

Medical policy and clinical guideline updates - November 2020*

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

Medical policy updates

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

*NOTE *Precertification required*

Title	Information	Effective date
MED.00134 Non-invasive Heart Failure and Arrhythmia Management and Monitoring System	<ul style="list-style-type: none"> • The use of a non-invasive heart failure and arrhythmia management and monitoring system (for example, μ-Cor™ Heart Failure and Arrhythmia Management System) is considered Investigational and Not Medically Necessary (INV&NMN) for all indications. - Existing codes 0607T, 0608T (which were effective 07/01/2020) will be considered INV&NMN for all indications 	2/1/2021
SURG.00156 Implanted Artificial Iris Devices	<ul style="list-style-type: none"> • The use of implanted artificial iris devices is considered INV&NMN for all indications, including as a treatment of congenital or traumatic aniridia -Existing codes 0616T, 0617T, 0618T (effective 07/01/20), C1839, 08RC3JZ, and 08RD3JZ will be considered INV&NMN for all indications 	2/1/2021
*SURG.00157 Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis	<ul style="list-style-type: none"> • Minimally invasive treatment of the posterior nasal nerve area, such as cryotherapy or radiofrequency therapy, to decrease the symptoms of allergic or nonallergic rhinitis is considered INV&NMN in all cases - No specific code for cryotherapy or RF treatment of nasal tissue for rhinitis; listed 30999 (NOC) and 30117 if billed for this diagnosis, considered INV&NMN 	2/1/2021

Clinical guideline updates

The following clinical guideline has been adopted by Anthem Blue Cross and Blue Shield for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

*NOTE *Precertification required*

Title	Information	Effective date
<p>* CG-SURG-104 Intraoperative Neurophysiological Monitoring</p>	<p>This Clinical Guideline addresses the various types of evoked response studies and their use in intraoperative neurophysiological monitoring when the monitoring is not provided by a member of the operating team. The use of neural evoked response studies for purposes other than assistance during a surgical procedure is not addressed in this document.</p> <p>Applicable Codes:</p> <ul style="list-style-type: none"> - CPT codes: 95829, 95940, 95941 - HCPCS: G0453 - ICD10 procedure codes: 4A1004G-4A10X4G, 4A1104G-4A11X4G 	<p>2/1/2021</p>

737-1120-PN-CNT

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

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November 2020 Anthem Provider News - Indiana, November 2020 Anthem Provider News - Ohio, November 2020 Anthem Provider News - Wisconsin

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