

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 (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://medproviders.anthem.com/wi>

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 BadgerCare Plus 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:</i> Levoleucovorin Calcium (Fusilev [®])	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:</i> Janus Kinase 2 (JAK2) V617F Gene Mutation Assay	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