

## **Medical policy and clinical guideline updates - August 2020\***

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The following Anthem Blue Cross and Blue Shield medical policies and clinical guidelines were reviewed on May 14, 2020 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

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

*NOTE: \*Precertification required*

Title	Information	Effective Date
DME.00042 Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea	<ul style="list-style-type: none"> <li>• Electronic positional therapy devices are considered investigational/not medically necessary (INV&amp;NMN) in the treatment of obstructive sleep apnea Code K1001 (effective 01/01/20) for OSA positional devices will be considered INV&amp;NMN for all indications</li> </ul>	11/1/2020
MED.00131 Electronic Home Visual Field Monitoring	<ul style="list-style-type: none"> <li>• The use of electronic home visual field monitoring is considered INV&amp;NMN for all indications</li> <li>Existing codes 0378T, 0379T will be considered INV&amp;NMN for all indications</li> </ul>	11/1/2020
*MED.00132 Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	<p>New criteria</p> <ul style="list-style-type: none"> <li>• Outlines the MN, REC, and COS&amp;NMN indications for autologous fat grafting</li> </ul> <p>Criteria moved from existing medical policies (ANC.00007 &amp; MED.00110) with no change to criteria</p> <ul style="list-style-type: none"> <li>• Autologous adipose-derived regenerative cell therapy (for example, Lipogems) is considered INV&amp;NMN for all indications</li> <li>• Outlines the MN, REC, and COS&amp;NMN indications for injectable soft tissue fillers <ul style="list-style-type: none"> <li>- Added codes 15771, 15772, 15773, 15774 (effective 01/01/20) for injectable autologous fat grafts to be reviewed for MN, REC, and COS&amp;NMN indications;</li> <li>- Added codes 31574, C1878, L8607 for soft tissue (vocal cord) bulking agents to be reviewed for MN criteria (previously addressed in SURG.00011);</li> <li>- Transitioned codes from ANC.00007 for dermal fillers and from MED.00110 for regenerative therapy unchanged</li> </ul> </li> </ul>	7/1/2020

MED.00133 Ingestion Event Monitors	<ul style="list-style-type: none"> <li>• Ingestion event monitors are considered INV&amp;NMN for medication monitoring and adherence and for all other indications</li> </ul>	11/1/2020
*THER-RAD.00012 Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation	<ul style="list-style-type: none"> <li>• The use of electrophysiology-guided noninvasive stereotactic cardiac radioablation is considered INV&amp;NMN as a treatment modality for all indications, including drug and ablation refractory ventricular tachycardia and cardiomyopathy related to premature ventricular contractions</li> <li>- Existing codes 77373, 77435 for stereotactic body radiation therapy will be considered INV&amp;NMN for specified cardiac diagnoses; no specific codes for treatment planning, listed 77299, 77399</li> <li>NOC</li> </ul>	11/1/2020

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

*NOTE: \*Precertification required*

Title	Change	Effective date
*CG-GENE-02 Analysis of RAS Status	<ul style="list-style-type: none"> <li>• Clarified scope of document includes HRAS</li> <li>• Added HRAS as NMN.</li> </ul> Added Tier 2 genetic codes 81403, 81404 to pend; when specified as HRAS considered NMN; removed associated code 88363 (not specific)	11/1/2020
CG-MED-64 Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Revised the MN statement to state: <ul style="list-style-type: none"> <li>• Transcatheter radiofrequency ablation or cryoablation of arrhythmogenic foci in the pulmonary veins is considered MN as a treatment of symptomatic individuals with one of the following:               <ul style="list-style-type: none"> <li>- Recurrent (2 or more episodes) paroxysmal (terminates spontaneously or with intervention within 7 days of onset) atrial fibrillation as an alternative to medical therapy; or</li> <li>- Persistent (sustained greater than 7 days) atrial fibrillation when refractory or intolerant to one or more antiarrhythmic drugs (or has a contraindication to all appropriate antiarrhythmic drug therapy)</li> </ul> </li> </ul>	11/1/2020
DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	<ul style="list-style-type: none"> <li>• Added transcutaneous electrical modulation pain reprocessing as INV&amp;NMN for all indications including, but not limited to, treatment of acute and chronic pain</li> <li>• Reordered statements in alphabetical order</li> </ul> - Added existing Category III code 0278T for pain reprocessing (Scrambler) therapy, considered INV&NMN	11/1/2020

MED.00004 Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	<ul style="list-style-type: none"> <li>• Added reflectance confocal microscopy for the evaluation of skin lesions as NMN in all cases</li> <li>• Removed Cosmetic (COS) &amp;NMN statement</li> <li>- Added existing CPT codes 96931, 96932, 96933, 96934, 96935, 96936 for reflectance confocal microscopy for skin lesions, considered NMN</li> </ul>	11/1/2020
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**The following Anthem Blue Cross and Blue Shield clinical guideline will be adopted as a prior authorization requirement** for Indiana, Kentucky, Missouri, Ohio and Wisconsin.  
*NOTE \*Precertification required*

Title	Information	Effective Date
* CG-MED-41 Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	<p>This document addresses the use of moderate to deep anesthesia services utilized in the facility setting when used to treat individuals undergoing dental procedures. This <b>excludes</b> the office setting.</p> <p>Codes applicable:</p> <p><i>CPT:</i> 00170, 41899, 99151, 99152, 99153, 99155, 99156, 99157, CPT Physical Status Modifiers: P1, P2, P3, P4</p> <p><i>HCPCS:</i> D9222, D9223</p> <p><i>ICD-10 DX:</i> K00.0-K00.9, K01.0-K01.1, K02.3-K02.9, K03.0-K03.9, K04.0-K04.99, K08.0-K08.119, M26.70-M26.79, M26.81-M26.82</p>	11/1/2020

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