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## NEW YORK Provider Communications

### Medical Policies and Clinical Utilization Management Guidelines update

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**Category:** Medicare Advantage

The *Medical Policies and Clinical Utilization Management (UM) Guidelines* below were developed and/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. 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 [https://www11.empireblue.com/ny\\_search.html](https://www11.empireblue.com/ny_search.html).

#### Updates:

- **MED.00110 — Growth Factors, Silver-Based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting** was revised to add bioengineered autologous skin-derived products (for example, SkinTE) as investigational and not medically necessary.
- **MED.00126 — Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders** was revised to add nasal nitric oxide as investigational and not medically necessary in the diagnosis and monitoring of asthma and other respiratory disorders.
- **SURG.00037 — Treatment of Varicose Veins (Lower Extremities)** was revised to replace “non-surgical management” with “conservative therapy” in the medically necessary criteria and to add sclerotherapy used in conjunction with a balloon catheter (for example, KAVS procedure) as investigational and not medically necessary.

- **TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases (Previous title: Mesenchymal Stem Cell Therapy For Orthopedic Indications)** was revised to expand the scope to address non-FDA-approved uses of mesenchymal stem cell therapy; the position statement has been revised to the following: “Mesenchymal stem cell therapy is considered INV & NMN for the treatment of joint and ligament disorders caused by injury or degeneration as well as autoimmune, inflammatory and degenerative diseases.”
- The following **AIM Specialty Health** updates took effect on January 24, 2019: Advanced Imaging (imaging of the heart and imaging of the head and neck), Arterial Ultrasound and Joint Surgery.

### **Medical Policies**

On January 24, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Empire BlueCross BlueShield (Empire).

<b>Publish date</b>	<b>Medical Policy #</b>	<b>Medical Policy title</b>	<b>New or revised</b>
2/27/2019	LAB.00036	Multiplex Autoantigen Microarray Testing for Systemic Lupus Erythematosus	New
2/27/2019	SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
1/31/2019	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
2/27/2019	MED.00126	Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders	Revised
2/27/2019	MED.00110	Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting	Revised
2/27/2019	TRANS.00035	Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases <i>Previous title: Mesenchymal Stem Cell Therapy For Orthopedic Indications</i>	Revised
1/31/2019	OR-PR.00003	Microprocessor Controlled Lower-Limb Prosthesis	Revised

1/31/2019	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
2/27/2019	SURG.00037	Treatment of Varicose Veins (Lower Extremities)	Revised

### **Clinical UM Guidelines**

On January 24, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Empire. These guidelines were adopted by the medical operations committee for Medicare Advantage members on March 28, 2019.

<b>Publish date</b>	<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
1/31/2019	CG-ANC-07	Inpatient Interfacility Transfers	New
1/31/2019	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
1/31/2019	CG-DRUG-99	Elotuzumab (Empliciti™)	Revised
1/31/2019	CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	Revised
1/31/2019	CG-REHAB-02	Outpatient Cardiac Rehabilitation	Revised
1/31/2019	CG-SURG-27	Sex Reassignment Surgery	Revised
1/31/2019	CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Revised
2/27/2019	CG-DRUG-106	Brentuximab Vedotin (Adcetris®)	Revised
2/27/2019	CG-GENE-05	Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)	New
2/27/2019	CG-MED-73	Hyperbaric Oxygen Therapy (Systemic/Topical)	Revised
2/27/2019	CG-SURG-77	Refractive Surgery	Revised
2/27/2019	CG-SURG-92	Paraesophageal Hernia Repair	New
2/27/2019	CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	New
3/21/2019	CG-SURG-94	Keratoprosthesis	New
3/21/2019	CG-SURG-95	Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention	New
3/21/2019	CG-SURG-96	Intraocular Telescope	New

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