

## Medical policy updates are available on anthem.com

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The following new and revised medical policies were endorsed at the August 22, 2019 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at [anthem.com/providers](https://anthem.com/providers) > select state > scroll down and select Review Policies > then select View Medical Policies & UM Guidelines.

If you do not have access to the internet, you may request a hard copy of any updated policy by contacting the [Provider Call Center](#).

Please note that the Federal Employee Program® Medical Policy Manual may be accessed at [www.fepblue.org](http://www.fepblue.org) > Benefit Plans > [Brochures and Forms](#) > Medical Policies.

### Revised medical policies effective August 29, 2019

(The following policies were revised to expand medical necessity indications or criteria.)

- DRUG.00082 - Daratumumab (DARZALEX®)
- OR-PR.00003 - Microprocessor Controlled Lower Limb Prosthesis
- RAD.00023 - Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications

### Transitioned medical policy effective September 1, 2019

(The following policy has been transitioned to Pharmacy and Therapeutics (P&T) Clinical Criteria.)

DRUG.00082 - Daratumumab (DARZALEX®) [Transitioned to ING-CC-0127]

### Revised medical policy effective September 25, 2019

(The following policy was revised to expand medical necessity indications or criteria.)

- GENE.00029 - Genetic Testing for Breast and/or Ovarian Cancer Syndrome

### Revised medical policies effective September 25, 2019

(The following policies were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.)

- ADMIN.000006 - Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline
- BEH.00002 - Transcranial Magnetic Stimulation
- DME.00011 - Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices
- DME.00012 - Intrapulmonary Percussive Ventilation Devices for Airway Clearance
- GENE.00010 - Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
- GENE.00011 - Gene Expressions Profiling for Managing Breast Cancer Treatment
- GENE.00018 - Gene Expression Profiling for Cancers of Unknown Primary Site
- GENE.00020 - Gene Expression Profile Tests for Multiple Myeloma
- GENE.00024 - DNA-Based Testing for Adolescent Idiopathic Scoliosis
- GENE.00033 - Genetic Testing for Inherited Peripheral Neuropathies
- GENE.00047 - Methylenetetra-hydrofolate Reductase Mutation Testing
- LAB.00019 - Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Patients with Chronic Liver Disease
- LAB.00028 - Serum Biomarkers for Multiple Sclerosis
- LAB.00029 - Rupture of Membranes Testing in Pregnancy
- LAB.00030 - Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs
- MED.00055 - Wearable Cardioverter Defibrillators
- MED.00082 - Quantitative Sensory Testing
- MED.00085 - Antineoplaston Therapy
- MED.00089 - Quantitative Muscle Testing Devices
- MED.00095 - Anterior Segment Optical Coherence Tomography
- MED.00096 - Low-Frequency Ultrasound Therapy for Wound Management
- MED.00099 - Electromagnetic Navigational Bronchoscopy
- MED.00103 - Automated Evacuation of Meibomian Gland
- OR-PR.00006 - Powered Robotic Lower Body Exoskeleton Devices
- RAD.00037 - Whole Body Computed Tomography Scanning
- RAD.00057 - Near-Infrared Coronary Imaging and Near- Infrared Intravascular Ultrasound Coronary Imaging
- RAD.00061 - PET/MRI

- RAD.00062 - Intravascular Optical Coherence Tomography (OCT)
- RAD.00064 - Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)
- SURG.00008 - Mechanized Spinal Distraction Therapy
- SURG.00037 - Treatment of Varicose Veins (Lower Extremity)
- SURG.00067 - Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
- SURG.00082 - Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System
- SURG.00088 - Coblation® Therapies for Musculoskeletal Conditions
- SURG.00092 - Implanted Devices for Spinal Stenosis
- SURG.00095 - Viscoanalgesy and Canaloplasty
- SURG.00101 - Suprachoroidal Injection of a Pharmacologic Agent
- SURG.00104 - Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis
- SURG.00114 - Facet Joint Allograft Implants for Facet Disease
- SURG.00119 - Endobronchial Valve Devices
- SURG.00127 - Sacroiliac Joint Fusion
- SURG.00128 - Implantable Left Atrial Hemodynamic Monitor
- SURG.00129 - Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring
- SURG.00131 - Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)
- SURG.00135 - Radiofrequency Ablation of the Renal Sympathetic Nerves
- SURG.00144 - Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia
- SURG.00145 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
- TRANS.00036 - Stem Cell Therapy for Peripheral Vascular Disease

### **Archived medical policies effective September 25, 2019**

(The following policies have been archived.)

- MED.00041 - Microvolt T-Wave Alternans
- RAD.00040 - PET Scanning using Gamma Cameras

### **Revised medical policies effective October 1, 2019**

(The following policies were updated with new procedure and/or diagnosis codes.)

- GENE.00001 - Genetic Testing for Cancer Susceptibility
- GENE.00009 - Gene-Based Tests for Screening, Detection or Management of Prostate Cancer
- GENE.00012 - Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent
- GENE.00028 - Genetic Testing for Colorectal Cancer Susceptibility
- GENE.00043 - Genetic Testing of an Individual's Genome for Inherited Diseases
- LAB.00011 - Analysis of Proteomic Patterns
- SURG.00011 - Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
- SURG.00098 - Mechanical Embolectomy for Treatment of Acute Stroke
- SURG.00132 - Drug-Eluting Devices for Maintaining Sinus Ostial Patency
- TRANS.00016 - Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation
- TRANS.00023 - Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias
- TRANS.00024 - Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome
- TRANS.00027 - Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors
- TRANS.00028 - Hematopoietic Stem Cell Transplant for Hodgkin Disease and non-Hodgkin Lymphoma
- TRANS.00029 - Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias
- TRANS.00030 - Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
- TRANS.00031 - Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors
- TRANS.00034 - Hematopoietic Stem Cell Transplantation for Diabetes Mellitus

### **Archived medical policy effective November 12, 2019**

(The following policy has been archived and its content has been transferred to a new Clinical UM Guideline.)

- GENE.00044 - Analysis of PIK3CA Status in Tumor Cells [Content transferred to CG-GENE-12]

### **Archived medical policy effective November 12, 2019**

(The following policy has been archived and its content has been transferred to an existing Clinical UM Guideline.)

- RAD.00004 - Peripheral Bone Mineral Density Measurement [Content transferred to CGMED-39]

### **New medical policy effective February 1, 2020**

(The policy below is new and may result in services previously covered, but now being considered either not medically necessary and/or investigational)

- MED.00130 - Surface Electromyography Devices for Seizure Monitoring

### **Revised medical policies effective February 1, 2020**

(The following policies listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.)

- GENE.00023 - Gene Expression Profiling of Melanomas
- GENE.00041 - Genetic Testing to Confirm the Identity of Laboratory Specimens
- GENE.00046 - Prothrombin (Factor II) Genetic Testing
- MED.00110 - Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment, and Soft Tissue Grafting, and Regenerative Therapy
- SURG.00011 - Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
- SURG.00052 - Percutaneous Vertebral Disc and Vertebral Endplate Procedures
- TRANS.00035 - Non-Hematopoietic Adult Stem Cell Therapy

**URL:** <https://providernews.anthem.com/new-hampshire/article/medical-policy-updates-are-available-on-anthemcom-26>

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