

# **WISCONSIN**Provider Communications

# June 2019 Medical Policies and Clinical Utilization Management Guidelines update

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The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. **Please note:** The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit the provider website at www.anthem.com/medicareprovider.

## Notes/updates

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive:

- DME.00037 added devices that combine cooling and vibration to the investigational and not medically necessary statement
- LAB.00027 added Mediator Release Test to investigational and not medically necessary statement
- LAB.00033 clarified investigational and not medically necessary statement to include 4K score and AR-V7
- OR-PR.00003:
  - Clarified medically necessary position statement criteria 2 through 4
  - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered investigational and not medically necessary for all indications
- SURG.00011:

- Added new medically necessary and investigational and not medically necessary statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
- Added new products to investigational and not medically necessary statement
- SURG.00045:
  - Added erectile dysfunction, Peyronie's disease and wound repair to the investigational and not medically necessary statement
  - Revised title
- SURG.00121 added investigational and not medically necessary statement to address use of transcatheter tricuspid valve repair or replacement for all indications

The following AIM Specialty Health® updates were approved on June 6, 2019:

- Advanced imaging:
  - Imaging of the heart
  - Oncologic imaging
  - Vascular imaging
  - Proton beam therapy
  - Rehabilitative therapies physical therapy, occupational therapy and speech therapy (new)

#### **Medical Policies**

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield (Anthem).

| Medical      |                                     | New or   |
|--------------|-------------------------------------|--|
| Policy       | Medical Policy title                | revised  |
| MED 00130    | Gene Therapy for Spinal Muscular    | New  |
| MED.00129    | Atrophy                             | INEW   |
| CENE 00030   | Genetic Testing for Breast and/or   | Revised  |
| GENE.00029   | Ovarian Cancer Syndrome             | Reviseu  |
| * SURG.00011 | Allogeneic, Xenographic, Synthetic, | Revised  |
|              | <b>Policy</b> MED.00129 GENE.00029  | MED.00129  Medical Policy title  Gene Therapy for Spinal Muscular Atrophy  GENE.00029  Genetic Testing for Breast and/or Ovarian Cancer Syndrome |

|                |              | and Composite Products for Wound     |          |
|----------------|--------------|--------------------------------------|----------|
|                |              | Healing and Soft Tissue Grafting     |          |
|                |              | Breast Procedures; including         |          |
| June 13, 2019  | SURG.00023   | Reconstructive Surgery, Implants and | Revised  |
|                |              | Other Breast Procedures              |          |
|                |              | Surgical and Minimally Invasive      |          |
| June 13, 2019  | SURG.00028   | Treatments for Benign Prostatic      | Revised  |
| Julie 13, 2019 | SURG.00028   | Hyperplasia (BPH) and Other          | Reviseu  |
|                |              | Genitourinary Conditions             |          |
|                |              | Molecular Profiling and              |          |
|                |              | Proteogenomic Testing for the        |          |
| June 27, 2019  | GENE.00025   | Evaluation of Malignancies Previous  | Revised  |
| Julie 27, 2019 | GENE.00025   | title: Molecular Profiling and       | Reviseu  |
|                |              | Proteogenomic Testing for the        |          |
|                |              | Evaluation of Malignant Tumors       |          |
| June 27, 2019  | DRUG.00046   | Ipilimumab (Yervoy®)                 | Revised  |
| June 27, 2019  | DRUG.00053   | Carfilzomib (Kyprolis®)              | Revised  |
| June 27, 2019  | DRUG.00062   | Obinutuzumab (Gazyva®)               | Revised  |
| June 27, 2019  | DRUG.00067   | Ramucirumab (Cyramza®)               | Revised  |
| June 27, 2019  | DRUG.00071   | Pembrolizumab (Keytruda®)            | Revised  |
| June 27, 2019  | DRUG.00075   | Nivolumab (Opdivo®)                  | Revised  |
| June 27, 2019  | DRUG.00107   | Avelumab (Bavencio®)                 | Revised  |
| June 27, 2019  | GENE.00044   | Analysis of PIK3CA Status in Tumor   | Revised  |
|                |              | Cells                                | rcviscu  |
| June 27, 2019  | * SURG.00121 | Transcatheter Heart Valve            | Revised  |
| 04110 21, 2010 |              | Procedures                           | TCVISCU  |
| June 27, 2019  | GENE.00001   | Genetic Testing for Cancer           | Revised  |
|                |              | Susceptibility                       | INCVISEU |
| June 27, 2019  | GENE.00043   | Genetic Testing of an Individual's   | Revised  |
|                |              | Genome for Inherited Diseases        |          |
| June 27, 2019  | LAB.00011    | Analysis of Proteomic Patterns       | Revised  |
|                |              | Detection of Circulating Tumor Cells |          |
| June 27, 2019  | LAB.00015    | in the Blood as a Prognostic Factor  | Revised  |
|                |              | for Cancer                           |          |
|                |              | Bronchial Gene Expression            |          |
| July 10, 2019  | GENE.00051   | Classification for the Diagnostic    | New      |
|                |              | Evaluation of Lung Cancer            |          |
| July 10, 2019  | SURG.00153   | Cardiac Contractility Modulation     | New      |
| July 10, 2010  | 331.3.00133  | Therapy                              | 14000    |
|                |              |                                      | Revised  |

