Visit www.anthem.com/cptsearch_shared.html to search for specific policies. Existing precertification requirements have not changed.

| Effective date | Clinical UM guideline number | Clinical UM guideline title | Revised or new |
|----------------|------------------------------|---|----------------|
| 10/06/15 | CG-DRUG-47 | Level of Care: Specialty Pharmaceuticals | New |
| 10/06/15 | CG-MED-51 | Three-Dimensional (3-D) Rendering of Imaging Studies | New |
| 10/06/15 | CG-MED-52 | Allergy Immunotherapy (Subcutaneous) | New |
| 09/25/15 | CG-SURG-48 | Elective Percutaneous Coronary Interventions (PCI) | New |
| 09/25/15 | CG-SURG-49 | Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities | New |
| 10/06/15 | CG-SURG-50 | Assistant Surgeons | New |
| 10/06/15 | CG-SURG-51 | Outpatient Cystourethroscopy | New |
| 10/06/15 | CG-BEH-02 | Adaptive Behavioral Treatment for Autism Spectrum Disorder | Revised |
| 08/10/15 | CG-DME-36 | Pediatric Gait Trainers | Revised |
| 08/10/15 | CG-SURG-07 | Vertical Expandable Prosthetic Titanium Rib (VEPTR) | Revised |
| 08/10/15 | CG-SURG-12 | Penile Prosthesis Implantation | Revised |
| 10/06/15 | CG-SURG-27 | Gender Reassignment Surgery | Revised |
| 08/10/15 | CG-SURG-44 | Coronary Angiography and Cardiac Catheterization in the Outpatient Setting | Revised |
| 08/10/15 | CG-SURG-46 | Myringotomy and Tympanostomy Tube Insertion | Revised |
| 10/06/15 | CG-SURG-47 | Surgical Interventions for Scoliosis and Spinal Deformity | Revised |