

## **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 providers in 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-22 — Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis:
  - Outlines the *medically necessary* and *not medically necessary* criteria for the use of nucleic acid amplification tests using algorithmic assays to detect bacterial vaginosis.
- CG-MED-91 — Remote Therapeutic and Physiologic Monitoring Services:
  - Outlines the *medically necessary* and *not medically necessary* criteria for remote therapeutic and physiologic monitoring services.
- CG-SURG-114 — Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy:
  - Outlines the *medically necessary* and *not medically necessary* criteria for ophthalmic use of Nd: YAG laser for posterior capsulotomy.
- DME.00049 — External Upper Limb Stimulation for the Treatment of Tremors:
  - Wrist-worn external upper limb tremor stimulator is considered *investigational* and *not medically necessary* for all indications, including but not limited to the treatment of essential tremor of the hands.
- DME.00050 — Remote Devices for Intermittent Monitoring of Intraocular Pressure:
  - The use of remote devices for intermittent monitoring of IOP is considered *investigational* and *not medically necessary* for all indications.
- LAB.00049 — Artificial Intelligence-Based Software for Prostate Cancer Detection:
  - Use of artificial intelligence-based software for prostate cancer detection is considered *investigational* and *not medically necessary* for all indications.
- MED.00140 — Gene Therapy for Beta Thalassemia:
  - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia.
- MED.00141 — High-volume Colonic Irrigation:
  - High-volume colonic irrigation is considered *investigational* and *not medically necessary* for all indications.
- MED.00142 — Gene Therapy for Cerebral Adrenoleukodystrophy:

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

- Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for infusion of elivaldogene autotemcel.
- TRANS.00040 — Hand Transplantation:
  - Hand transplantation is considered *investigational* and *not medically necessary*.
- CG-DME-13 — Lower Limb Prosthesis:
  - Added new *not medically necessary* statements addressing prosthetics utilized primarily for leisure or sporting activities.
- CG-GENE-11 — Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status:
  - Added thiopurine methyltransferase (TPMT) to scope of document and Clinical Indications Medically Necessary section.
- DME.00044 — Robotic Arm Assistive Devices; previously titled: Wheelchair Mounted Robotic Arm:
  - Revised title.
  - Rescoped the Position Statement to also address robotic feeding assistive device.
- SURG.00079 — Nasal Valve Repair; previously titled: Nasal Valve Suspension:
  - Revised title.
  - Revised the *Position Statement*.
  - Expanded scope of document to address an absorbable nasal implant and low-dose radiofrequency intranasal tissue remodeling for the treatment of nasal airway obstruction.
  - Content related to the absorbable nasal implant (Latera) moved from CG-SURG-87 to this document.
- CG-GENE-13 — Genetic Testing for Inherited Diseases:
  - Interim update to add genes PIK3CA and CDKL5 to the table of genes in the **Discussion** section; added existing CPT® code 81309 and genes to tier 2 codes 81405, 81406 (*medically necessary* criteria).

### AIM Specialty Health® (AIM)\* updates

Effective for dates of service on and after April 9, 2023, the following updates will apply to the *AIM Specialty Health Clinical Appropriateness Guidelines* for medical necessity review for Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). Note, the Utilization Management team will complete these reviews using the *AIM Clinical Appropriateness Guidelines*:

- Cardiology:
  - Diagnostic coronary angiography
  - Advanced imaging of the heart
- Musculoskeletal guidelines:
  - Interventional pain management
- Rehabilitative services:
  - Occupational therapy
  - Physical therapy
  - Speech therapy
- Radiation oncology:
  - Anthem SURG.00143 is transitioning to *AIM Perirectal Hydrogel Spacers Guidelines*
  - Radiation therapy
  - Proton beam therapy

