

## Medical Policies and Clinical Utilization Management Guidelines update

*This communication applies to the Medicaid and Medicare-Medicaid Plan (MMP) programs for Anthem Blue Cross (Anthem).*

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/ca/provider/policies/clinical-guidelines/search>.

### Notes/updates

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

- **\*CG-LAB-19— Laboratory Evaluation of Vitamin B12:**
  - Outlines the *medically necessary* and *not medically necessary* criteria for the use of vitamin B12 blood test.
- **\*DME.00044 — Wheelchair Mounted Robotic Arm:**
  - The use of a wheelchair mounted robotic arm is considered *investigational and not medically necessary* for all uses.
- **\*MED.00138 — Wearable Devices for Stress Relief and Management:**
  - Wearable devices for management, monitoring or prevention of stress and stress-related conditions are considered *investigational and not medically necessary* for all indications.
- **\*CG-MED-81 — Ultrasound Ablation for Oncologic Indications:**
  - Added *not medically necessary* statement for TULSA.
- **\*CG-SURG-78 — Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies:**
  - Revised the clinical indications to add a *not medically necessary* statement for histotripsy.
- **\*MED.00099 — Navigational Bronchoscopy:**
  - Removed the word *electromagnetic* in the position statement.
- **\*SURG.00010 — Treatments for Urinary Incontinence:**
  - Added new criterion to *investigational and not medically necessary* statement on endovaginal cryogen-cooled, monopolar radiofrequency remodeling.
  - Added *as treatments for urinary incontinence to investigational and not medically necessary* statement and removed wording on urinary incontinence.
- **\*SURG.00097 — Scoliosis Surgery:**
  - Added *minimally invasive deformity correction system* to the scope and position statement.

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross.

Effective June 1, 2022, Anthem will begin using the **AIM Specialty Health® Clinical Appropriateness Guidelines** for medical necessity review of the below services. Please note, the Anthem Utilization Management team will complete these reviews using the *AIM Clinical Appropriateness Guidelines*.

- *Advanced Imaging Clinical Appropriateness Guideline:*
  - *Imaging of the Brain*
  - *Imaging of the Head and Neck*
  - *Imaging of the Heart*
  - *Imaging of the Chest*
  - *Imaging of the Abdomen and Pelvis*
  - *Oncologic Imaging*
- *Musculoskeletal Interventional Pain Management Clinical Appropriateness Guideline*
- *Cardiology Clinical Appropriateness Guidelines*
  - *Diagnostic Coronary Angiography*
  - *Percutaneous Coronary Intervention*
- *Radiation Oncology Clinical Appropriateness Guideline*

### **Medical Policies**

On November 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem. These guidelines take effect June 1, 2022.

<b>Publish date</b>	<b>Medical policy number</b>	<b>Medical policy title</b>	<b>New or revised</b>
12/29/2021	*DME.00044	<i>Wheelchair Mounted Robotic Arm</i>	New
12/29/2021	*MED.00138	<i>Wearable Devices for Stress Relief and Management</i>	New
11/18/2021	GENE.00052	<i>Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</i>	Revised
12/29/2021	*MED.00099	<i>Navigational Bronchoscopy</i>	Revised
12/29/2021	*SURG.00010	<i>Treatments for Urinary Incontinence</i>	Revised
12/29/2021	SURG.00011	<i>Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting</i>	Revised
11/18/2021	SURG.00026	<i>Deep Brain, Cortical, and Cerebellar Stimulation</i>	Revised
12/29/2021	SURG.00037	<i>Treatment of Varicose Veins (Lower Extremities)</i>	Revised
12/29/2021	*SURG.00097	<i>Scoliosis Surgery</i>	Revised

### **Clinical UM Guidelines**

On November 11, 2021, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines adopted by the medical operations committee for Medicaid and Medicaid-Medicare Plan members on December 16, 2021. These guidelines take effect June 1, 2022.

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
12/29/2021	*CG-LAB-19	<i>Laboratory Evaluation of Vitamin B12</i>	New
12/29/2021	CG-DME-06	<i>Compression Devices for Lymphedema</i>	Revised
12/29/2021	*CG-MED-81	<i>Ultrasound Ablation for Oncologic Indications</i>	Revised

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
11/18/2021	CG-OR-PR-05	<i>Myoelectric Upper Extremity Prosthetic Devices</i>	Revised
12/29/2021	*CG-SURG-78	<i>Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies</i>	Revised