November 1, 2018

RE: Medical Policy and Clinical UM Guideline changes notification letter

Dear Provider:

Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Nevada (Anthem) are pleased to provide you with our updated and new medical policies. Anthem will also be implementing changes to our Clinical Utilization Management (UM) Guidelines that are adopted for Colorado/Nevada. The Clinical UM guidelines published on our website represent the clinical UM guidelines currently available to all Plans for adoption throughout our organization. Because local practice patterns, claims systems and benefit designs vary, a local Plan may choose whether or not to implement a particular clinical UM guideline. The link below can be used to confirm whether or not the local Plan has adopted the clinical UM guideline(s) in question. Adoption lists are created and maintained solely by each local Plan.

The major new policies and changes are summarized below. Please refer to the specific policy for coding, language, and rationale updates and changes that are not summarized below.

New Medical Policies effective for service dates on and after February 1, 2019:

- **MED.00125 Biofeedback and Neurofeedback:** This document outlines the Medically Necessary and Investigational & Not Medically Necessary indications for biofeedback and neurofeedback.

Revised Medical Policies and Adopted Clinical UM Guidelines effective February 1, 2019:

- **LAB.00030 Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs:** This document addresses the measurement of serum concentrations of monoclonal antibody (MAB) drugs, including tumor necrosis factor (TNF) antagonist drugs, and antibodies to MAB drugs in individuals with various conditions.
    - Revised title. Previous title: Measurement of Serum Concentrations of Tumor Necrosis Factor Antagonist Drugs and Antibodies to Tumor Necrosis Factor Antagonist Drugs.
    - Expanded scope of policy to address all monoclonal antibody drugs.
    - Revised position statement to state: "The measurement of serum concentrations of either of the following is considered investigational and not medically necessary under all circumstances:
        A. Monoclonal antibody drugs, including but not limited to tumor necrosis factor antagonist drugs; or
        B. Antibodies to monoclonal antibody drugs, including but not limited to tumor necrosis factor antagonist drugs”

- **SURG.00011 Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting:** This document addresses the use of soft tissue (e.g., skin, ligament, cartilage, etc.) substitutes in wound healing and surgical procedures.
    - Added several products to the Investigational & Not Medically Necessary section.

- **SURG.00103 Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir):** This document addresses surgical devices used in the treatment of glaucoma (open-angle glaucoma [OAG]; refractory, primary and secondary) to reduce intraocular pressure (IOP).
    - Added iStent inject Trabecular Micro-Bypass System as Medically Necessary when criteria met.
    - Revised Investigational & Not Medically Necessary to include iStent inject Trabecular Micro-Bypass System for all indications not listed as Medically Necessary.
    - Revised Medically Necessary and Investigational & Not Medically Necessary statements as a result of manufacturer's voluntary removal of the CyPass System from the market.

- **CG-ADMIN-02 Clinically Equivalent Cost Effective Services – Targeted Immune Modulators:** This document addresses targeted immune modulators (TIMs) that are considered clinically equivalent cost effective services.
    - Added cost effective agent language for Cimzia to the Clinically Equivalent Cost Effective Services (CECE) for Crohn's Disease or Ulcerative Colitis section.
    - Added off-label indications for Remicade in immune checkpoint inhibitor-related toxicities to Table section.
    - Added off-label indications for Actemra in chronic antibody mediated rejection (cAMR) in renal transplantation to Table section.

- **CG-MED-46 Electroencephalography and Video Electroencephalographic Monitoring:** This document addresses EEG with and without video monitoring in the ambulatory setting and attended video EEG in a healthcare facility.
    - Revised title. Previous title: Ambulatory Electroencephalography and Video Electroencephalography.
    - Revision to the ambulatory EEG Medically Necessary statement to include with or without video monitoring.
    - Revision to Not Medically Necessary statement of ambulatory EEG by adding "Antiepileptic drug treatment withdrawal or modification in individuals because the risk of seizure precipitation would require immediate medical intervention."
    - Revision to the Medically Necessary statement for attended EEG video monitoring in a healthcare facility by adding "withdrawal".

