



Anthem Blue Cross and Blue Shield GA Medical Policy and Clinical Guideline Updates 1/1/2019

The Medical Policy and Technology Assessment Committee adopted the following new and/or revised Medical Policies and Clinical Guidelines. Some may have expanded rationales, medical necessity indications or criteria and some may involve changes to policy position statements that might result in services that previously were covered being found to be either not medically necessary or investigational/not medically necessary. Clinical Guidelines adopted by Anthem Blue Cross and Blue Shield and all the Medical Policies are available at the Anthem Blue Cross and Blue Shield website (Choose Providers > Medical Policies). Please note our medical policies now include NOC (Not Otherwise Classified) codes to expedite the process of determining services that may require medical review. If you don't have access to the Internet, you may request a hard copy of a specific Medical or Behavioral Health Policy or Clinical UM Guideline by calling Provider Services at (800) 241-7475 Monday-Friday from 8:00 a.m. to 7:00 p.m. or send written requests (specifying medical policy or guideline of interest, your name and address to where information should be sent) to:

Anthem Blue Cross and Blue Shield
Attention: Prior Approval, Mail Code GAG009-0002
3350 Peachtree Road NE
Atlanta, GA 30326

NOTE: Any Clinical Guideline included in this standard MPTAC notification is only effective for GA if included on the GA Standard Adopted Clinical Guideline List unless there is a group-specific review requirement in which case it will be considered 'Adopted' for that group only and for the specific type of review required. Additionally, as part of the Pre-Payment Review Program for commercial or Federal Employee Health Benefits Program (FEHBP) plans, Clinical Guidelines approved by Medical Policy and Technology Assessment Committee (MPTAC) but not included in the GA Standard Adopted Clinical Guideline List may be used to review a provider's claims when a provider's billing practices are not consistent with other providers in terms of frequency or in some other manner or for provider education and are "Adopted" for those purposes.

Publish Date	Committee Action	Guideline or Policy Number	Policy or Guideline Title
4/1/2019	New	CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting
4/1/2019	New	CG-MED-78	Anesthesia Services for Interventional Pain Management Procedures
4/1/2019	New	CG-SURG-91	Minimally Invasive Ablative Procedures for Epilepsy
4/1/2019	New	MED.00126	Fractional Exhaled Nitric Oxide & Exhaled Breath Condensate Measurements for Respiratory Disorders
	Conversion		
1/3/2019	Conversion New	CG-MED-79	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems
1/3/2019	Archived	MED.00100	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems
1/3/2019	Conversion New	CG-MED-80	Positron Emission Tomography (PET) and PET/CT Fusion
1/3/2019	Archived	RAD.00002	Positron Emission Tomography (PET) and PET/CT Fusion
	Revised		
12/12/2018	Revised	ADMIN.00001	Medical Policy Formation
4/1/2019	Revised	CG-BEH-01	Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome
1/1/2019	Revised	CG-DME-40	Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton Previous title: Electrical Bone Growth Stimulation
12/12/2018	Revised	CG-DRUG-45	Octreotide acetate (Sandostatin®; Sandostatin® LAR Depot)
12/12/2018	Revised	CG-DRUG-62	Fulvestrant (FASLODEX®)
4/1/2019	Revised	CG-DRUG-63	Levoleucovorin Products Previously titled: Levoleucovorin Calcium (Fusilev®)
12/12/2018	Revised	CG-DRUG-65	Tumor Necrosis Factor Antagonists
12/12/2018	Revised	CG-DRUG-77	Radium Ra 223 Dichloride (Xofigo®)
4/1/2019	Revised	CG-DRUG-78	Antihemophilic Factors and Clotting Factors
11/15/2018	Revised	CG-DRUG-88	Dupilumab (Dupixent®)

