

Indiana Provider Communications

Clinical Guideline Updates -- September 2019*

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The following Anthem Blue Cross and Blue Shield clinical guideline was reviewed on June 6, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

New Clinical Guideline

Title	Information	Effective Date
CG-GENE-11 Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	<ul style="list-style-type: none">• Created this new clinical UM guideline with non-panel components (which include single polymorphisms of metabolizing enzymes for specific drugs) leaving the drug metabolizing panels to remain in GENE.00010• Added Genotype testing to determine the presence of CYP2C9 genotype before administration of siponimod (Mayzent®) as MN. <p>Moved codes 81225, 81226, 81227, 81230, 81231, 81232, 81346; 81350; 81355, 81381, G9143; 0031U, 0032U, 0033U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U from GENE.00010 to this document; existing CPT code 81227 for CYP2C9 will change from deny to pend for review of MN criteria for diagnosis of MS (ICD-10-CM G35)</p>	9/4/2019

* Notice of Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

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