



## Anthem Blue Cross and Blue Shield GA Medical Policy and Clinical Guideline Updates 07/1/2020

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 AM to 7 PM 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**

Publish Date	Committee Action	Policy or Guideline Number	Policy or Guideline Title
11/1/2020	New	DME.00042	Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea
11/1/2020	New	MED.00131	Electronic Home Visual Field Monitoring
11/1/2020	New	MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures
11/1/2020	New	MED.00133	Ingestion Event Monitors
11/1/2020	New	THER-RAD.00012	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation
	<b>REVISED</b>		
7/1/2020	Revised	ANC.00007	Cosmetic and Reconstructive Services: Skin Related
7/8/2020	Revised	CG-DME-03	Neuromuscular Stimulation in the Treatment of Muscle Atrophy
7/8/2020	Revised	CG-DME-42	Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices

10/1/2020	Revised	<b>CG-DME-46</b>	<b>Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting</b>
7/8/2020	Revised	<b>CG-DME-47</b>	<b>Noninvasive Home Ventilator Therapy for Respiratory Failure</b>
10/1/2020	Revised	<b>CG-GENE-02</b>	<b>Analysis of RAS Status</b>
7/8/2020	Revised	<b>CG-LAB-09</b>	<b>Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain</b>
7/8/2020	Revised	<b>CG-MED-41</b>	<b>Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting</b>
5/21/2020	Revised	<b>CG-MED-44</b>	<b>Holter Monitors</b>
7/8/2020	Revised	<b>CG-MED-59</b>	<b>Upper Gastrointestinal Endoscopy in Adults</b>
10/1/2020	Revised	<b>CG-MED-64</b>	<b>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)</b>
10/1/2020	Revised	<b>CG-MED-68</b>	<b>Therapeutic Apheresis</b>
5/21/2020	Revised	<b>CG-MED-74</b>	<b>Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry</b>
5/21/2020	Revised	<b>CG-MED-77</b>	<b>SPECT/CT Fusion Imaging</b>
5/21/2020	Revised	<b>CG-SURG-27</b>	<b>Gender Reassignment Surgery</b>
7/8/2020	Revised	<b>CG-SURG-85</b>	<b>Hip Resurfacing</b>
5/21/2020	Revised	<b>CG-SURG-98</b>	<b>Prostate Biopsy using MRI Fusion Techniques</b>  Previous title: Prostate Multiparametric Magnetic Resonance Imaging
5/21/2020	Revised	<b>DME.00009</b>	<b>Vacuum Assisted Wound Therapy in the Outpatient Setting</b>
11/1/2020	Revised	<b>DME.00011</b>	<b>Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices</b>
5/21/2020	Revised	<b>DME.00034</b>	<b>Standing Frames</b>

7/1/2020	Revised	<b>GENE.00010</b>	<b>Panel and other Multi-Gene Testing for Polymorphisms to Determine Drug-Metabolizer Status</b>  Previous title: Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
7/8/2020	Revised	<b>LAB.00016</b>	<b>Fecal Analysis in the Diagnosis of Intestinal Disorders</b>
11/1/2020	Revised	<b>MED.00004</b>	<b>Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)</b>
7/1/2020	Revised	<b>MED.00110</b>	<b>Silver-based Products and Autologous Skin-, Blood- or Bone Marrow-derived Products for Wound and Soft Tissue Applications</b>  Previous title: Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment, Soft Tissue Grafting, and Regenerative Therapy
7/8/2020	Revised	<b>SURG.00007</b>	<b>Vagus Nerve Stimulation</b>
5/21/2020	Revised	<b>SURG.00026</b>	<b>Deep Brain, Cortical, and Cerebellar Stimulation</b>
5/21/2020	Revised	<b>SURG.00047</b>	<b>Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis</b>
7/8/2020	Revised	<b>SURG.00121</b>	<b>Transcatheter Heart Valve Procedures</b>
7/8/2020	Revised	<b>TRANS.00035</b>	<b>Other Stem Cell Therapy</b>  Previous title: Non-Hematopoietic Adult Stem Cell Therapy
	<b>REVIEWED</b>		
7/8/2020	Reviewed	<b>ADMIN.00002</b>	<b>Preventive Health Guidelines</b>
7/8/2020	Reviewed	<b>ADMIN.00004</b>	<b>Medical Necessity Criteria</b>
7/8/2020	Reviewed	<b>ADMIN.00005</b>	<b>Investigational Criteria</b>
7/8/2020	Reviewed	<b>ADMIN.00007</b>	<b>Immunizations</b>
7/8/2020	Reviewed	<b>ANC.00006</b>	<b>Biomagnetic Therapy</b>

