

Medical Policy and Clinical Guideline Updates -- June 2019*

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The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on March 21, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

Below are 2 new Medical policies

*NOTE *Precertification required*

Title	Information	Effective Date
*GENE.00050 Gene Expression Profiling for Coronary Artery Disease	<ul style="list-style-type: none"> • The use of gene expression profiling for coronary artery disease is considered Investigational and Not Medically Necessary (INV&NMN) • Moved the Corus CAD test from GENE.00043 <ul style="list-style-type: none"> o CPT code 81493 moved from GENE.00043 to this new document 	9/1/19
*SURG.00152 Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing	<ul style="list-style-type: none"> • Wireless CRT for left ventricular pacing is considered INV&NMN for all indications, including heart failure. <ul style="list-style-type: none"> o CPT Category III codes 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T will be considered INV&NMN 	9/1/19

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

*NOTE *Precertification required*

Title	Change	Effective Date

CG-GENE-06 Preimplantation Genetic Diagnosis Testing	<ul style="list-style-type: none"> • Content moved from GENE.00002 • INV&NMN changed to not medically necessary as a result of MP to CUMG transition 	5/9/19
CG-GENE-07 BCR- ABL Mutation Analysis	<ul style="list-style-type: none"> • Content moved from GENE.00005 • INV&NMN changed to NMN as a result of MP to CUMG transition 	5/9/19
*CG-GENE-08 Genetic Testing for PTEN Hamartoma Tumor Syndrome	<p>Content moved from GENE.00031</p> <ul style="list-style-type: none"> • INV&NMN changed to NMN as a result of MP to CUMG transition 	5/9/19
CG-GENE-09 Genetic Testing for CHARGE Syndrome	<ul style="list-style-type: none"> • Content moved from GENE.00040 • INV&NMN changed to NMN as a result of MP to CUMG transition 	5/9/19
*CG-SURG-97 Cardioverter Defibrillators	<ul style="list-style-type: none"> • Content moved from SURG.00033 • INV&NMN changed to NMN as a result of MP to CUMG transition <p>CPT codes 33270, 33271 for subcutaneous ICD will be considered always NMN (were INV&NMN)</p>	6/24/19
*CG-SURG-99 Panniculectomy and Abdominoplasty	<ul style="list-style-type: none"> • Content moved from SURG.00048 • Clarified that document only addresses liposuction when used for the removal of excess abdominal fat • Clarified Cosmetic and Not medically necessary (COS&NMN) statement addressing repair of diastasis recti 	5/9/19
CG-DME-44 Electric Tumor Treatment Field (TTF)	<ul style="list-style-type: none"> • Added the use of enhanced computer treatment planning software (such as NovoTal) as NMN in all cases <p>No specific code for this software; part of code for treatment planning 77299 (NOC)</p>	9/1/19
CG-MED-72 Hyperthermia for Cancer Therapy	<ul style="list-style-type: none"> • Clarified MN and NMN statements addressing frequency of treatment 	9/1/19
*CG-SURG-09 Temporomandibular	<ul style="list-style-type: none"> • Clarified MN and NMN criteria and removed requirement for FDA approval 	9/1/19

Disorders	of prosthetic implants Added HCPCS codes D9130, D9920 for TMJ non-invasive therapies, behavior management as additional examples of TMJ procedures, removed D9940 (deleted)	
*GENE.00043 Genetic Testing of an Individual's Genome for Inherited Diseases	<ul style="list-style-type: none"> Removed INV&NMN statement and all other language and coding related to Corus CAD testing Corus CAD testing now addressed in GENE.00050 Removed CPT code 81493 for Corus CAD; added existing CPT codes 81205, 81250, 81302, 81303, 81304, 81331, 81332, S3850 and Tier 2 codes 81400, 81401, 81402, 81407 which will now be reviewed for MN or INV&NMN; also added applicable genes to Tier 2 code	9/1/19
*GENE.00012 Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent	Added existing CPT codes 81205, 81250, 81302, 81303, 81304, 81331, 81332, S3850 and Tier 2 codes 81400, 81401, 81402, 81407, 81408 which will now be reviewed for MN or INV&NMN; also added applicable genes to Tier 2 codes	9/1/19
*CG-GENE-01 Janus Kinase 2, CALR, and MPL Gene Mutation Assays Previous title: Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays	Revised title <ul style="list-style-type: none"> Reformatted MN clinical indications Added CALR and MPL gene mutation testing as MN when criteria are met Added CALR and MPL gene mutation testing as NMN when MN criteria are not met Added CPT Tier 1 code 81219 and Tier 2 code 81402 for MPL and CALR genes to pend for review of criteria	9/1/19
MED.00101 Physiologic Recording of Tremor using	Added CPT Category III codes 0533T, 0534T, 0535T, 0536T described as 'non-invasive kinetigraphy' (Note codes effective 01/01/19)	9/1/19

Accelerometer(s) and Gyroscope(s)		
SURG.00139 Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography	Added CPT Category III code 0546T which will be effective 07/01/19 for assessment of margins using radiofrequency spectroscopy	9/1/19

URL: <https://providernews.anthem.com/missouri/article/medical-policy-and-clinical-guideline-updates-june-2019>

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