June 1, 2019

RE: Medical Policy and Clinical UM Guidelines 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 September 1, 2019:

- **GENE.00050 Gene Expression Profiling for Coronary Artery Disease:** This document addresses gene expression profiling for coronary artery disease (CAD).
  - The use of gene expression profiling for coronary artery disease is considered Investigational and Not Medically Necessary.
  - Moved the Corus CAD test from GENE.00043 Genetic Testing of an Individual's Genome for Inherited Diseases.

- **SURG.00152 Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing:** This document addresses wireless cardiac resynchronization therapy (CRT) for left ventricular (LV) pacing. Wireless CRT for LV pacing has been proposed as an alternative to conventionally delivered CRT as a treatment of heart failure.
  - Wireless CRT for left ventricular pacing is considered Investigational and Not Medically Necessary for all indications, including heart failure.

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

- **GENE.00012 Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent:** This document addresses preconception or prenatal genetic testing on a parent or prospective parent to determine carrier status of an autosomal recessive disorder, an x-linked disorder, or a disorder with variable penetrance.
  - Added existing CPT codes 81205, 81250, 81302, 81303, 81304, 81331, 81332, S3850 and Tier 2 codes 81400, 81401, 81402, 81407, 81408 which will now be reviewed for Medically Necessary or Investigational and Not Medically necessary.
  - Added applicable genes to Tier 2 codes.

- **GENE.00043 Genetic Testing of an Individual's Genome for Inherited Diseases:** This document addresses the framework for consideration of genetic testing for any disease with an established genetic basis.

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- Removed Investigational and Not Medically Necessary statement and all other language and coding related to Corus CAD testing.
- Corus CAD testing now addressed in GENE.00050 Gene Expression Profiling for Coronary Artery Disease.

- **CG-DME-44 Electric Tumor Treatment Field (TTF):** This document addresses various modalities (listed below) for the treatment of valvular incompetence (reflux) of the great saphenous vein (GSV) or small saphenous vein (SSV) (also known as greater saphenous vein or lesser saphenous vein, respectively) and associated varicose tributaries as well as telangiectatic dermal veins.
  - Added the use of enhanced computer treatment planning software (such as NovoTal) as Not Medically Necessary in all cases.

- **CG-MED-72 Hyperthermia for Cancer Therapy:** This document addresses hyperthermia for cancer therapy.
  - Clarified Medically Necessary and Not Medically Necessary statements addressing frequency of treatment.

- **CG-SURG-09 Temporomandibular Disorders:** This document addresses temporomandibular joint (TMJ) and related musculoskeletal structure disorders commonly called temporomandibular disorders (TMD), a collective term for temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndrome, and craniomandibular disorder (CMD).
  - Clarified Medically Necessary and Not Medically Necessary criteria and removed requirement for FDA approval of prosthetic implants.

- **CG-SURG-30 Tonsillectomy for Children with or without Adenoidectomy:** This document addresses tonsillectomy in children with or without adenoidectomy.
  - Spelled out number of episodes of throat infections in Medically Necessary criteria (A1, A2, A3).
  - Revised criterion addressing parapharyngeal abscess (B4) to say "Two or more".
  - Added “asthma” as potential condition improved by tonsillectomy in Medically Necessary criteria (C1b).

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**, and select **Providers.** Under the *Provider Resources* heading, select **Policies and Guidelines**. Select **Nevada** as Your State. Select **View Medical Policies & UM Guidelines**. 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.

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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

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Attachment A – Revised Medical Policies and Clinical Guidelines