7/8/2020	Reviewed	<b>CG-ADMIN-01</b>	<b>Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists</b>
7/8/2020	Reviewed	<b>CG-ANC-06</b>	<b>Ambulance Services: Ground; Non-Emergent</b>
7/8/2020	Reviewed	<b>CG-DME-04</b>	<b>Electrical Nerve Stimulation, Transcutaneous, Percutaneous</b>
7/8/2020	Reviewed	<b>CG-DME-05</b>	<b>Cervical Traction Devices for Home Use</b>
7/8/2020	Reviewed	<b>CG-DME-07</b>	<b>Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output</b>
7/8/2020	Reviewed	<b>CG-DME-08</b>	<b>Infant Home Apnea Monitors</b>
7/8/2020	Reviewed	<b>CG-DME-15</b>	<b>Hospital Beds and Accessories</b>
7/8/2020	Reviewed	<b>CG-DME-35</b>	<b>Electric Breast Pumps</b>
7/8/2020	Reviewed	<b>CG-DME-36</b>	<b>Pediatric Gait Trainers</b>
7/8/2020	Reviewed	<b>CG-DME-39</b>	<b>Dynamic Low-Load Prolonged-Duration Stretch Devices</b>
7/8/2020	Reviewed	<b>CG-DME-45</b>	<b>Ultrasound Bone Growth Stimulation</b>
7/8/2020	Reviewed	<b>CG-GENE-10</b>	<b>Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Development Disorder) and Congenital Anomalies</b>
7/8/2020	Reviewed	<b>CG-GENE-11</b>	<b>Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status</b>
7/8/2020	Reviewed	<b>CG-GENE-13</b>	<b>Genetic Testing for Inherited Diseases</b>
11/1/2020	Reviewed	<b>CG-GENE-14</b>	<b>Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management</b>
7/1/2020	Reviewed	<b>CG-GENE-16</b>	<b>BRCA Testing for Breast and/or Ovarian Cancer Syndrome</b>
7/8/2020	Reviewed	<b>CG-MED-05</b>	<b>Ketogenic Diet for Treatment of Intractable Seizures</b>
7/8/2020	Reviewed	<b>CG-MED-35</b>	<b>Retinal Telescreening Systems</b>

7/8/2020	Reviewed	<b>CG-MED-40</b>	<b>External Ambulatory Event Monitors to Detect Cardiac Arrhythmias</b>
7/8/2020	Reviewed	<b>CG-MED-49</b>	<b>Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders</b>
7/8/2020	Reviewed	<b>CG-MED-57</b>	<b>Cardiac Stress Testing with Electrocardiogram</b>
7/8/2020	Reviewed	<b>CG-MED-75</b>	<b>Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome</b>
7/8/2020	Reviewed	<b>CG-MED-76</b>	<b>Magnetic Source Imaging and Magnetoencephalography</b>
7/8/2020	Reviewed	<b>CG-MED-83</b>	<b>Level of Care: Specialty Pharmaceuticals</b>
7/8/2020	Reviewed	<b>CG-REHAB-03</b>	<b>Pulmonary Rehabilitation</b>
7/8/2020	Reviewed	<b>CG-REHAB-11</b>	<b>Cognitive Rehabilitation</b>
7/8/2020	Reviewed	<b>CG-SURG-05</b>	<b>Maze Procedure</b>
7/8/2020	Reviewed	<b>CG-SURG-07</b>	<b>Vertical Expandable Prosthetic Titanium Rib</b>
7/8/2020	Reviewed	<b>CG-SURG-08</b>	<b>Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury</b>
7/8/2020	Reviewed	<b>CG-SURG-11</b>	<b>Surgical Treatment for Dupuytren's Contracture</b>
7/8/2020	Reviewed	<b>CG-SURG-12</b>	<b>Penile Prosthesis Implantation</b>
7/8/2020	Reviewed	<b>CG-SURG-17</b>	<b>Trigger Point Injections</b>
7/8/2020	Reviewed	<b>CG-SURG-24</b>	<b>Functional Endoscopic Sinus Surgery (FESS)</b>
7/8/2020	Reviewed	<b>CG-SURG-25</b>	<b>Injection Treatment for Morton's Neuroma</b>
7/8/2020	Reviewed	<b>CG-SURG-34</b>	<b>Diagnostic Infertility Surgery</b>
7/8/2020	Reviewed	<b>CG-SURG-35</b>	<b>Intracytoplasmic Sperm Injection (ICSI)</b>

