

October 2017

## **Medical Policies and Clinical Utilization Management Guidelines update**

### **Medical Policies update**

On August 3, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield (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.

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](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.

**Note:** CG-DRUG-29 Hyaluronan Injections in the Knee will be implemented as investigational and not medically necessary on December 1, 2017. RAD.00035 will be archived effective September 15, 2017. CG-MED-58 will be effective September 15, 2017.

<b>Effective date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
8/17/2017	DRUG.00111	Guselkumab (Tremfya™)	New
9/27/2017	LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	New
8/17/2017	DRUG.00040	Abatacept (Orencia®)	Revised
8/17/2017	DRUG.00058	Pharmacotherapy for Hereditary Angioedema	Revised
8/17/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
8/17/2017	DRUG.00082	Daratumumab (DARZALEX™)	Revised
8/17/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	Revised
8/17/2017	DRUG.00107	Avelumab (Bavencio®)	Revised
8/17/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
8/17/2017	MED.00051	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Revised
8/17/2017	MED.00081	Cognitive Rehabilitation	Revised

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

**<https://medproviders.anthem.com/wi>**

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<b>Effective date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
8/17/2017	RAD.00035	Coronary Artery Imaging: Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA), Fractional Flow Reserve derived from Computed Tomography (FFRCT), Coronary Magnetic Resonance Angiography (MRA), and Cardiac Magnetic Resonance Imaging (MRI)	Revised
8/17/2017	RAD.00066	Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy	Revised
8/17/2017	SURG.00055	Cervical Total Disc Arthroplasty	Revised
8/17/2017	SURG.00121	Transcatheter Heart Valve Procedures	Revised

**Clinical Utilization Management Guidelines update**

On August 3, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Anthem. 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 following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on August 24, 2017.

On August 3, 2017, 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](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>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
9/27/2017	CG-ADMIN-02	Clinically Equivalent Cost Effective Services – Targeted Immune Modulators	New
9/27/2017	CG-MED-57	Cardiac Stress Testing with Electrocardiogram (ECG)	New
8/17/2017	CG-ANC-06	Ambulance Services: Ground; Non-Emergent	Revised
8/17/2017	CG-SURG-27	Sex Reassignment Surgery	Revised