12/12/2018	Revised	CG-DRUG-107	Pharmacotherapy for Hereditary Angioedema
4/1/2019	Revised	CG-GENE-01	Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays Previous title: Janus Kinase 2 (JAK2) V617F Gene Mutation Assay
12/12/2018	Revised	CG-GENE-03	BRAF Mutation Analysis
12/12/2018	Revised	CG-MED-21	Anesthesia Services and Moderate (“Conscious”) Sedation
12/12/2018	Revised	CG-MED-26	Neonatal Levels of Care
1/1/2019	Revised	CG-MED-65	Manipulation Under Anesthesia Previous title: Manipulation Under Anesthesia of the Spine and Joints other than the Knee
12/12/2018	Revised	CG-REHAB-07	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)
4/1/2019	Revised	CG-SURG-27	Sex Reassignment Surgery
12/12/2018	Revised	CG-SURG-60	Cervical Total Disc Arthroplasty
12/12/2018	Revised	CG-THER-RAD-03	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy
11/15/2018	Revised	DRUG.00046	Ipilimumab (Yervoy®)
12/12/2018	Revised	DRUG.00062	Obinutuzumab (Gazyva®)
11/15/2018	Revised	DRUG.00071	Pembrolizumab (Keytruda®)
11/15/2018	Revised	DRUG.00075	Nivolumab (Opdivo®)
12/12/2018	Revised	DRUG.00090	Bezlotoxumab (ZINPLAVA™)
12/12/2018	Revised	GENE.00006	Epidermal Growth Factor Receptor (EGFR) Testing
12/12/2018	Revised	LAB.00029	Rupture of Membranes Testing in Pregnancy Previously: Rupture of Membranes Testing in Pregnancy
11/15/2018	Revised	MED.00109	Corneal Collagen Cross-Linking
12/12/2018	Revised	SURG.00098	Mechanical Embolectomy for Treatment of Acute Stroke
4/1/2019	Revised	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
11/15/2018	Revised	SURG.00120	Internal Rib Fixation Systems
12/12/2018	Revised	SURG.00121	Transcatheter Heart Valve Procedures
12/12/2018	Revised	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome
	Reviewed		
12/12/2018	Reviewed	BEH.00002	Transcranial Magnetic Stimulation
4/1/2019	Reviewed	CG-DRUG-40	Bortezomib (Velcade®)
12/12/2018	Reviewed	CG-SURG-61	Cryosurgical Ablation of Solid Tumors Outside the Liver
12/12/2018	Reviewed	CG-SURG-62	Radiofrequency Ablation to Treat Tumors Outside the Liver
12/12/2018	Reviewed	MED.00055	Wearable Cardioverter Defibrillators
12/12/2018	Reviewed	MED.00121	Implantable Interstitial Glucose Sensors
12/12/2018	Reviewed	MED.00125	Biofeedback and Neurofeedback
11/15/2018	Reviewed	SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)
			THIRD PARTY CRITERIA
			Musculoskeletal
By AIM	AIM		Clinical Appropriateness Guidelines - Interventional Pain Management
By AIM	AIM		Clinical Appropriateness Guidelines - Spine Surgery
			Radiology
By AIM	AIM		Clinical Appropriateness Guidelines - Advanced Imaging of the: Abdomen and Pelvis, Brain, Chest, Extremities, Head and Neck, Spine, Oncologic and Vascular.
			AIM Specialty Health

			Musculoskeletal
By AIM	AIM		Clinical Appropriateness Guidelines - Joint Surgery
			MCG Customizations
1/16/2019	MCG	W0152	Medication-Assisted Opioid Withdrawal
1/16/2019	MCG	W0154	Neonatal Abstinence Syndrome
1/16/2019	MCG	W0155	Ankle Arthroscopy
No change	MCG	S-1082	Thoracotomy with Biopsy or Miscellaneous Procedures by Video-Assisted Thoracic Surgery (VATS)
			Archived
12/12/2018	Archived	CG-DRUG-31	Oncology Drug Treatment Regimens for Adults
12/12/2018	Archived	CG-MED-60	Monitored Anesthesia Care and General Anesthesia for Cataract Surgery
12/12/2018	Archived	DRUG.00098	Lutetium Lu 177 dotatate (Lutathera®)
1/1/2019	Archived	SURG.00066	Percutaneous Neurolysis for Chronic Neck and Back Pain
			Annual Review
12/12/2018	Annual Review	CG-DME-21	External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings
12/12/2018	Annual Review	CG-DME-30	Prothrombin Time Self-Monitoring Devices
12/12/2018	Annual Review	CG-DME-37	Air Conduction Hearing Aids
12/12/2018	Annual Review	CG-DRUG-18	Nesiritide (Natrecor®)
12/12/2018	Annual Review	CG-DRUG-20	Enfuvirtide (Fuzeon®)
12/12/2018	Annual Review	CG-DRUG-38	Pemetrexed Disodium (Alimta®)
12/12/2018	Annual Review	CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)
12/12/2018	Annual Review	CG-DRUG-44	Pegloticase (Krystexxa®)
12/12/2018	Annual Review	CG-DRUG-52	Temsirolimus (Torisel®)
12/12/2018	Annual Review	CG-DRUG-54	Agalsidase beta (Fabrazyme®)
12/12/2018	Annual Review	CG-DRUG-64	FDA-Approved Biosimilar Products
12/12/2018	Annual Review	CG-DRUG-66	Panitumumab (Vectibix®)
12/12/2018	Annual Review	CG-DRUG-70	Eribulin mesylate (Halaven®)
12/12/2018	Annual Review	CG-DRUG-71	Ziv-aflibercept (Zaltrap®)
12/12/2018	Annual Review	CG-DRUG-75	Romiplostim (Nplate®)
12/12/2018	Annual Review	CG-DRUG-76	Plerixafor Injection (Mozobil™)
12/12/2018	Annual Review	CG-DRUG-79	Siltuximab (Sylvant®)
12/12/2018	Annual Review	CG-DRUG-80	Cabazitaxel (Jevtana®)
12/12/2018	Annual Review	CG-DRUG-87	Vedolizumab (Entyvio®)

