

## Medical Policy and Clinical Guideline Updates - February 2020

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The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on November 7, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

**Below are new medical policies and/or clinical guidelines.**

*NOTE \*Precertification required*

Title	Information	Effective Date
<p>*GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</p>	<ul style="list-style-type: none"> <li>• Outlines the Medical Necessity (MN) and Investigational and Not Medically Necessary (INV&amp;NMN) criteria for whole genome sequencing, whole exome sequencing, gene panels, and molecular profiling</li> <li>• Incorporated whole genome sequencing, whole exome sequencing, gene panel testing, and molecular profiling into single document</li> <li>• Contains content from all other documents regarding whole genome/whole exome/mitochondrial DNA testing, all panel tests (defined as 5 or more genes, or gene mutation variants, same day, same member, same rendering provider) and molecular profiling:               <ul style="list-style-type: none"> <li>o GENE.00001 Genetic Testing for Cancer Susceptibility</li> <li>o GENE.00012 Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent</li> <li>o GENE.00025 Molecular Profiling and Proteogenomic Testing for the</li> </ul> </li> </ul>	<p>5/1/2020</p>

	<p>Evaluation of Malignancies</p> <ul style="list-style-type: none"> <li>o GENE.00028 Genetic Testing for Colorectal Cancer Susceptibility</li> <li>o GENE.00029 Genetic Testing for Breast and/or Ovarian Cancer Syndrome</li> <li>o GENE.00030 Genetic Testing for Endocrine Gland Cancer Susceptibility</li> <li>o GENE.00035 Genetic Testing for TP53 Mutations <ul style="list-style-type: none"> <li>o GENE.00043 Genetic Testing of an Individual's Genome for Inherited Diseases</li> </ul> </li> </ul>	
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**The below current Clinical Guidelines and/or Medical policies were reviewed and updates were approved.**

*NOTE \*Precertification required*

Title	Change	Effective date
*CG-GENE-14 Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management	<ul style="list-style-type: none"> <li>• Content moved from GENE.00001</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Revised title</li> <li>• Limited scope to gene mutation testing for solid tumor cancer susceptibility and management</li> <li>• Added criteria for gene mutation testing to guide targeted cancer therapy in individuals with solid tumors</li> <li>• Removed genetic panel testing from document.</li> </ul> <p>Moved all codes except panel codes to this document with no changes; added codes 81307, 81308, 81403, 81408 and additional genes to other Tier 2 codes to pend for MN criteria; added 81242 as NMN for this indication.</p> <p>WHOLE GENOME, WHOLE EXOME &amp; GENE PANEL TESTING MOVED TO</p>	2/5/2020

	GENE.00052	
*CG-GENE-13 Genetic Testing for Inherited Diseases	<ul style="list-style-type: none"> <li>• Content moved from GENE.00012 &amp; GENE.00043</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Title revised</li> <li>• Removed whole genome, whole exome, and gene panel testing from document</li> <li>• No other change to clinical indications</li> </ul> <p>Moved all codes except whole genome/exome and panel codes to this document with no changes; added codes 81171, 81172, 81243, 81244 and Tier 2 genes previously addressed in CG-BEH-01 with no change; removed 0136U (not applicable)</p> <p>WHOLE GENOME, WHOLE EXOME, &amp; GENE PANELS MOVED TO GENE.00052</p>	2/5/2020
*CG-GENE-20 Epidermal Growth Factor Receptor (EGFR) Testing	<ul style="list-style-type: none"> <li>• Content moved from GENE.00006</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Removed acronym and made minor wording change in Clinical Indications section</li> </ul>	2/5/2020
*CG-GENE-15 Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	<ul style="list-style-type: none"> <li>• Content moved from GENE.00028</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Revised title</li> <li>• Removed genetic panel testing from document.</li> </ul> <p>GENE PANEL TESTING MOVED TO GENE.00052</p>	2/5/2020
*CG-GENE-16 BRCA Testing for Breast and/or Ovarian Cancer Syndrome	<ul style="list-style-type: none"> <li>• Content moved from GENE.00029</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Revised title</li> </ul>	2/5/2020

