

## Coverage and clinical guideline update

### Coverage guidelines effective April 1, 2021

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#### **SPECIAL NOTE:**

*The services addressed in ALL the coverage guidelines presented in this document will require authorization for all our products offered by HealthKeepers, Inc. with the exception of Anthem HealthKeepers Plus (Medicaid) and the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan. Other exceptions are Medicare Advantage and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). A pre-determination can be requested for our Anthem PPO products.*

Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement

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the following new and revised coverage guidelines effective **April 1, 2021**. These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), Medicare Advantage, the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). Furthermore, the guidelines were among those recently approved at the Medical Policy and Technology Assessment Committee meeting held on November 5, 2020.

If applicable, services related to specialty pharmacy drugs (non-cancer related) require a medical necessity review, which includes site of care criteria, as outlined in the applicable coverage or clinical UM guideline.

The guidelines addressed in this edition of *Provider News* are:

- Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices (DME.00011)
- Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease (GENE.00003)

- Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity (GENE.00055)
- Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS) (LAB.00037)
- Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele (SURG.00062)
- Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain (SURG.00158)
- Molecular Marker Evaluation of Thyroid Nodules (CG-GENE-04)
- Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention (CG-SURG-95)

### **Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices (DME.00011)**

This coverage guideline addresses certain types of electrical stimulation devices. It has been revised to include percutaneous electrical nerve field stimulation (PENFS).

Percutaneous electrical nerve field stimulation (PENFS) is considered *investigation and not medically necessary* for all indications.

The CPT and HCPCS code associated with this revised coverage guideline are 64999, 0278T, E0762, E1399, K1002, S8130, S8131, and S8930.

### **Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease (GENE.00003)**

This coverage guideline addresses the use of testing for genetic mutations, polymorphisms, or biochemical markers for either the diagnosis or screening of Alzheimer's disease.

Effective with dates of service on or after April 1, 2021, CPT codes 0206U and 0207U will be subject to review of this coverage guideline.

### **Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity (GENE.00055)**

This new coverage guideline addresses risk stratification of inflammatory bowel disease (IBD) severity using gene expression profiling from peripheral blood biomarkers, including the use of PredictSURE IBD™ (PredictImmune, LTD., Cambridge, United Kingdom).

Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered ***investigational and not medically necessary*** for all indications.

The CPT codes associated with this new coverage guideline are 0203U, 81479, and 81599.

### **Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS) (LAB.00037)**

This new coverage guideline addresses the use of serological testing for biomarkers to aid in the screening, diagnosis and management of irritable bowel syndrome (IBS), including testing performed with IBSDetex™ (Quest Diagnostics, Secaucus, New Jersey), ibs-smart™ (Gemelli Biotech, Los Angeles, CA) and IBSchek® (Commonwealth Diagnostics International, Inc, Salem, MA).

Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered ***investigational and not medically necessary*** for screening, diagnosis or management of irritable bowel syndrome, and for all other indications.

The CPT codes associated with this new coverage guideline are 0164U, and 0176U.

### **Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele (SURG.00062)**

This revised coverage guideline has expanded its scope to address both ovarian and internal iliac vein embolization as a treatment for pelvic congestion syndrome (PCS) in women, and percutaneous testicular vein embolization for varicocele in men.

Embolization of the ovarian vein and internal iliac veins is considered ***investigational and not medically necessary*** as a treatment of pelvic congestion syndrome.

Embolization of the testicular (spermatic) veins is considered ***investigational and not medically necessary*** as a treatment of testicular varicocele.

The CPT code associated with this revised coverage guideline is 37241.

### **Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain (SURG.00158)**

This new coverage guideline addresses implantable peripheral nerve stimulation devices as a treatment for pain. The content was previously addressed in DME.00011.

Implantable peripheral nerve stimulation devices are considered ***investigational and not medically necessary*** for all indications including, but not limited to, treatment of acute and chronic pain.

The CPT and HCPCS codes associated with this new coverage guideline are 64555, 64575, 64590, C1767, C1778, C1787, L8679, L8680, and L8683.

### **Molecular Marker Evaluation of Thyroid Nodules (CG-GENE-04)**

This revised clinical UM guideline addresses the use of molecular markers for the evaluation of thyroid nodules to identify genetic mutations (mutation analysis) and to identify benign thyroid nodules preoperatively.

Effective with dates of service on or after April 1, 2021, CPT codes 0204U and 0208U will be subject to review of this clinical UM guideline.

### **Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention (CG-SURG-95)**

This clinical UM guideline addresses sacral nerve stimulation (SNS) and percutaneous tibial nerve stimulation (PTNS) in those with chronic, refractory urinary and fecal incontinence, as well as urinary retention.

Effective with dates of service on or after April 1, 2021, CPT codes 0206U and 0207U will be subject to review of this clinical UM guideline.

The coverage guidelines are available for review on our website at [www.anthem.com](http://www.anthem.com).

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