

# New Hampshire Provider Communications

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## Medical policy updates are available on anthem.com

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Published: Oct 1, 2018

The following new and revised medical policies were endorsed at the July 26, 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](#).

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 2, 2018

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

DRUG.00067 - Ramucirumab (Cyramza®)  
DRUG.00071 - Pembrolizumab (Keytruda®)  
GENE.00011 - Gene Expressions Profiling for Managing Breast Cancer Treatment  
GENE.00028 - Genetic Testing for Colorectal Cancer Susceptibility  
MED.00124 - Tisagenlecleucel (Kymriah®)  
SURG.00023 - Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures  
SURG.00032 - Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention

### Revised medical policies effective August 29, 2018

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

ADMIN.00007 - Immunizations  
DRUG.00046 - Ipilimumab (Yervoy®)  
DRUG.00050 - Eculizumab (Soliris®)  
DRUG.00075 - Nivolumab (Opdivo®)  
DRUG.00088 - Atezolizumab (Tecentriq®)  
DRUG.00098 - Lutetium Lu 177 dotatate (Lutathera®)  
GENE.00006 - Epithelial Growth Factor Receptor (EGFR) Testing  
GENE.00029 - Genetic Testing for Breast and/or Ovarian Cancer Syndrome  
GENE.00043 - Genetic Testing of an Individual's Genome for Inherited Diseases  
LAB.00027 - Selected Blood, Serum and Cellular Allergy and Toxicity Tests

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## **Revised medical policies effective August 29, 2018**

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

ADMIN.00002 - Preventive Health Guidelines

ADMIN.00004 - Medical Necessity Criteria

ADMIN.00005 - Investigational Criteria

ANC.00006 - Biomagnetic Therapy

DME.00024 - Transtympanic Micropressure for Treatment of Meniere's Disease

DME.00030 - Altered Auditory Feedback Devices for the Treatment of Stuttering

DME.00034 - Standing Frames

DME.00037 - Cooling Devices and Combined Cooling/Heating Devices

DME.00039 - Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea

DRUG.00015 - Prevention of Respiratory Syncytial Virus Infections

DRUG.00095 - Ocrelizumab (Ocrevus®)

DRUG.00111 - Monoclonal Antibodies to Interleukin-23

GENE.00021 - Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies

GENE.00041 - Short Tandem Repeat Analysis for Specimen Provenance Testing

GENE.00042 - Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL) Syndrome

LAB.00016 - Fecal Analysis in the Diagnosis of Intestinal Dysbiosis

LAB.00031 - Advanced Lipoprotein Testing

LAB.00033 - Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer Test

LAB.00035 - Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis

MED.00055 - Wearable Cardioverter Defibrillators

MED.00090 - Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders

MED.00098 - Hyperoxemic Reperfusion Therapy

MED.00106 - Sipuleucel-T (Provenge®)

MED.00109 - Corneal Collagen Cross-Linking

MED.00121 - Implantable Interstitial Glucose Sensors

OR-PR.00005 - Upper Extremity Myoelectric Orthoses

RAD.00002 - Positron Emission Tomography

RAD.00034 - Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)

RAD.00049 - Low-Field and Conventional Magnetic Resonance Imaging (MRI) for Screening, Diagnosing and Monitoring

RAD.00063 - Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance

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Imaging (MPRAGE MRI)

SURG.00005 - Partial Left Ventriculectomy

SURG.00010 - Treatments for Urinary Incontinence

SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions

SURG.00071 - Percutaneous and Endoscopic Spinal Surgery

SURG.00076 - Nerve Graft after Prostatectomy

SURG.00077 - Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques

SURG.00084 - Implantable Middle Ear Hearing Aids

SURG.00105 - Bicompartamental Knee Arthroplasty

SURG.00116 - High-Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus

SURG.00118 - Bronchial Thermoplasty

SURG.00120 - Internal Rib Fixation Systems

SURG.00122 - Venous Angioplasty with or without Stent Placement or Venous Stenting Alone

SURG.00125 - Radiofrequency and Pulsed Radiofrequency Ablation of Trigger Point Pain

SURG.00126 - Irreversible Electroporation

SURG.00133 - Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy

SURG.00134 - Interspinous Process Fixation Devices

SURG.00141 - Doppler-Guided Transanal Hemorrhoidal Dearterialization

SURG.00143 - Perirectal Spacers for Use during Prostate Radiotherapy

SURG.00145 - Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)

TRANS.00028 - Hematopoietic Stem Cell Transplant for Hodgkin's Disease & Non-Hodgkin's Lymphoma

## **Archived medical policy effective September 1, 2018**

GENE.00008 - Analysis of Fecal DNA for Colorectal Cancer Screening and Surveillance

## **Archived medical policies effective September 20, 2018**

(These policies are now an Anthem Clinical Guidelines.)