Anthem Medical Policies and Clinical UM Guidelines are developed by our national Medical Policy and Technology Assessment Committee. The Committee, which includes Anthem medical directors and representatives from practicing physician groups, meets quarterly to review current scientific data and clinical developments.

All coverage written or administered by Anthem excludes from coverage, services or supplies that are investigational and/or not medically necessary. A member's claim may not be eligible for payment if it was determined not to meet medical necessity criteria set in Anthem's medical policies. Review procedures have been refined to facilitate claim investigation.

Anthem's Medical Policies and Clinical UM Guidelines are available online:

The complete list of our Medical Policies and Clinical UM Guidelines may be accessed on Anthem's Web site at **anthem.com**. Select **Providers**, and **Providers Overview**. Select **Find Resources for Your State** and pick **Nevada**. On the **Provider Home** page, from the **Medical Policy, Clinical UM Guidelines, Pre-Cert Requirements tout** (*2nd blue box on the left side of page*), select **enter**. Select the link titled "**Medical Policies and Clinical UM Guidelines (for Local Plan Members)**". Choose **Continue**, then select the either the **Medical Policies** or the **UM Guidelines** tab.

To view the list of specific clinical UM guidelines adopted by Nevada, navigate to the Disclaimer page by following the instructions above; scroll to the bottom of the page. Above the "Continue" button, choose the link titled "**Specific Clinical UM Guidelines adopted by Anthem Blue Cross and Blue Shield of Nevada**."

Sincerely,

Allen Marino, M.D.
Medical Director
Anthem Blue Cross and Blue Shield

Attachment A – Revised Medical Policies and Clinical Guidelines

Medical Policy Number	Medical Policy Title	Medical Policy / Clinical Guideline Changes
DRUG.00089	Daclizumab (Zinbryta®)	• Medical policy archived 09/20/2018.
LAB.00019	Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease	• Clarified Investigational & Not Medically Necessary statement.
RAD.00004	Peripheral Bone Mineral Density Measurement	• Added pulse-echo ultrasound of the tibia to the Investigational & Not Medically Necessary position statement.
CG-DRUG-08	Enzyme Replacement Therapy for Gaucher Disease	• No change to clinical indications • Added section to address Clinically Equivalent Cost Effective Agents.
CG-DRUG-09	Immune Globulin (Ig) Therapy	• Updated Clinically Equivalent Cost Effective Agents to include Panzyga.
CG-DRUG-74	Canakinumab (Ilaris®)	• Made minor format change to numbering in clinical indications.
CG-DRUG-94	Rituximab (Rituxan®) for Non-Oncologic Indications	• Revised Medically Necessary statement for rituximab in autoimmune blistering skin diseases, adding criterion for use as first-line treatment in adults with moderate to severe pemphigus vulgaris.
CG-DRUG-107	Pharmacotherapy for Hereditary Angioedema	• Revised Medically Necessary criteria for Cinryze, as a result of FDA label expansion from 12 years of age to 6 years of age.
CG-MED-59	Upper Gastrointestinal Endoscopy in Adults	• Revised title. Previous title: Upper Gastrointestinal Endoscopy. • Revised scope of document to only address adults (age 18 years and older). • Revised Medically Necessary criteria in Diagnostic Esophagogastroduodenoscopy (EGD) section. • Added age requirement in Medically Necessary and Not Medically Necessary clinical indications sections. • Removed Medically Necessary criteria for screening EGD in pediatric individuals.
CG-REHAB-04	Physical Therapy	• Clarified description of provider of physical therapy services in clinical indications section.
CG-REHAB-05	Occupational Therapy	• Clarified description of provider of occupational therapy services in clinical indications section.
CG-REHAB-08	Private Duty Nursing in the Home Setting	• Clarified wording in clinical indications section for private duty nursing, removing scope of nursing practice under applicable state licensure regulations.
CG-SURG-79	Implantable Infusion Pumps	• Added a Medically Necessary statement for implantable infusion pump when used to deliver drugs for the treatment of pulmonary arterial hypertension when criteria met.