7/8/2020	Reviewed	<b>CG-SURG-50</b>	<b>Assistant Surgeons</b>
7/8/2020	Reviewed	<b>CG-SURG-51</b>	<b>Outpatient Cystourethroscopy</b>
7/8/2020	Reviewed	<b>CG-SURG-56</b>	<b>Diagnostic Fiberoptic Flexible Laryngoscopy</b>
7/8/2020	Reviewed	<b>CG-SURG-61</b>	<b>Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver</b>
7/8/2020	Reviewed	<b>CG-SURG-73</b>	<b>Balloon Sinus Ostial Dilation</b>
7/8/2020	Reviewed	<b>CG-SURG-81</b>	<b>Cochlear Implants and Auditory Brainstem Implants</b>
7/8/2020	Reviewed	<b>CG-SURG-82</b>	<b>Bone-Anchored and Bone Conduction Hearing Aids</b>
7/8/2020	Reviewed	<b>CG-SURG-84</b>	<b>Mandibular/Maxillary (Orthognathic) Surgery</b>
7/8/2020	Reviewed	<b>CG-SURG-86</b>	<b>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</b>
7/8/2020	Reviewed	<b>CG-SURG-87</b>	<b>Nasal Surgery for the Treatment of Obstructive Sleep Apnea (OSA) and Snoring</b>
7/8/2020	Reviewed	<b>CG-SURG-88</b>	<b>Mastectomy for Gynecomastia</b>
7/8/2020	Reviewed	<b>CG-SURG-89</b>	<b>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</b>
7/8/2020	Reviewed	<b>CG-SURG-93</b>	<b>Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction</b>
7/8/2020	Reviewed	<b>CG-SURG-101</b>	<b>Ablative Techniques as a Treatment for Barrett's Esophagus</b>
7/8/2020	Reviewed	<b>CG-SURG-102</b>	<b>Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy</b>
7/8/2020	Reviewed	<b>CG-TRANS-03</b>	<b>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</b>
7/8/2020	Reviewed	<b>DME.00024</b>	<b>Transtympanic Micropressure for the Treatment of Meniere's Disease</b>
7/8/2020	Reviewed	<b>DME.00030</b>	<b>Altered Auditory Feedback Devices for the Treatment of Stuttering</b>

7/8/2020	Reviewed	<b>DME.00037</b>	<b>Cooling Devices and Combined Cooling/Heating Devices</b>
7/8/2020	Reviewed	<b>DME.00038</b>	<b>Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices</b>
7/8/2020	Reviewed	<b>DME.00039</b>	<b>Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea</b>
7/8/2020	Reviewed	<b>GENE.00007</b>	<b>Cardiac Ion Channel Genetic Testing</b>
7/8/2020	Reviewed	<b>GENE.00017</b>	<b>Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including arrhythmogenic right ventricular dysplasia/cardiomyopathy)</b>
7/8/2020	Reviewed	<b>GENE.00041</b>	<b>Genetic Testing to Confirm the Identity of Laboratory Specimens</b>
7/8/2020	Reviewed	<b>GENE.00042</b>	<b>Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy Syndrome</b>
7/8/2020	Reviewed	<b>GENE.00051</b>	<b>Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer</b>
7/8/2020	Reviewed	<b>GENE.00053</b>	<b>Metagenomic Sequencing for Infectious Disease in the Outpatient Setting</b>
7/8/2020	Reviewed	<b>LAB.00027</b>	<b>Selected Blood, Serum and Cellular Allergy and Toxicity Tests</b>
7/8/2020	Reviewed	<b>LAB.00031</b>	<b>Advanced Lipoprotein Testing</b>
7/8/2020	Reviewed	<b>LAB.00033</b>	<b>Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer</b>
7/8/2020	Reviewed	<b>LAB.00035</b>	<b>Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis</b>
7/8/2020	Reviewed	<b>MED.00090</b>	<b>Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders</b>
7/8/2020	Reviewed	<b>MED.00098</b>	<b>Hyperoxemic Reperfusion Therapy</b>
7/8/2020	Reviewed	<b>MED.00127</b>	<b>Chelation Therapy</b>
7/1/2020	Reviewed	<b>MED.00129</b>	<b>Gene Therapy for Spinal Muscular Atrophy</b>

