

Medical policy and clinical guideline updates - October 2020*

Published: Oct 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

The following Anthem Blue Cross and Blue Shield medical polices and clinical guidelines were reviewed on August 13, 2020 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

The previously adopted clinical guidelines or medical policies have changes noted below.

*NOTE: *Precertification required*

Title	Change	Effective Date
CG-MED-55 Level of Care: Advanced Radiologic Imaging	New Title: Site of Care: Advanced Radiologic Imaging	8/20/2020
CG-MED-83 Level of Care: Specialty Pharmaceuticals	New Title: Site of Care: Specialty Pharmaceuticals	8/20/2020
*CG-SURG-27 Gender Reassignment Surgery	Added CPT codes 54400, 54401, 54405, 55899 (NOC), C1813, C2622, L8699 for penile prosthesis insertion as part of phalloplasty with medical necessity (MN) criteria	1/1/2021
CG-SURG-52 Level of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services	New Title: Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services	8/20/2020
GENE.00052 Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	<ul style="list-style-type: none"> • Removed MN criteria for non-small cell lung cancer (NSCLC) for tumor burden assessment • Added molecular profiling as MN for unresectable or metastatic solid tumors when criteria are met <p>Specific PLA codes 0037U and 0048U will now pend for all solid tumor diagnoses for review of MN criteria (was just NSCLC), and added 0211U effective 10/01/20 to also pend; also added PLA panel codes 0212U-0217U (effective 10/01/2020) and 81448 (previously addressed in GENE.00033) considered INV&NMN (Investigational and not medically necessary)</p>	1/1/2021

<p>SURG.00077 Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques</p>	<p>New Title: Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques</p> <p>Expanded scope of document to include transcervical image guided techniques</p> <ul style="list-style-type: none"> • Added radiofrequency ablation using a transcervical approach in combination with imaging guidance as a treatment of uterine fibroids as INV&NMN • Added existing CPT Category III code 0404T and associated ICD-10-PCS codes for transcervical RF ablation, considered INV&NMN 	<p>1/1/2021</p>
<p>*SURG.00112 Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)</p>	<p>Previous title: Occipital Nerve and Supraorbital Nerve Stimulation</p> <ul style="list-style-type: none"> • Revised scope of document to address implanted nerve stimulation devices and related procedures • Added implantation of a trigeminal nerve stimulation device (and related procedures) as INV&NMN for all indications <p>Added existing codes 61885, 64568, 64569, C1767, C1778 for cranial nerve stimulator implantation (when specified as trigeminal stimulation); added ICD-10-CM codes R51.0-R51.9 replacing R51 effective 10/01/20</p>	<p>1/1/2021</p>

673-1020-PN-CNT

URL: <https://providernews.anthem.com/ohio/article/medical-policy-and-clinical-guideline-updates-october-2020>

Featured In:

October 2020 Anthem Provider News - Indiana, October 2020 Anthem Provider News - Ohio, October 2020 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 in 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.