|                   |               | Cooling/Heating Devices              |         |
|-------------------|---------------|--------------------------------------|---------|
|                   |               | Static Progressive Stretch (SPS) and |         |
| July 10, 2019     | DME.00038     | Patient-Actuated Serial Stretch      | Revised |
|                   |               | (PASS) Devices                       |         |
| July 10, 2010     | GENE.00011    | Gene Expression Profiling for        | Revised |
| July 10, 2019     |               | Managing Breast Cancer Treatment     |         |
| July 10, 2019     | * I AD 00007  | Selected Blood, Serum and Cellular   | Revised |
| July 10, 2019     | * LAB.00027   | Allergy and Toxicity Tests           | Reviseu |
|                   |               | Protein Biomarkers for the           |         |
| July 10, 2019     | * LAB.00033   | Screening, Detection and             | Revised |
|                   |               | Management of Prostate Cancer        |         |
| July 10, 2019     | MED.00109     | Corneal Collagen Cross-Linking       | Revised |
| July 10, 2010     | * OR-PR.00003 | Microprocessor Controlled Lower      | Revised |
| July 10, 2019     |               | Limb Prosthesis                      |         |
| July 10, 2019     | SURG.00005    | Partial Left Ventriculectomy         | Revised |
|                   |               | Extracorporeal Shock Wave Therapy    |         |
| July 10, 2019     | * SURG.00045  | Previous Title: Extracorporeal Shock | Revised |
| July 10, 2019     |               | Wave Therapy for Orthopedic          |         |
|                   |               | Conditions                           |         |
| July 10, 2019     | SURG.00120    | Internal Rib Fixation Systems        | Revised |
|                   |               | Genotype Panel Testing for Genetic   |         |
| September 4, 2019 | GENE.00010    | Polymorphisms to Determine Drug-     | Revised |
|                   |               | Metabolizer Status Previous title:   |         |
|                   |               | Genotype Testing for Genetic         |         |
|                   |               | Polymorphisms to Determine Drug-     |         |
|                   |               | Metabolizer Status                   |         |

## **Clinical UM Guidelines**

On June 6, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the Medical Operations Committee for Medicare Advantage members on July 5, 2019.