**MCG Care Guidelines 26<sup>th</sup> Edition updates**

Effective May 1, 2023, we will implement the *MCG Care Guidelines Content Patch 26.1 Updates* for the following modules: **General Recovery Care (GRG)**, **Inpatient & Surgical Care (ISC)**, and **Behavioral Health Care (BHG)**. The below information highlights the changes:

**Anthem customizations to MCG Care Guidelines 26th Edition:**

- *MCG 26<sup>th</sup> Edition Content Patch 26.1 Updates* with an implementation date of May 1, 2023, for the following:
  - Updated hemodynamic instability definition:
    - Hemodynamic instability definition *pop-up box* update for multiple guidelines.
    - Hemodynamic instability definition *inline* update for the following **General Recovery Care (GRG)** guidelines:
      - CG-GAC General Admission Criteria
      - CG-PAC Pediatric General Admission Criteria
      - W0074 Medical Oncology GRG
      - PG-MDX Multiple Illness GRG
  - Revised threshold lactate levels for the following **Inpatient & Surgical Care (ISC)** guidelines:
    - M-575 Ventricular Arrhythmias
    - CCC-005 Arrhythmia: Common Complications and Conditions
    - CCC-019 Hemodynamic Instability: Common Complications and Conditions
  - *MCG Content Patch 26.1 Update* with additional customization to clarify theta burst stimulation for the following **Behavioral Health Care (BHG)** guideline:
    - W0174 Transcranial Magnetic Stimulation:
      - Added theta burst stimulation is considered *not medically necessary* for all indications.

If you have questions, contact the provider service number on the back of the member's ID card.

**Medical Policies**

On August 11, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem. These guidelines take effect February 18, 2023.

<b>Publish date</b>	<b>Medical Policy #</b>	<b>Medical Policy title</b>	<b>New or revised</b>
10/5/2022	DME.00049*	External Upper Limb Stimulation for the Treatment of Tremors	New
10/5/2022	DME.00050*	Remote Devices for Intermittent Monitoring of Intraocular Pressure	New
10/5/2022	LAB.00049*	Artificial Intelligence-Based Software for Prostate Cancer Detection	New
8/22/2022	MED.00140*	Gene Therapy for Beta Thalassemia	New
10/5/2022	MED.00141*	High-volume Colonic Irrigation	New
9/28/2022	MED.00142*	Gene Therapy for Cerebral Adrenoleukodystrophy	New
10/5/2022	TRANS.00040*	Hand Transplantation	New
10/5/2022	DME.00044*	Robotic Arm Assistive Devices	Revised

Publish date	Medical Policy #	Medical Policy title	New or revised
		Previously titled: Wheelchair Mounted Robotic Arm	
10/5/2022	MED.00057	MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications	Revised
9/7/2022	MED.00129	Gene Therapy for Spinal Muscular Atrophy	Revised
10/5/2022	SURG.00079*	Nasal Valve Repair	Revised
		Previously titled: Nasal Valve Suspension	
10/5/2022	SURG.00119	Endobronchial Valve Devices	Revised
8/18/2022	SURG.00121	Transcatheter Heart Valve Procedures	Revised
10/5/2022	SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Revised

**Clinical UM Guidelines**

On August 11, 2022, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines adopted by the medical operations committee for Nevada Medicaid members on September 22, 2022. These guidelines take effect February 18, 2023.

Publish date	Clinical UM Guideline #	Clinical UM Guideline title	New or revised
9/28/2022	CG-LAB-22*	Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis	New
10/5/2022	CG-MED-91*	"Remote Therapeutic and Physiologic Monitoring Services	New
10/5/2022	CG-SURG-114*	Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy	New
10/5/2022	CG-DME-13*	Lower Limb Prosthesis	Revised
10/5/2022	CG-DME-22	Ankle-Foot & Knee-Ankle-Foot Orthoses	Revised
10/5/2022	CG-GENE-11*	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
10/5/2022	CG-GENE-22	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
10/5/2022	CG-SURG-01	Colonoscopy	Revised