7/8/2020	Reviewed	OR-PR.00005	Upper Extremity Myoelectric Orthoses
7/8/2020	Reviewed	OR-PR.00006	Powered Robotic Lower Body Exoskeleton Devices
7/8/2020	Reviewed	RAD.00034	Dynamic Spinal Visualization (Including Digital Motion X-ray and Cineradiography/ Videofluoroscopy)
7/8/2020	Reviewed	RAD.00063	Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance Imaging (MPRAGE MRI)
7/8/2020	Reviewed	SURG.00005	Partial Left Ventriculectomy
7/1/2020	Reviewed	SURG.00010	Treatments for Urinary Incontinence
7/8/2020	Reviewed	SURG.00045	Extracorporeal Shock Wave Therapy
7/8/2020	Reviewed	SURG.00071	Percutaneous and Endoscopic Spinal Surgery
7/8/2020	Reviewed	SURG.00076	Nerve Graft after Prostatectomy
7/8/2020	Reviewed	SURG.00077	Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques
7/8/2020	Reviewed	SURG.00084	Implantable Middle Ear Hearing Aids
7/8/2020	Reviewed	SURG.00105	Bicompartmental Knee Arthroplasty
7/8/2020	Reviewed	SURG.00111	Axial Lumbar Interbody Fusion
7/8/2020	Reviewed	SURG.00116	High Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia (AIN) and Squamous Cell Cancer of the Anus
7/8/2020	Reviewed	SURG.00118	Bronchial Thermoplasty
7/8/2020	Reviewed	SURG.00120	Internal Rib Fixation Systems
7/8/2020	Reviewed	SURG.00125	Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain
7/1/2020	Reviewed	SURG.00126	Irreversible Electroporation (IRE)



7/8/2020	Reviewed	SURG.00134	Interspinous Process Fixation Devices
7/8/2020	Reviewed	SURG.00140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain
7/8/2020	Reviewed	SURG.00141	Doppler-Guided Transanal Hemorrhoidal Dearterialization
7/8/2020	Reviewed	SURG.00147	Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders
7/8/2020	Reviewed	SURG.00155	Cryoneurolysis for Treatment of Peripheral Nerve Pain
<b>MCG</b>			
6/26/2020	MCG - New Guidelines	M-280 P-280 OC-064  M-5280	<b><u>Inpatient &amp; Surgical Care:</u></b> <ul style="list-style-type: none"> <li>• Viral Illness, Acute - Inpatient Adult (M-280)</li> <li>• Viral Illness, Acute - Inpatient Pediatric (P-280)</li> <li>• Viral Illness, Acute - Observation Care (OC-064)</li> </ul> <b><u>Recovery Facility Care:</u></b> <ul style="list-style-type: none"> <li>• Viral Illness, Acute - Recovery Facility Care (M-5280)</li> </ul>
<b>Not to be used on or after date listed</b>	<b>ARCHIVED</b>		
7/8/2020	Archived	TRANS.00036	Stem Cell Therapy for Peripheral Vascular Disease
<b>CODING</b>			
7/1/2020	Coding Updates of Existing Documents	CG-GENE-12	PIK3CA Mutation Testing for Malignant Conditions
7/1/2020	Coding Updates of Existing Documents	GENE.00049	Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)
7/1/2020	Coding Updates of Existing Documents	LAB.00011	Analysis of Proteomic Patterns
7/1/2020	Coding Updates of Existing Documents	SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting

7/1/2020	Coding Updates of Existing Documents	<b>SURG.00132</b>	<b>Drug-Eluting Devices for Maintaining Sinus Ostial Patency</b>
	<b>CODING</b>		
7/8/2020	Coding Updates of Existing Documents	<b>GENE.00052</b>	<b>Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</b>

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