

## Medical Polices and Clinical Guidelines Updates - December 2018

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The following Anthem Blue Cross and Blue Shield medical polices and clinical guidelines were reviewed on September 13, 2018 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

**Below is a new Medical Policy effective March 1, 2019:**

New Medical Policy	Effective March 1, 2019
MED.00125 Biofeedback and Neurofeedback	<ul style="list-style-type: none"> <li>• Outlines the MN and INV&amp;NMN indications for biofeedback and neurofeedback.</li> </ul> <p>Existing CPT codes 90875, 90876, 90901, 90911 will be reviewed for MN (medical necessity) criteria; HCPCS device code E0746 considered INV&amp;NMN (Investigational and Not Medically necessary)</p>

The below current Clinical Guidelines and/or Medical policies were reviewed and updates were approved.

**Below are Medical Policy updates effective March 1, 2019:**

***\*requires precertification***

Medical Policy Updates	Effective March 1, 2019
CG-ADMIN-02 Clinically Equivalent Cost Effective Services – Targeted Immune Modulators	<ul style="list-style-type: none"> <li>• Added cost effective agent language for Cimzia to the Clinically Equivalent Cost Effective Services (CECE) for Crohn’s Disease or Ulcerative Colitis section</li> <li>• Added off-label indications for Remicade in immune checkpoint inhibitor-related toxicities to Table section</li> </ul>

	<ul style="list-style-type: none"> <li>• Added off-label indications for Actemra in chronic antibody mediated rejection (cAMR) in renal transplantation to Table section</li> </ul>
<p>*CG-MED-46 Electroencephalography and Video Electroencephalographic Monitoring</p>	<p>Revised title</p> <ul style="list-style-type: none"> <li>• Revision to the ambulatory EEG MN statement to include with or without video monitoring</li> <li>• Revision to NMN statement of ambulatory EEG by adding “Antiepileptic drug treatment withdrawal or modification in individuals because the risk of seizure precipitation would require immediate medical intervention”</li> <li>• Revision to the MN statement for attended EEG video monitoring in a healthcare facility by adding “withdrawal”</li> </ul>
<p>LAB.00030 Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs</p>	<p>Revised title</p> <ul style="list-style-type: none"> <li>• Expanded scope of policy to address all monoclonal antibody drugs</li> <li>• Revised position statement to state: "The measurement of serum concentrations of either of the following is considered investigational and not medically necessary under all circumstances:     A. Monoclonal antibody drugs, including but not limited to tumor necrosis factor antagonist drugs; or     B. Antibodies to monoclonal antibody drugs, including but not limited to tumor necrosis factor antagonist drugs</li> </ul>
<p>SURG.00011 Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting</p>	<ul style="list-style-type: none"> <li>• Added several products to the INV&amp;NMN section.</li> </ul> <p>Added existing codes 65778, 65779, 65780, V2790 for ocular indications, considered INV&amp;NMN (investigational and not medically necessary)</p>
<p>*SURG.00103 Intraocular Anterior Segment Aqueous</p>	<ul style="list-style-type: none"> <li>• Added iStent inject Trabecular Micro-Bypass System as MN when criteria met</li> </ul>

Drainage Devices (without extraocular reservoir)	<ul style="list-style-type: none"> <li>• Revised INV&amp;NMN to include iStent inject Trabecular Micro-Bypass System for all indications not listed as MN</li> <li>• Revised MN and INV&amp;NMN statements as a result of manufacturer's voluntary removal of the CyPass System from the market</li> </ul> <p>CPT Category III code 0474T (CyPass) changed to INV&amp;NMN</p>
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**Below are Coding updates effective March 1, 2019:**

Coding Updates	Effective March 1, 2019
GENE.00016 Gene Expression Profiling for Colorectal Cancer	Added CPT code 0069U expression profiling test considered INV&NMN
GENE.00010 Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Added CPT codes 0070U-0076U for CYP2D6 testing replacing 0028U (MN criteria); added pain panel 0078U considered INV&NMN
LAB.00029 Rupture of Membranes (ROM) Testing in Pregnancy	Added CPT code 0066U considered INV&NMN
MED.00111 Added HCPCS code C9750 considered INV&NMN	Added HCPCS code C9750 considered INV&NMN

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