Anthem

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and Hoosier Care Connect

Provider Bulletin
January 2023

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 that 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.

Disclaimer: The below policies will be effective through 3/31/2023. Additional guideline updates will be sent in January 2023.

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:

- DME.00046 - Intermittent Abdominal Pressure Ventilation Devices:
  - Intermittent abdominal pressure ventilation devices are considered investigational and not medically necessary for all indications
- DME.00047 - Rehabilitative Devices with Remote Monitoring:
  - The use of rehabilitative devices with remote monitoring or adjustment capabilities (for example, ROMTech PortableConnect® and ROMTech AccuAngle®) is considered investigational and not medically necessary for all indications
- DME.00048 - Virtual Reality-Assisted Therapy Systems:
  - Use of virtual reality systems (for example, EaseVRx, SootheVR, and RelieVR) for screening, diagnosis, or treatment of a health condition is considered investigational and not medically necessary for all indications
- GENE.00059 - Hybrid Personalized Molecular Residual Disease Testing for Cancer:
  - Oncologic hybrid personalized molecular residual disease (MRD) tests are considered investigational and not medically necessary for all indications
- LAB.00048 - Pain Management Biomarker Analysis:
  - The functional pain biomarker urine test panel is considered investigational and not medically necessary for chronic pain management and for all other indications
- MED.00139 - Electrical Impedance Scanning for Cancer Detection:
  - Electrical impedance scanning for cancer detection is considered investigational and not medically necessary for all indications
- TRANS.00039 - Portable Normothermic Organ Perfusion Systems:
  - Outlines the medically necessary and investigational and not medically necessary criteria for Portable Normothermic Organ Perfusion Systems
- CG-MED-90 – Chelation Therapy:

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  - Moved the content of MED.00127 Chelation Therapy to new *Clinical UM Guideline* document with the same title
- CG-SURG-61 – Cryosurgical, Radiofrequency, or Laser Ablation to Treat Solid Tumors Outside the Liver:
  - Removed the reference to glomerular filtration rate from the radiofrequency and cryosurgical ablation treatment of renal cancer
  - Added the term "metastatic" to the radiofrequency ablation treatment of metastatic lung cancer to clarify extra-pulmonary disease
  - Added a not medically necessary statement for laser ablation therapy
  - Removed examples from the cryosurgical and radiofrequency ablation not medically necessary statements
- GENE.00023 - Gene Expression Profiling of Melanomas and Cutaneous Squamous Cell Carcinoma:
  - Expanded scope and position statement to include cutaneous squamous cell carcinoma

Medical Policies

On May 12, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield (Anthem). These guidelines take effect March 01, 2023.

Publish date	*Medical Policy #*	*Medical Policy title*	New or revised
7/6/2022	*DME.00046	**DME.00046 Intermittent Abdominal Pressure Ventilation Devices**	New
7/6/2022	*DME.00047	**DME.00047 Rehabilitative Devices with Remote Monitoring**	New
7/6/2022	*DME.00048	**DME.00048 Virtual Reality-Assisted Therapy Systems**	New
7/6/2022	*GENE.00059	**GENE.00059 Hybrid Personalized Molecular Residual Disease Testing for Cancer**	New
7/6/2022	*LAB.00048	**LAB.00048 Pain Management Biomarker Analysis**	New
7/6/2022	*MED.00139	**MED.00139 Electrical Impedance Scanning for Cancer Detection**	New
7/6/2022	*TRANS.00039	**TRANS.00039 Portable Normothermic Organ Perfusion Systems**	New
7/6/2022	*GENE.00023	**GENE.00023 Gene Expression Profiling of Melanomas and Cutaneous Squamous Cell Carcinoma**	Revised
7/6/2022	SURG.00097	**SURG.00097 Scoliosis Surgery**	Revised

Clinical UM Guidelines

On May 12, 2022, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Medicaid members on June 23, 2022. These guidelines take effect March 01, 2023.

Publish date	*Clinical UM Guideline #*	*Clinical UM Guideline title*	New or revised
7/6/2022	CG-MED-90	**CG-MED-90 Chelation Therapy**	New
6/29/2022	CG-DME-42	**CG-DME-42 Continuous Glucose Monitoring Devices and External Insulin Infusion Pumps**	Revised
7/6/2022	*CG-SURG-61	**CG-SURG-61 Cryosurgical, Radiofrequency, or Laser Ablation to Treat Solid Tumors Outside the Liver**	Revised
7/6/2022	CG-SURG-82	**CG-SURG-82 Bone-Anchored and Bone Conduction Hearing Aids**	Revised

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