The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on August 22, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

Below are new medical policies or clinical guidelines

NOTE: *Precertification required

<table>
<thead>
<tr>
<th>Title</th>
<th>Information</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED.00130 Surface Electromyography Devices for Seizure Monitoring</td>
<td>• The use of surface electromyography (sEMG) devices for seizure monitoring is considered Investigational and Not medically necessary (INV&amp;NMN)</td>
<td>2/1/2020</td>
</tr>
<tr>
<td>CG-GENE-12 PIK3CA Mutation Testing</td>
<td>• Content moved from GENE.00044  • Revised title  • Revised medical necessity (MN) indications to include the use of a circulating tumor DNA (ctDNA) test to detect mutations of the PIK3CA gene  • INV&amp;NMN changed to not medically necessary (NMN) as a result of Medical Policy (MP) to Clinical UM Guideline (CUMG) transition</td>
<td>11/20/2019</td>
</tr>
</tbody>
</table>

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

NOTE: *Precertification required

<table>
<thead>
<tr>
<th>Title</th>
<th>Change</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CG-ANC-07 Inpatient</td>
<td>• Added NMN statements regarding</td>
<td>2/1/2020</td>
</tr>
<tr>
<td>Interfacility Transfers</td>
<td>admission and subsequent care at the receiving facility</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| **CG-GENE-02 Analysis of RAS Status** | • Revised MN criteria to include NRAS  
• Revised NMN criteria to include all other indications for NRAS  
-Added existing CPT code 81311 NRAS to pend for review of MN criteria; added PLA code 0111U effective 10/01/19 for Praxis test replacing 81479 NOC  
*Precertification will be required effective 2/1/2020 |
| **CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity** | • Revised “gastric bypass, using a Billroth II type of anastomosis (also known as a “mini gastric bypass”)” to “One anastomosis gastric bypass, also known as mini gastric bypass” in NMN section  
• Added TransPyloric Shuttle and bariatric arterial embolization as NMN indications |
| **GENE.00023 Gene Expression Profiling of Melanomas** | • Expanded Scope to include testing for the diagnosis of melanoma  
• Updated INV&NMN statement to include suspicion of melanoma  
-Added existing CPT codes 0089U Pigmented Lesion Assay and 0090U myPath Melanoma (considered INV&NMN)  
*Precertification will be required effective 2/1/2020 |
| **GENE.00029 Genetic Testing for Breast and/or Ovarian Cancer Syndrome** | • Added MN indication for “Individual with a first-, second- or third-degree relative with metastatic prostate cancer”  
• Clarified MN indications regarding “at least”  
-Added ICD-10-CM diagnosis Z80.42 family history of prostate cancer to review for MN; added CPT PLA codes 0129U, 0131U, 0132U, 0134U, 0135U, 0138U eff 10/01/19 |
| **GENE.00046** | • Revised title |

*Medical Policy and Clinical Guidelines Updates -- November 2019*
| Prothrombin (Factor II) Genetic Testing | • Expanded scope and position statement to include all prothrombin (factor II) variations  
-Added Tier 2 code 81400 and NOC 81479 for additional F2 variants (considered INV&NMN)  
*Precertification will be required effective 2/1/2020 |
| Previous Title: Prothrombin G20210A (Factor II) Mutation Testing | |
| *MED.00110 Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment, Soft Tissue Grafting, and Regenerative Therapy | • Revised title  
• Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution  
*Precertification will be required effective 2/1/2020 |
| Previous title: Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting | |
| RAD.00023 Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications | • Added dopamine transporter (DaT) scan to MN Position Statement  
• Revised dopamine transporter (DaT) scan criterion in INV&NMN Position Statement  
-Existing code for brain SPECT 78607 will pend for additional diagnosis codes for DaT scan; removed radiopharmaceutical code A9584 |
| | 8/29/2019 |
| *SURG.00052 Percutaneous Vertebral Disc and Vertebral Endplate Procedures | • Revised title  
• Combined the three INV&NMN statements into a single statement  
• Added Intraosseous basivertebral nerve ablation to the INV&NMN statement  
-Added existing CPT 64999 (NOC), HCPCS C9752, C9753 & ICD-10-PCS 015B3ZZ, 015B4ZZ codes for |
<p>| Previous title: Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous | |</p>
<table>
<thead>
<tr>
<th>Title</th>
<th>Change</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB]) | basivertebral nerve destruction (considered INV&NMN)  
*Precertification will be required effective 2/1/2020 |                |
| *TRANS.00035 Non-Hematopoietic Adult Stem Cell Therapy | • Revised title  
• Expanded Position Statement to include non-hematopoietic adult stem cell therapy | 2/1/2020 |

Below are coding updates and change to precertification requirements

**NOTE:** *Precertification required*

<table>
<thead>
<tr>
<th>Title</th>
<th>Change</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| *GENE.00009 Gene-Based Tests for Screening, Detection and Management of Prostate Cancer | Added CPT PLA code 0113U effective 10/01/19 for Mi-Prostate Score  
*Precertification will be required effective 2/1/2020 | 2/1/2020 |
| *GENE.00012 Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent | Added CPT PLA code 0136U effective 10/01/19 for ATM (pends for specific diagnoses)  
*Precertification will be required effective 2/1/2020 | 2/1/2020 |
| *GENE.00028 Genetic Testing for Colorectal Cancer Susceptibility | Added CPT PLA codes 0130U, 0134U for panels (considered INV&NMN)  
*Precertification will be required effective 2/1/2020 | 2/1/2020 |
| *GENE.00041 Genetic Testing to Confirm the Identity of Laboratory Specimens | Added 81265, 81266 when billed as provenance testing by dx (considered NMN)  
*Precertification will be required effective 2/1/2020 | 2/1/2020 |
| **GENE.00043 Genetic Testing of an Individual’s Genome for Inherited Diseases** | Added CPT PLA code 0136U effective 10/01/19 for ATM (INV&NMN for diagnoses not on GENE.00012) *Precertification will be required effective 2/1/2020 | 2/1/2020 |
| *SURG.00011 Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting | Added HCPCS codes Q4205, Q4206, Q4208, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222 effective 10/01/19 for new products (considered INV&NMN) *Precertification will be required effective 2/1/2020 | 2/1/2020 |
| *SURG.00132 Drug-Eluting Devices for Maintaining Sinus Ostial Patency | Added HCPCS code J7401 for Sinuva, Propel replacing S1090 10/01/19 *Precertification will be required effective 2/1/2020 | 2/1/2020 |

* 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.


**Featured In:**
November 2019 Anthem Provider News - Indiana, November 2019 Anthem Provider News - Missouri, November 2019 Anthem Provider News - Ohio, November 2019 Anthem Provider News - Wisconsin

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare or WCIC; Compcare Health Services Insurance Corporation (Compcare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.