12/12/2018	Annual Review	CG-MED-19	Custodial Care
12/12/2018	Annual Review	CG-MED-28	Iontophoresis for Medical Indications
12/12/2018	Annual Review	CG-MED-32	Ancillary Services for Pregnancy Complications
12/12/2018	Annual Review	CG-MED-56	Non-Obstetrical Transvaginal Ultrasonography
12/12/2018	Annual Review	CG-MED-67	Melanoma Vaccines
12/12/2018	Annual Review	CG-MED-68	Therapeutic Apheresis
12/12/2018	Annual Review	CG-SURG-31	Treatment of Keloids and Scar Revision
12/12/2018	Annual Review	CG-THER-RAD-04	Selective Internal Radiation Therapy (SIRT) of Primary or Metastatic Liver Tumor
12/12/2018	Annual Review	DME.00012	Intrapulmonary Percussive Ventilation Devices for Airway Clearance
12/12/2018	Annual Review	DRUG.00034	Insulin Potentiation Therapy
12/12/2018	Annual Review	DRUG.00063	Ofatumumab (Arzerra®)
12/12/2018	Annual Review	DRUG.00074	Alemtuzumab (Lemtrada®)
12/12/2018	Annual Review	DRUG.00077	Monoclonal Antibodies to Interleukin-17A
12/12/2018	Annual Review	DRUG.00086	Mecasermin (Increlex®)
12/12/2018	Annual Review	DRUG.00099	Cerliponase Alfa (Brineura™)
12/12/2018	Annual Review	DRUG.00110	Inotuzumab ozogamicin (Besponsa®)
12/12/2018	Annual Review	DRUG.00111	Monoclonal Antibodies to Interleukin-23
12/12/2018	Annual Review	DRUG.00112	Gemtuzumab Ozogamicin (Mylotarg®)
12/12/2018	Annual Review	DRUG.00116	Vestronidase alfa (Mepsevii™)
12/12/2018	Annual Review	DRUG.00118	Copanlisib (Aliqopa®)
12/12/2018	Annual Review	GENE.00018	Gene Expression Profiling for Cancers of Unknown Primary Site
12/12/2018	Annual Review	GENE.00020	Gene Expression Profile Tests for Multiple Myeloma
12/12/2018	Annual Review	GENE.00024	DNA-Based Testing for Adolescent Idiopathic Scoliosis
12/12/2018	Annual Review	GENE.00030	Genetic Testing for Endocrine Gland Cancer Susceptibility
12/12/2018	Annual Review	GENE.00035	Genetic Testing for TP53 Mutations
12/12/2018	Annual Review	GENE.00044	Analysis of PIK3CA Status in Tumor Cells
12/12/2018	Annual Review	LAB.00026	Systems Pathology Testing for Predicting Risk of Prostate Cancer Progression and Recurrence

