

# Virginia Provider Communications

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## Coverage Guidelines and Clinical Utilization Management Guidelines update

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Published: Oct 1, 2019

The *Coverage Guidelines* and *Clinical Utilization Management (UM) Guidelines* below, which are applicable to Anthem HealthKeepers Plus members, were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit <https://www11.anthem.com/search.html>.

### Notes/updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- \*DME.00037 — Added devices that combine cooling and vibration to the Investigational (INV) & not medically necessary (NMN) statement
- \*LAB.00027 — Added Mediator Release Test to INV&NMN statement.
- \*LAB.00033 — Clarified INV&NMN statement to include 4Kscore and AR-V7
- \*OR-PR.00003:

Clarified medically necessary (MN) position statement criteria 2 to 4  
Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications

- \*SURG.00011:

Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera  
Added new products to INV&NMN statement

# Virginia Provider Communications

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- \*SURG.00045:

Added erectile dysfunction, Peyronie’s disease and wound repair to the INV&NMN statement  
Revised title

- \*SURG.00121 — Added INV&NMN statement to address use of transcatheter tricuspid valve repair or replacement for all indications

- The following AIM Specialty Health® updates were approved on June 6, 2019:

Advanced Imaging:

Imaging of the Heart

Oncologic Imaging

Vascular Imaging

Proton Beam Therapy

Rehabilitative Therapies — Physical Therapy, Occupational Therapy and Speech Therapy (New)

## **Coverage Guidelines**

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Coverage Guidelines* applicable to HealthKeepers, Inc.

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
6/13/2019	MED.00129	Gene Therapy for Spinal Muscular Atrophy	New
6/13/2019	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	Revised
6/13/2019	*SURG.00011	Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
6/13/2019	SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Revised

# Virginia Provider Communications

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6/13/2019	SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions	Revised
6/27/2019	GENE.00025	Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies Previous title: Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors	Revised
6/27/2019	DRUG.00046	Ipilimumab (Yervoy®)	Revised
6/27/2019	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
6/27/2019	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
6/27/2019	DRUG.00067	Ramucirumab (Cyramza®)	Revised
6/27/2019	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
6/27/2019	DRUG.00075	Nivolumab (Opdivo®)	Revised
6/27/2019	DRUG.00107	Avelumab (Bavencio®)	Revised
6/27/2019	GENE.00044	Analysis of PIK3CA Status in Tumor Cells	Revised
6/27/2019	*SURG.00121	Transcatheter Heart Valve Procedures	Revised
6/27/2019	GENE.00001	Genetic Testing for Cancer Susceptibility	Revised
6/27/2019	GENE.00043	Genetic Testing of an Individual's Genome for Inherited Diseases	Revised
6/27/2019	LAB.00011	Analysis of Proteomic Patterns	Revised
6/27/2019	LAB.00015	Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer	Revised
7/10/2019	GENE.00051	Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer	New
7/10/2019	SURG.00153	Cardiac Contractility Modulation Therapy	New
7/10/2019	*DME.00037	Cooling Devices and Combined Cooling/Heating Devices	Revised
7/10/2019	DME.00038	Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices	Revised
7/10/2019	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
7/10/2019	*LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	Revised

# Virginia Provider Communications

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7/10/2019	*LAB.00033	Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	Revised
7/10/2019	MED.00109	Corneal Collagen Cross-Linking	Revised
7/10/2019	*OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	Revised
7/10/2019	SURG.00005	Partial Left Ventriculectomy	Revised
7/10/2019	*SURG.00045	Extracorporeal Shock Wave Therapy Previous Title: Extracorporeal Shock Wave Therapy for Orthopedic Conditions	Revised
7/10/2019	SURG.00120	Internal Rib Fixation Systems	Revised
9/4/2019	GENE.00010	Genotype Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status Previous title: Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised

## **Clinical UM Guidelines**

On June 6, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to HealthKeepers, Inc. These guidelines were adopted by the medical operations committee for Anthem HealthKeepers Plus members on July 5, 2019.

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
6/24/2019	CG-SURG-97	Cardioverter Defibrillators	New
6/27/2019	CG-DRUG-48	Azacitidine (Vidaza®)	Revised
6/27/2019	CG-DRUG-62	Fulvestrant (FASLODEX®)	Revised
6/27/2019	CG-DRUG-106	Brentuximab Vedotin (Adcetris)	Revised
6/27/2019	CG-DRUG-98	Bendamustine Hydrochloride	Revised
6/27/2019	CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	Revised
6/27/2019	CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	Revised
7/10/2019	CG-SURG-100	Laser Trabeculoplasty and Laser Peripheral Iridotomy	New
7/10/2019	CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists	Revised
7/10/2019	CG-ANC-06	Ambulance Services: Ground; Non-Emergent	Revised
7/10/2019	CG-DME-03	Neuromuscular Stimulation in the Treatment of Muscle Atrophy	Revised

# Virginia Provider Communications

7/10/2019	CG-DME-07	Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output Previous title: Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)	Revised
7/10/2019	CG-DME-08	Infant Home Apnea Monitors	Revised
7/10/2019	CG-DME-39	Dynamic Low-Load Prolonged-Duration Stretch Devices	Revised
7/10/2019	CG-DME-42	Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices	Revised
7/10/2019	CG-DME-45	Ultrasound Bone Growth Stimulation	Revised
7/10/2019	CG-MED-41	Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting	Revised
7/10/2019	CG-MED-49	Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders	Revised
7/10/2019	CG-MED-57	Cardiac Stress Testing with Electrocardiogram	Revised
7/10/2019	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	Revised
7/10/2019	CG-SURG-11	Surgical Treatment for Dupuytren's Contracture	Revised
7/10/2019	CG-SURG-17	Trigger Point Injections	Revised
7/10/2019	CG-SURG-35	Intracytoplasmic Sperm Injection (ICSI)	Revised
7/10/2019	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Revised
7/10/2019	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	Revised
7/10/2019	CG-SURG-85	Hip Resurfacing	Revised
7/10/2019	CG-SURG-93	Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction	Revised
9/4/2019	CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	New
9/4/2019	CG-GENE-10	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies	New
9/4/2019	CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus	New
9/4/2019	CG-SURG-102	Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy	New

<https://providernews.anthem.com/virginia/article/coverage-guidelines-and-clinical-utilization-management-guidelines-update-3>

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# Virginia Provider Communications

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