	<ul style="list-style-type: none"> <li>• Revised Clinical Indications to include recommendations from the USPSTF</li> <li>• Added Note to refer to the NCCN testing criteria and BRCA1 or BRCA2 mutation assessment tools listed in the Discussion/General Information section</li> <li>• Removed gene panel testing from document.</li> </ul> <p>GENE PANEL TESTING MOVED TO GENE.00052</p>	
*CG-GENE-17 RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility	<ul style="list-style-type: none"> <li>• Content moved from GENE.00030</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Revised title</li> <li>• Removed gene panel testing from document.</li> </ul> <p>GENE PANEL TESTING MOVED TO GENE.00052</p>	2/5/2020
*CG-GENE-18 Genetic Testing for TP53 Mutations	<ul style="list-style-type: none"> <li>• Content moved from GENE.00035</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Removed gene panel testing from document</li> </ul> <p>GENE PANEL TESTING MOVED TO GENE.00052</p>	2/5/2020
*CG-GENE-19 Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	<ul style="list-style-type: none"> <li>• Content moved from GENE.00045</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Clarified that “minimal residual disease” is also referred to as “measurable residual disease” in MN criteria</li> </ul>	2/5/2020
CG-SURG-105 Corneal Collagen Cross-Linking	<ul style="list-style-type: none"> <li>• Content moved from MED.00109</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• Clarified MN criteria addressing the time of diagnosis of progressive keratoconus ("over 24 consecutive months" changed to "within 24 months")</li> </ul>	2/5/2020
CG-MED-87 Single	<ul style="list-style-type: none"> <li>• Content moved from RAD.00023</li> </ul>	2/5/2020

Photon Emission Computed Tomography Scans for Noncardiovascular Indications	<ul style="list-style-type: none"> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• No other change to clinical indications</li> </ul>	
*CG-SURG-106 Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	<ul style="list-style-type: none"> <li>• Content moved from SURG.00122</li> <li>• INV&amp;NMN changed to NMN as a result of MP to CUMG transition</li> <li>• No other change to clinical indications</li> </ul>	2/5/2020
<p>*SURG.00028 Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)</p> <p>Previous title: Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions</p>	<ul style="list-style-type: none"> <li>• Revised title</li> <li>• Revised scope of document to only address benign prostatic hyperplasia (BPH)</li> <li>• Combined surgical and minimally invasive treatments into one MN section</li> <li>• Revised MN criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL</li> <li>• Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL as MN indication</li> <li>• Added waterjet tissue ablation as MN indication</li> <li>• Moved transurethral radiofrequency needle ablation from MN to NMN section</li> <li>• Changed INV&amp;NMN indications to NMN</li> <li>• Moved placement of prostatic stents from standalone statement to combined NMN statement</li> <li>• Added 0421T, XV508A4 for AquaBeam waterjet as MN; changed TUIP 52450 and Rezum water vapor 53854 to pend for MN criteria; WIT 53899 (NOC) and RFNA 53852 changed to NMN; scope limited to specific BPH and related diagnosis codes</li> </ul>	5/1/2020
*SURG.00037 Treatment of Varicose Veins (Lower	<ul style="list-style-type: none"> <li>• Added the anterior accessory great saphenous vein (AAGSV) as MN for</li> </ul>	5/1/2020

Extremities)	ablation techniques when criteria are met <ul style="list-style-type: none"> <li>• Added language to the MN criteria for ablation techniques addressing variant anatomy</li> <li>• Added limits to retreatment to the MN criteria for all procedures</li> </ul>	
SURG.00047 Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis  Previous title: Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia	<ul style="list-style-type: none"> <li>• Revised title</li> <li>• Expanded scope to include gastroparesis</li> <li>• Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as INV&amp;NMN.</li> <li>• Added CPT 43999 (NOC) and ICD-10-PCS 0D878ZZ for G-POEM, considered INV&amp;NMN</li> </ul>	5/1/2020
SURG.00097 Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents  Previous title: Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents	<ul style="list-style-type: none"> <li>• Revised title</li> <li>• Expanded scope of document to include vertebral body tethering</li> <li>• Added vertebral body tethering as INV&amp;NMN</li> </ul>	5/1/2020

**URL:** <https://providernews.anthem.com/kentucky/article/medical-policy-and-clinical-guideline-updates-february-2020-1>

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