

## Medical Policy and Clinical Guidelines Updates

Published: Sep 28, 2018 - **Policy Updates** / Medical Policy & Clinical Guidelines

The following new and revised medical policies were endorsed at the July 26, 2018 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at [anthem.com/providers](http://anthem.com/providers), then scroll down and select "*Find Resources for Kentucky*", then from the Kentucky Provider Home Page, select [Medical Policies and Clinical UM Guidelines](#).

**These medical policies were converted to clinical guidelines and became effective on September 20, 2018.**

New Clinical Guideline	Content Moved From Clinical Guideline and/or Medical Policy
CG-DME-45 Ultrasound Bone Growth Stimulation	Content moved from DME.00027 No change to position statement → clinical indications
CG-MED-73 Hyperbaric Oxygen Therapy (Systemic/Topical)	Content moved from MED.00005 No change to position statement → clinical indications
CG-MED-74 Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Content moved from MED.00051 No change to position statement → clinical indications
CG-MED-75 Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome	Content moved from MED.00107 No change to position statement → clinical indications
CG-MED-76 Magnetic Source Imaging and Magnetoencephalography	Content moved from RAD.00019 No change to position statement → clinical indications
CG-MED-77 SPECT/CT Fusion Imaging	Content moved from RAD.00042 No change to position statement → clinical indications
CG-REHAB-11 Cognitive	Content moved from MED.00081

Rehabilitation	Removed "Note" in Clinical Indications referring to CG-REHAB-09 Acute Inpatient Rehabilitation
CG-SURG-81 Cochlear Implants and Auditory Brainstem Implants	Content moved from SURG.00014 No change to position statement → clinical indications
CG-SURG-82 Bone-Anchored and Bone Conduction Hearing Aids	Content moved from SURG.00020 No change to position statement → clinical indications
CG-SURG-84 Mandibular/Maxillary (Orthognathic) Surgery	Content moved from SURG.00049 No change to position statement → clinical indications
CG-SURG-87 Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring	Content moved from SURG.00074 Revised title - Previous title: Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring No change to position statement → clinical indications
CG-SURG-88 Mastectomy for Gynecomastia	Content moved from SURG.00085 No change to position statement → clinical indications
CG-SURG-89 Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	Content moved from SURG.00090 No change to position statement → clinical indications
CG-TRANS-03 Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation	Content moved from TRANS.00018 No change to position statement → clinical indications

**These medical policies were converted to clinical guidelines and will become effective on October 31, 2018**

<b>New Clinical Guideline</b>	<b>Content Moved From Clinical Guideline and/or Medical Policy</b>
CG-SURG-83 Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Content moved from SURG.00024 No change to position statement → clinical indications
CG-SURG-85 Hip Resurfacing	Content moved from SURG.00051

	No change to position statement → clinical indications
CG-SURG-86 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	Content moved from SURG.00054 No change to position statement → clinical indications

**This new medical policy will be implemented on January 1, 2019**

New Medical Policy	Content
GENE.00049 Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)	MPTAC approved this new medical policy which reflects the following: The use of a circulating tumor DNA (ctDNA) test for the diagnosis or treatment of cancer is considered investigational and not medically necessary (INV&NMN) for all indications

**This medical policy has been revised and will be effective January 1, 2019**

New Medical Policy	Content
ANC.00007 Cosmetic and Reconstructive Services: Skin Related	MPTAC approved revision of policy which reflects the following: • Added microneedling (also known as percutaneous collagen induction therapy or skin needling) as COS&NMN for all indications

**This medical policy is archived effective September 1, 2018**

GENE.00008 - Analysis of Fecal DNA for Colorectal Cancer Screening and Surveillance

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

**Featured In:**

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