DME.00027 - Ultrasonic Bone Growth Stimulation

DRUG.00006 - Botulinum Toxin

DRUG.00024 - Omalizumab (Xolair®)

DRUG.00040 - Abatacept (Orencia)

DRUG.00047 - Brentiximab Vedotin (Adcetris)

DRUG.00058 - Pharmacotherapy for Hereditary Angioedema

DRUG.00064 - Enteral Carbidopa and Levodopa Intestinal Gel Infusion

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DRUG.00087 - Asfotase alfa (Strensiq™)  
DRUG.00091 - Naltrexone Implants for the Treatment of Alcohol and Opioid Dependence  
DRUG.00093 - Sebelipase alfa (Kanuma™)  
DRUG.00103 - Abaloparatide (Tymlos) Abaloparatide  
MED.00005 - Hyperbaric Oxygen Therapy (Systemic / Topical)  
MED.00051 - Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry  
MED.00081 - Cognitive Rehabilitation  
MED.00107 - Medical and other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome  
RAD.00019 - Magnetic Source Imaging and Magneto-Encephalography  
RAD.00042 - SPECT/CT Fusion Imaging  
SURG.00014 - Cochlear Implant and Auditory Brainstem Implants  
SURG.00020 - Bone Anchored and Bone Conduction Hearing Aids  
SURG.00049 - Mandibular/ Maxillary (Orthognathic) Surgery  
SURG.00074 - Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring  
SURG.00085 - Mastectomy for Gynecomastia  
SURG.00090 - Radiofrequency and Pulsed Radiofrequency for Neurolysis for Trigeminal Neuralgia  
TRANS.00018 - Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation

## **Archived medical policies effective September 20, 2018**

(These polices are now AIM Clinical Guidelines.)

RAD.00022 - Magnetic Resonance Spectroscopy  
RAD.00029 - CT Colonography (Virtual Colonoscopy) for Colorectal Cancer  
RAD.00043 - Computed Tomography Scans for Lung Cancer Screening  
RAD.00045 - Cerebral Perfusion Imaging using Computed Tomography  
RAD.00046 - Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging  
RAD.00049 - Low-Field and Conventional Magnetic Resonance Imaging (MRI) for Screening, Diagnosing and Monitoring  
RAD.00051 - Functional Magnetic Resonance Imaging (MRI)  
RAD.00055 - Magnetic Resonance Angiography of the Spinal Canal

## **Archived medical policies effective October 31, 2018**

(These policies are now Clinical Guidelines.)

SURG.00024 - Bariatric Surgery and other Treatments for Clinically Severe Obesity  
SURG.00051 - Hip Resurfacing  
SURG.00054 - Endovascular/Endoluminal Repair of Aortic Aneurysms, Aneurysms Aortoiliac

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Disease, Aortic Dissection and Aortic Transection

## **Revised medical policy effective January 1, 2019**

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

GENE.00025 - Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors

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

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

ANC.00007 - Cosmetic and Reconstructive Services; Skin Related

DRUG.00003 - Chelation Therapy

DRUG.00031 - Subcutaneous Hormone Replacement Implants

GENE.00043 - Genetic Testing of an Individual's Genome for Inherited Diseases

LAB.00027 - Selected Blood, Serum and Cellular Allergy and Toxicity Tests

MED.00123 - Axicabtagene ciloleucel (Yescarta®)

MED.00124 - Tisagenlecleucel (Kymriah®)

## **New medical policy effective January 1, 2019**

(The policy below is new and determined to not have significant change.)

DRUG.00096 - Ibalizumab-uiyk (Trogarzo™)

GENE.00049 - Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)

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<https://providernews.anthem.com/new-hampshire/article/medical-policy-updates-are-available-on-anthemcom-5>

### **Featured In:**

October 2018 Anthem New Hampshire Provider Newsletter