

## *Medical Policies and Clinical Utilization Management Guidelines update*

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below 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.

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

To view a guideline, visit <https://www.anthem.com/provider/policies/clinical-guidelines/search>.

### **Notes/updates:**

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

- **\*CG-LAB-20 — Thyroid Testing:**
  - Outlines the *Medically Necessary and Not Medically Necessary* criteria for thyroid testing.
- **\*CG-LAB-21 — Serum Iron Testing:**
  - Outlines the *Medically Necessary and Not Medically Necessary* criteria for serum iron testing.
- **\*LAB.00043 — Immune Biomarker Tests for Cancer:**
  - Oncologic immune biomarker tests are considered *Investigational and Not Medically Necessary* for all indications.
- **\*LAB.00044 — Saliva-Based Testing to Determine Drug-Metabolizer Status:**
  - Saliva-based testing to determine drug-metabolizer status is considered *Investigational and Not Medically Necessary* for all indications.
- **\*LAB.00045 — Selected Tests for the Evaluation and Management of Infertility:**
  - The following tests or procedures are considered *Investigational and Not Medically Necessary* for diagnosing or managing infertility:
    - Endometrial receptivity analysis
    - Sperm-capacitation test
    - Sperm deoxyribonucleic acid (DNA) fragmentation test
    - Sperm penetration assay
    - Uterine natural killer (uNK) cells test
- **\*LAB.00046 — Testing for Biochemical Markers for Alzheimer's Disease:**
  - Measurements of biochemical markers (including but not limited to tau protein, AB-42, neural thread protein) is considered *Investigational and Not Medically Necessary* as a diagnostic technique for individuals with symptoms suggestive of Alzheimer's disease.
  - Measurements of biochemical markers as a screening technique in asymptomatic individuals with or without a family history of Alzheimer's disease is considered *Investigational and Not Medically Necessary*.
  - Moved content related to biomarker testing for Alzheimer's disease from GENE.00003 Biochemical Markers for the Diagnosis and Screening of Alzheimer's Disease to this document.

<https://providers.anthem.com/wi>

- **\*RAD.00067 — Quantitative Ultrasound for Tissue Characterization:**
  - Quantitative ultrasound for tissue characterization is considered *Investigational and Not Medically Necessary* for all indications.
- **\*SURG.00154 — Microsurgical Procedures for the Prevention or Treatment of Lymphedema:**
  - Revised *Position Statement* to include the prevention of lymphedema.
- **\*SURG.00160 — Implanted Port Delivery Systems to Treat Ocular Disease:**
  - The use of a port delivery system to treat ocular disease is considered *Investigational and Not Medically Necessary* for all indications.
- **\*TRANS.00038 — Thymus Tissue Transplantation:**
  - Outlines the *Medically Necessary* and *Investigational and Not Medically Necessary* criteria for allogeneic processed thymus tissue.

### Medical Policies

On February 17, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem. These guidelines take effect June 17, 2022.

Publish date	Medical Policy number	Medical Policy title	New or revised
04/13/2022	<b>*LAB.00043</b>	<b><i>Immune Biomarker Tests for Cancer</i></b>	New
04/13/2022	<b>*LAB.00044</b>	<b><i>Saliva-based Testing to Determine Drug-Metabolizer Status</i></b>	New
04/13/2022	<b>*LAB.00045</b>	<b><i>Selected Tests for the Evaluation and Management of Infertility</i></b>	New
04/13/2022	<b>*LAB.00046</b>	<b><i>Testing for Biochemical Markers for Alzheimer's Disease</i></b>	New
04/13/2022	<b>*RAD.00067</b>	<b><i>Quantitative Ultrasound for Tissue Characterization</i></b>	New
04/13/2022	<b>*SURG.00160</b>	<b><i>Implanted Port Delivery Systems to Treat Ocular Disease</i></b>	New
03/25/2022	<b>*TRANS.00038</b>	<b><i>Thymus Tissue Transplantation</i></b>	New
04/13/2022	<b>GENE.00052</b>	<b><i>Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</i></b>	Revised
04/1/2022	<b>SURG.00011</b>	<b><i>Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting</i></b>	Revised
02/24/2022	<b>SURG.00036</b>	<b><i>Fetal Surgery for Prenatally Diagnosed Malformations</i></b>	Revised
04/13/2022	<b>SURG.00096</b>	<b><i>Surgical and Ablative Treatments for Chronic Headaches</i></b>	Revised
04/13/2022	<b>*SURG.00154</b>	<b><i>Microsurgical Procedures for the Prevention or Treatment of Lymphedema</i></b>	Revised

### **Clinical UM Guidelines**

On February 17, 2022, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem Blue Cross and Blue Shield. These guidelines adopted by the medical operations committee for BadgerCare Plus members on March 24, 2022. These guidelines take effect June 17, 2022.

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
04/13/2022	<b>*CG-LAB-20</b>	<b><i>Thyroid Testing</i></b>	New
04/13/2022	<b>*CG-LAB-21</b>	<b><i>Serum Iron Testing</i></b>	New
04/13/2022	<b>CG-GENE-14</b>	<b><i>Gene Mutation Testing for Cancer Susceptibility and Management</i></b>	Revised
04/13/2022	<b>CG-MED-73</b>	<b><i>Hyperbaric Oxygen Therapy (Systemic/Topical)</i></b>	Revised
04/13/2022	<b>CG-SURG-36</b>	<b><i>Adenoidectomy</i></b>	Revised
02/24/2022	<b>CG-SURG-86</b>	<b><i>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</i></b>	Revised



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