

## Medical Policy and Clinical Guideline Updates -- August 2019\*

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The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on June 6, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

### Below are new medical policies or clinical guidelines

*NOTE \*Precertification required*

Title	Information	Effective Date
<p>*GENE.00051 Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer</p>	<ul style="list-style-type: none"> <li>The use of bronchial gene expression classification for the diagnostic evaluation of lung cancer in individuals with pulmonary lesions is considered Investigational and Not Medically Necessary (INV&amp;NMN)</li> <li>-No specific code for bronchial gene expression classifiers such as Percepta by Veracyte; listed 81479 NOC</li> </ul>	<p>11/1/19</p>
<p>SURG.00153 Cardiac Contractility Modulation Therapy</p>	<ul style="list-style-type: none"> <li>The use of cardiac contractility modulation therapy is considered Investigational and Not Medically Necessary (INV&amp;NMN) for all indications, including but not limited to heart failure.</li> <li>Existing codes 0408T-0418T and associated ICD-10-PCS codes will be denied Investigational and Not Medically</li> </ul>	<p>11/1/19</p>

	Necessary (Inv&NMN) for all diagnoses	
*MED.00129 Gene Therapy for Spinal Muscular Atrophy	<ul style="list-style-type: none"> <li>• A one-time infusion of onasemnogene abeparvovec-xioi (Zolgensma®) is considered Medically Necessary (MN) in individuals with spinal muscular atrophy (SMA) type 1 when all of the criteria are met</li> <li>• Onasemnogene abeparvovec-xioi is considered Investigational and Not Medically Necessary (INV&amp;NMN) when criteria are not met, including for repeat infusions, and for all other indications</li> </ul>	6/13/19

**These current Clinical Guidelines and/or Medical policies were reviewed and updates were approved.**

*NOTE \*Precertification required*

Title	Change	Effective date
*CG-GENE-10 Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies	<ul style="list-style-type: none"> <li>• Content moved from GENE.00021</li> <li>• Investigational and Not Medically Necessary (INV&amp;NMN) changed to Not Medically Necessary (NMN) as a result of Medical Policy to Clinical UM Guideline transition</li> <li>• No other change to clinical indications</li> </ul>	9/4/19
CG-SURG-101 Ablative Techniques as a Treatment for Barrett's Esophagus	<ul style="list-style-type: none"> <li>• Content moved from SURG.00106</li> <li>• Revised Medically Necessary (MN) indications to include IMC</li> <li>• Added cryoablation to Medically Necessary (MN) criteria</li> </ul>	9/4/19

	<ul style="list-style-type: none"> <li>Investigational and Not Medically Necessary (INV&amp;NMN) changed to Not Medically Necessary (NMN) as a result of Medical Policy to Clinical UM guideline transition</li> </ul>	
*DME.00037 Cooling Devices and Combined Cooling/Heating Devices	<ul style="list-style-type: none"> <li>Added devices that combine cooling and vibration to the Investigational and Not Medically Necessary (INV&amp;NMN) statement</li> <li>-No specific code for vibration devices; added to E1399 NOC</li> </ul>	11/1/19
LAB.00027 Selected Blood, Serum and Cellular Allergy and Toxicity Tests	<ul style="list-style-type: none"> <li>Added Mediator Release Test to Investigational and Not Medically Necessary (INV&amp;NMN) statement</li> </ul>	11/1/19
LAB.00033 Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	<ul style="list-style-type: none"> <li>Clarified Investigational and Not Medically Necessary (INV&amp;NMN) statement to include 4Kscore and AR-V7</li> <li>-No specific code for AR-V7 protein biomarker testing, listed 81479 NOC</li> </ul>	11/1/19
*OR-PR.00003 Microprocessor Controlled Lower Limb Prosthesis	<ul style="list-style-type: none"> <li>Clarified Medical Necessity position statement criteria 2 through 4</li> <li>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 (INV&amp;NMN) for all indications</li> </ul>	11/1/19
SURG.00011 Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting	<p>Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting</p> <ul style="list-style-type: none"> <li>-Codes 65778, 65779, 65780, V2790 for ocular amniotic membrane application will be</li> </ul>	11/1/19

	allowed for appropriate diagnosis codes	
<p>SURG.00045 Extracorporeal Shock Wave Therapy</p> <p>Previous Title: Extracorporeal Shock Wave Therapy for Orthopedic Conditions</p>	<ul style="list-style-type: none"> <li>• Added erectile dysfunction, Peyronie's disease and wound repair to the Investigational and Not Medically Necessary (INV&amp;NMN) statement</li> <li>• Revised title</li> </ul> <p>-Added existing codes 0512T, 0513T for wounds and 55899 NOC for male genital ESWT; will deny as Investigational and Not Medically Necessary (Inv&amp;NMN)</p>	11/1/19
<p>SURG.00121 Transcatheter Heart Valve Procedures</p>	<ul style="list-style-type: none"> <li>• Added Investigational and Not Medically Necessary (INV&amp;NMN) statement to address use of transcatheter tricuspid valve repair or replacement for all indications</li> </ul> <p>-Added CPT codes 0544T, 0545T effective 07/01/19 for mitral and tricuspid valve procedures</p> <p>Investigational and Not Medically Necessary (Inv&amp;NMN)</p>	11/1/19

\* Notice of Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

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