12/12/2018	Annual Review	MED.00041	Microvolt T-Wave Alternans
12/12/2018	Annual Review	MED.00085	Antineoplaston Therapy
12/12/2018	Annual Review	RAD.00023	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications Previously Single Photon Emission Computed Tomography (SPECT) Scans for Noncardiovascular Indications
12/12/2018	Annual Review	RAD.00036	MRI of the Breast
12/12/2018	Annual Review	RAD.00061	PET/MRI
12/12/2018	Annual Review	RAD.00065	Radiostereometric Analysis (RSA)
12/12/2018	Annual Review	SURG.00019	Transmyocardial Revascularization
12/12/2018	Annual Review	SURG.00044	Breast Ductal Examination and Fluid Cytology Analysis
12/12/2018	Annual Review	SURG.00052	Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
12/12/2018	Annual Review	SURG.00088	Coblation® Therapies for Musculoskeletal Conditions
12/12/2018	Annual Review	SURG.00130	Annulus Closure After Discectomy
12/12/2018	Annual Review	SURG.00140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain
12/12/2018	Annual Review	SURG.00142	Genicular Nerve Blocks and Ablation for Chronic Knee Pain
12/12/2018	Annual Review	TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias
12/12/2018	Annual Review	TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors
12/12/2018	Annual Review	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias
12/12/2018	Annual Review	TRANS.00030	Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
12/12/2018	Annual Review	TRANS.00034	Hematopoietic Stem Cell Transplantation for Diabetes Mellitus
	Coding Updates		Coding Updates of Existing Documents
12/27/2018	Coding Updates	DRUG.00080	Monoclonal Antibodies for the Treatment of Eosinophilic Conditions
12/27/2018	Coding Updates	DRUG.00096	Ibalizumab-uiyk (Trogarzo™)
12/27/2018	Coding Updates	DRUG.00108	Edaravone (Radicava®)
4/1/2019	Coding Updates	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment
4/1/2019	Coding Updates	GENE.00012	Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent
4/1/2019	Coding Updates	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome
4/1/2019	Coding Updates	GENE.00043	Genetic Testing of an Individual's Genome for Inherited Diseases

12/27/2018	Coding Updates	LAB.00019	Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease
12/27/2018	Coding Updates	MED.00111	Intracardiac Ischemia Monitoring
12/27/2018	Coding Updates	MED.00115	Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management
12/27/2018	Coding Updates	MED.00120	Voretigene neparvovec-rzyl (Luxturna™)
12/27/2018	Coding Updates	MED.00123	Axicabtagene ciloleucel (Yescarta®)
12/27/2018	Coding Updates	MED.00124	Tisagenlecleucel (Kymriah®)
12/27/2018	Coding Updates	SURG.00007	Vagus Nerve Stimulation
12/27/2018	Coding Updates	SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions
12/27/2018	Coding Updates	SURG.00037	Treatment of Varicose Veins (Lower Extremities)
12/27/2018	Coding Updates	SURG.00102	Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence
4/1/2019	Coding Updates	SURG.00104	Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis
12/27/2018	Coding Updates	SURG.00111	Axial Lumbar Interbody Fusion
4/1/2019	Coding Updates	SURG.00132	Drug-Eluting Devices for Maintaining Sinus Ostial Patency
12/27/2018	Coding Updates	SURG.00150	Leadless Pacemaker
12/27/2018	Coding Updates	THER-RAD.00009	Intraocular Epiretinal Brachytherapy
12/27/2018	Coding Updates	CG-BEH-02	Adaptive Behavioral Treatment for Autism Spectrum Disorder
4/1/2019	Coding Updates	CG-DME-18	Home Oxygen Therapy
12/27/2018	Coding Updates	CG-DME-19	Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes
4/1/2019	Coding Updates	CG-DME-26	Back-up Ventilators in the Home Setting
4/1/2019	Coding Updates	CG-DRUG-29	Hyaluronan Injections
4/1/2019	Coding Updates	CG-DRUG-90	Intravitreal Treatment for Retinal Vascular Conditions
4/1/2019	Coding Updates	CG-MED-08	Home Enteral Nutrition
12/27/2018	Coding Updates	CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
	Updated		
11/15/2018		CG-DME-06	Pneumatic Compression Devices for Lymphedema
12/12/2018		CG-DRUG-81	Tocilizumab (Actemra®)