

# New Hampshire Provider Communications

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## Clinical guideline updates are available on anthem.com

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Published: Dec 1, 2018

The following new and revised medical policies were endorsed at the September 13, 2018 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem medical policies, are available at [anthem.com/provider](http://anthem.com/provider) > scroll down and select 'Find Resources for [state]' > [Medical Policies and Clinical 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](#).

### Revised clinical guidelines effective September 20, 2018

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

CG-DRUG-94 - Rituximab (Rituxan®) for Non-Oncologic Indications  
CG-SURG-79 - Implantable Infusion Pumps

### Revised clinical guidelines effective September 20, 2018

(The following guidelines were reviewed and had no significant changes to the position or criteria.)

CG-DRUG-16 - White Blood Cell Growth Factors  
CG-DRUG-64 - FDA-Approved Biosimilar Products  
CG-MED-38 - Inpatient Admission for Radiation Therapy for Cervical or Thyroid Cancer  
CG-SURG-03 - Blepharoplasty, Blepharoptosis Repair, and Brow Lift  
CG-SURG-09 - Temporomandibular Disorders

### Revised clinical guidelines effective October 17, 2018

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

CG-DRUG-107 - Pharmacotherapy for Hereditary Angioedema  
CG-MED-46 - Electroencephalography and Video Electroencephalographic Monitoring

### Revised clinical guidelines effective October 17, 2018

(The following guidelines were reviewed and had no significant changes to the position or criteria.)

CG-DME-41 - Ultraviolet Light Therapy Delivery Devices for Home Use  
CG-DME-42 - Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices  
CG-DRUG-03 - Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis  
CG-DRUG-08 - Enzyme Replacement Therapy for Gaucher Disease

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CG-DRUG-09 - Immune Globulin (Ig) Therapy

CG-DRUG-55 - Elosulfase alfa (Vimizim®)

CG-DRUG-58 - Laronidase (Aldurazyme®)

CG-DRUG-61 - Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications

CG-DRUG-74 - Canakinumab (Ilaris®)

CG-MED-63 - Treatment of Hyperhidrosis

CG-MED-64 - Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation (Radiofrequency and Cryoablation)

CG-MED-66 - Cryopreservation of Oocytes or Ovarian Tissue

CG-REHAB-04 - Physical Therapy

CG-REHAB-05 - Occupational Therapy

CG-REHAB-08 - Private Duty Nursing in the Home Setting

CG-SURG-28 - Transcatheter Uterine Artery Embolization

CG-SURG-63 - Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure

## **Clinical guideline adopted effective November 1, 2018**

(This guideline is now an AIM clinical guideline.)

CG-MED-59 - Upper Gastrointestinal Endoscopy in Adults

## **Archived clinical guidelines effective November 5, 2018**

(These clinical guidelines are now MCG Behavioral Health Clinical Guidelines. This is a correction to the archive date from previous communications.)

CG-BEH-03 - Psychiatric Disorder Treatment

CG-BEH-04 - Substance-Related and Addictive Disorder Treatment

CG-BEH-05 - Eating and Feeding Disorder Treatment

CG-BEH-07 - Psychological Testing

CG-MED-23 - Home Health

## **New and adopted clinical guideline effective January 1, 2019**

(This guideline is now an AIM clinical guideline.)

CG-REHAB-06 - Speech-Language Pathology Services

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<https://providernews.anthem.com/new-hampshire/article/clinical-guideline-updates-are-available-on-anthemcom-8>

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December 2018 Anthem New Hampshire Provider Newsletter

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