

# New Hampshire Provider Communications

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## Medical policy updates are available on anthem.com

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Published: May 1, 2019

The following new and revised medical policies were endorsed at the January 24, 2019 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](#).

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 January 31, 2019

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

- DRUG.00071 - Pembrolizumab (Keytruda®)
- DRUG.00088 - Atezolizumab (Tecentriq®)
- OR-PR.00003 - Microprocessor Controlled Lower Limb Protheses

### Revised Medical Policies effective February 27, 2019

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

- SURG.00011 - Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
- TRANS.00035 - Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases

### Revised Medical Policies effective February 27, 2019

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

- ANC.00009 - Cosmetic and Reconstructive Services of the Trunk and Groin
- DME.00025 - Self-Operated Spinal Unloading Devices
- DRUG.00013 - Administration of Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion
- DRUG.00027 - Ziconotide Intrathecal Infusion (Prialt®) for Severe Chronic Pain
- DRUG.00078 - Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
- DRUG.00080 - Monoclonal Antibodies for the Treatment of Eosinophilic Conditions
- DRUG.00081 - Eteplirsen (Exondys 51®)
- DRUG.00082 - Daratumumab (DARZALEX®)

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- GENE.00010 - Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
- GENE.00016 - Gene Expression Profiling for Colorectal Cancer
- GENE.00034 - SensiGene™ Fetal RHD genotyping
- GENE.00036 - Genetic Testing for Hereditary Pancreatitis
- GENE.00037 - Genetic Testing for Macular Degeneration
- GENE.00039 - Genetic Testing for Frontotemporal Dementia
- GENE.00046 - Prothrombin G20210A (Factor II) Mutation Testing
- LAB.00024 - Immune Cell Function Assay
- LAB.00034 - Serological Antibody Testing for Helicobacter Pylori
- MED.00002 - Selected Sleep Testing Services
- MED.00007 - Prolotherapy for Joint and Ligamentous Conditions
- MED.00013 - Parenteral Antibiotics for the Treatment of Lyme Disease
- MED.00065 - Hepatic Activation Therapy
- MED.00074 - Computer Analysis and Probability Assessment of Electrocardiographic-Derived Data
- MED.00091 - Rhinophototherapy
- MED.00092 - Automated Nerve Conduction Testing
- MED.00097 - Neural Therapy
- MED.00115 - Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management
- MED.00116 - Near-Infrared Spectroscopy Brain Screening for Hematoma Detection
- MED.00117 - Autologous Cell Therapy for the Treatment of Damaged Myocardium
- MED.00122 - Wilderness Programs
- RAD.00012 - Ultrasound for the Evaluation of the Paranasal Sinuses
- RAD.00053 - Cervical and Thoracic Discography
- REHAB.00003 - Hippotherapy
- SURG.00007 - Vagus Nerve Stimulation
- SURG.00036 - Fetal Surgery for Prenatally Diagnosed Malformations
- SURG.00047 - Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia
- SURG.00073 - Epiduroscopy
- SURG.00079 - Nasal Valve Suspension
- SURG.00097 - Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents
- SURG.00099 - Convection Enhanced Delivery of Therapeutic Agents to the Brain
- SURG.00100 - Cryoablation for Plantar Fasciitis and Plantar Fibroma
- SURG.00102 - Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence
- SURG.00106 - Ablative Techniques as a Treatment for Barrett's Esophagus
- SURG.00111 - Axial Lumbar Interbody Fusion
- SURG.00112 - Occipital Nerve and Supraorbital Nerve Stimulation

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- SURG.00122 - Venous Angioplasty with or without Stent Placement or Venous Stenting Alone
- SURG.00123 - Transmyocardial/ periventricular Device Closure of a Ventricular Septal Defect
- SURG.00138 - Laser Treatment of Onychomycosis
- SURG.00146 - Extracorporeal Carbon Dioxide Removal
- THER-RAD.00008 - Neutron Beam Radiotherapy
- THER-RAD.00009 - Intraocular Epiretinal Brachytherapy
- TRANS.00004 - Cell Transplantation (Adrenal-Brain, Fetal Mesencephalic, and Fetal Xenograft)
- TRANS.00008 - Liver Transplant
- TRANS.00009 - Lung and Lobar Transplant
- TRANS.00010 - Autologous and Allogenic Pancreatic Islet Cell Transplant
- TRANS.00026 - Heart-Lung Transplantation
- TRANS.00033 - Heart Transplant

## **Archived Medical Policies effective March 21, 2019**

(The following policies have been archived and their content has been transferred to new Clinical UM Guidelines.)

- SURG.00115 - Keratoprosthesis (Recategorized to CG-SURG-94)
- SURG.00117 - Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence; Urinary Retention (Recategorized to CG-SURG-95)
- SURG.00136 - Intraocular Telescope (Recategorized to CG-SURG-96)

## **Revised Medical Policy effective August 1, 2019**

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

- TRANS.00035 - Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases

## **Revised Medical Policies effective August 1, 2019**

(The policies below were revised and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- MED.00110 - Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
- SURG.00037 - Treatment of Varicose Veins (Lower Extremity)

## **New Medical Policy effective August 1, 2019**

(The policy below was created and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

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- LAB.00036 - Multiplex Autoantigen Microarray Testing for Diagnosing Systemic Lupus Erythematosus
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<https://providernews.anthem.com/new-hampshire/article/medical-policy-updates-are-available-on-anthemcom-14>

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