

NOTICE OF MATERIAL CHANGE TO CONTRACT



July 1, 2021

RE: Pre-Service / Prior Authorization Clinical Review Update: July 2021

Dear Provider:

Effective with dates of service on or after October 1, 2021, Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Colorado (Anthem) will require review of the below Clinical Guidelines for medical necessity. Medical necessity review will require preauthorization. Ordering and servicing providers may submit prior authorization requests by contacting the phone number on the back of the members ID card.

Clinical Guideline Name	Description
CG-DME-06	This document addresses the use of pneumatic compression devices for the treatment of lymphedema. This therapy involves the use of an inflatable garment for various body parts and an electrical pneumatic pump. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices. Pneumatic compression devices are used in clinics or can be purchased or rented for home use. This document addresses the home use of pneumatic compression devices.
CG-SURG-93	This document addresses angiographic evaluation for dialysis access circuit dysfunction and treatment for stenotic or thrombosed arterio-venous grafts (AVG) or fistulas (AVF). This document does not address angiographic evaluation as a treatment for venous thoracic outlet syndrome, superior vena cava syndrome, Budd-Chiari syndrome, congenital cardiac defects, lower extremity venous congestion, or improving venous flow in individuals with multiple sclerosis and chronic cerebrospinal venous insufficiency (CCSVI).

Anthem Medical Policies and Clinical UM Guidelines are developed by our national Medical Policy and Technology Assessment Committee. The Committee, which includes Anthem medical directors and representatives from practicing physician groups, meets quarterly to review current scientific data and clinical developments.

All coverage written or administered by Anthem excludes from coverage, services or supplies that are investigational and/or not medically necessary. A member's claim may not be eligible for payment if it was determined not to meet medical necessity criteria set in Anthem's medical policies. Review procedures have been refined to facilitate claim investigation.

Anthem's Medical Policies and Clinical UM Guidelines are available online:

The complete list of our Medical Policies and Clinical UM Guidelines may be accessed on Anthem's Web site at anthem.com and select **Providers**. Under the *Provider Resources* heading, select **Policies and Guidelines**. Select **Colorado** as Your State. Select [View Medical Policies & UM Guidelines](#). Either enter new word or code, or select the link for [Full List page](#) to search the policy for your inquiry.

Sincerely,

Jonathan Sollender, MD, MBA, FACS
Regional Vice President and Senior Clinical Officer
Commercial & Specialty Business Division