| Publish date  | Clinical UM<br>Guideline # | Clinical UM Guideline title   | New or revised |
|---------------|----------------------------|---|----------------|
| June 27, 2019 | CG-SURG-97                 | Cardioverter Defibrillators   | New            |
| June 27, 2019 | CG-DRUG-98                 | Bendamustine Hydrochloride  | Revised        |
| June 27, 2019 | CG-LAB-09                  | Drug Testing or Screening in the<br>Context of Substance Use Disorder<br>and Chronic Pain | Revised        |
| June 27, 2019 | CG-LAB-14                  | Respiratory Viral Panel Testing in the  | Revised        |

|               |             | Outpatient Setting  |         |
|---------------|-------------|---|---------|
| July 10, 2019 | CG-SURG-100 | Laser Trabeculoplasty and Laser<br>Peripheral Iridotomy   | New     |
| July 10, 2019 | CG-ADMIN-01 | Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists   | Revised |
| July 10, 2019 | CG-ANC-06   | Ambulance Services: Ground; Non-<br>Emergent  | Revised |
| July 10, 2019 | CG-DME-03   | Neuromuscular Stimulation in the<br>Treatment of Muscle Atrophy   | Revised |
| July 10, 2019 | CG-DME-07   | Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output Previous title: Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD) | Revised |
| July 10, 2019 | CG-DME-08   | Infant Home Apnea Monitors  | Revised |
| July 10, 2019 | CG-DME-39   | Dynamic Low-Load Prolonged-<br>Duration Stretch Devices   | Revised |
| July 10, 2019 | CG-DME-42   | Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices   | Revised |
| July 10, 2019 | CG-DME-45   | Ultrasound Bone Growth Stimulation  | Revised |
| July 10, 2019 | CG-MED-41   | Moderate to Deep Anesthesia<br>Services for Dental Surgery in the<br>Facility Setting   | Revised |
| July 10, 2019 | CG-MED-49   | Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders   | Revised |
| July 10, 2019 | CG-MED-57   | Cardiac Stress Testing with<br>Electrocardiogram  | Revised |
| July 10, 2019 | CG-MED-59   | Upper Gastrointestinal Endoscopy in Adults  | Revised |
| July 10, 2019 | CG-SURG-11  | Surgical Treatment for Dupuytren's Contracture  | Revised |
| July 10, 2019 | CG-SURG-17  | Trigger Point Injections  | Revised |
| July 10, 2019 | CG-SURG-35  | Intracytoplasmic Sperm Injection  | Revised |

|                   |             | (ICSI)                                 |         |
|-------------------|-------------|--|---------|
| July 10, 2019     | CG-SURG-49  | Endovascular Techniques                | Revised |
|                   |             | (Percutaneous or Open Exposure) for    |         |
| July 10, 2019     | CG-301(G-49 | Arterial Revascularization of the      | Neviseu |
|                   |             | Lower Extremities                      |         |
| July 10, 2019     | CG-SURG-81  | Cochlear Implants and Auditory         | Revised |
| July 10, 2019     |             | Brainstem Implants                     |         |
| July 10, 2019     | CG-SURG-85  | Hip Resurfacing                        | Revised |
|                   |             | Angiographic Evaluation and            |         |
| July 10, 2019     | CG-SURG-93  | Endovascular Intervention for Dialysis | Revised |
|                   |             | Access Circuit Dysfunction             |         |
| September 4,      | CG-GENE-11  | Genotype Testing for Individual        |         |
| 2019              |             | Genetic Polymorphisms to Determine     | New     |
| 2019              |             | Drug-Metabolizer Status                |         |
|                   |             | Chromosomal Microarray Analysis        |         |
| September 4,      | CG-GENE-10  | (CMA) for Developmental Delay,         |         |
| 2019              |             | Autism Spectrum Disorder, Intellectual | New     |
| 2019              |             | Disability (Intellectual Developmental |         |
|                   |             | Disorder) and Congenital Anomalies     |         |
| September 4, 2019 | CG-SURG-101 | Ablative Techniques as a Treatment     | New     |
|                   |             | for Barrett's Esophagus                | INCAA   |
| September 4,      | CG-SURG-102 | Alcohol Septal Ablation for Treatment  | New     |
| 2019              |             | of Hypertrophic Cardiomyopathy         |         |

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