

## Coverage guidelines effective April 1, 2021

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Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement the following new and revised coverage guidelines effective **April 1, 2021**. These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), Medicare Advantage, the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). Furthermore, the guidelines were among those recently approved at the Medical Policy and Technology Assessment Committee meeting held on November 5, 2020.

The services addressed in these coverage guidelines here and in the attachment under "Article Attachments" on the right will require authorization for all of our HealthKeepers, Inc. products with the exception of Anthem HealthKeepers Plus (Medicaid), Medicare Advantage, and the Anthem CCC Plus plan. Please note that FEP is excluded from these requirements as well. A pre-determination can be requested for our PPO products.

If applicable, services related to specialty pharmacy drugs (non-cancer related) require a medical necessity review, which includes site of care criteria, as outlined in the applicable coverage or clinical UM guideline.

The guidelines addressed in this edition of *Provider News* are:

- Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices (DME.00011)

### Article Attachments

[Coverage guidelines effective April 1, 2021.pdf](#)

application/pdf - 148.35 KB

- Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease (GENE.00003)
- Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity (GENE.00055)
- Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS) (LAB.00037)
- Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele (SURG.00062)
- Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain (SURG.00158)
- Molecular Marker Evaluation of Thyroid Nodules (CG-GENE-04)
- Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention (CG-SURG-95)

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