Medical Policy Number	Medical Policy Title	Medical Policy / Clinical Guideline Changes
DME.00032	Automated External Defibrillators for Home Use	• Removed acronym from position statement.
DRUG.00003	Chelation Therapy	• Recategorized to MED.00127.
DRUG.00034	Insulin Potentiation Therapy	• Recategorized to MED.00128.
DRUG.00053	Carfilzomib (Kyprolis®)	• Expanded Medically Necessary criteria addressing carfilzomib in combination with panobinostat for relapsed or refractory multiple myeloma to include all proteasome inhibitors not only bortezomib. • Expanded criteria for relapsed or refractory multiple myeloma to include combination therapy with daratumumab and dexamethasone as Medically Necessary.
DRUG.00076	Blinatumomab (Blincyto®)	• Removed acronyms from position statement.
DRUG.00082	Daratumumab (DARZALEX®)	• Clarified Medically Necessary statement for combination therapy for relapsed or refractory multiple myeloma to require one prior line of therapy including a proteasome inhibitor (PI) or immunomodulatory agent instead of at least two prior lines of therapy including a PI and lenalidomide.
DRUG.00088	Atezolizumab (Tecentriq®)	• Added the treatment of breast cancer as Medically Necessary when criteria are met. • Removed breast cancer from Investigational and Not Medically Necessary statement.
DRUG.00110	Inotuzumab ozogamicin (Besponsa®)	• Medical policy archived 05/09/2019. Converted to CG-DRUG-113.
GENE.00002	Preimplantation Genetic Diagnosis Testing	• Medical policy archived 05/09/2019. Converted to CG-GENE-06.
GENE.00005	BCR-ABL Mutation Analysis	• Medical policy archived 05/09/2019. Converted to CG-GENE-07.
GENE.00007	Cardiac Ion Channel Genetic Testing	• Removed acronyms from position statement.
GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	• Added genotype testing to determine the presence of the HLA-B*58:01 allele as Medically Necessary in individuals of Asian descent for whom the use of allopurinol is being considered for treatment.
GENE.00017	Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including arrhythmogenic right ventricular dysplasia/cardiomyopathy)	• Removed acronyms from title and position statement. Previous title: Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including ARVD/C)
GENE.00031	Genetic Testing for PTEN Hamartoma Tumor Syndrome	• Medical policy archived 05/09/2019. Converted to CG-GENE-08.
GENE.00040	Genetic Testing for CHARGE Syndrome	• Medical policy archived 05/09/2019. Converted to CG-GENE-09.
GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	• Added next generation sequencing of tumor DNA to detect or quantify minimal residual disease in individuals with multiple myeloma following transplant as Medically Necessary.

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Medical Policy Number	Medical Policy Title	Medical Policy / Clinical Guideline Changes
MED.00053	Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting	• Revised Title. Prior title: Non-Invasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP) in the Outpatient Setting. • Removed acronym from position statement.
MED.00101	Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)	• Removed the words "FDA-approved" from the position statement.
MED.00119	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	• Medical policy archived 05/09/2019. Converted to CG-MED-81.
MED.00125	Biofeedback and Neurofeedback	• Made formatting change to Medically Necessary criteria.
MED.00127	Chelation Therapy	• Content moved from DRUG.00003. • No change to position statement.
MED.00128	Insulin Potentiation Therapy	• Content moved from DRUG.00034. • No change to position statement.
RAD.00066	Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy	• Medical policy archived 05/09/2019. Converted to CG-SURG-98.
SURG.00022	Lung Volume Reduction Surgery	• Removed acronyms from position statement.
SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation	• Clarified Medically Necessary statement.
SURG.00033	Cardioverter Defibrillators	• Medical policy archived 06/24/2019. Converted to CG-SURG-97.
SURG.00048	Panniculectomy and Abdominoplasty	• Medical policy archived 05/09/2019. Converted to CG-SURG-99.
SURG.00121	Transcatheter Heart Valve Procedures	• Reformatted Medically Necessary section, removing device names from position statements and removing list of comorbid conditions and contraindications. • Added “Note” to refer to background section of document for list of FDA approved THV devices used for TAVR and TPVs. • Revised Transcatheter (aortic, pulmonic, valve-in-valve) Investigational and Not Medically Necessary statements to Not Medically Necessary statements. • Removed Investigational and Not Medically Necessary statement for TAVR with any device other than those listed above. • Removed Investigational and Not Medically Necessary statement for transcatheter valve implantation in other valve locations.
SURG.00139	Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography	• Added CPT Category III code 0546T which will be effective 07/01/2019 for assessment of margins using radiofrequency spectroscopy.
CG-DRUG-25	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting	• Recategorized to CG-MED-82.
CG-DRUG-47	Level of Care: Specialty Pharmaceuticals	• Recategorized to CG-MED-83.
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	• Added the use of paclitaxel, protein-bound (Abraxane) in combination with Atezolizumab (Tecentriq) for first-line treatment of metastatic or unresectable locally advanced triple

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Medical Policy Number	Medical Policy Title	Medical Policy / Clinical Guideline Changes
		negative breast cancer as Medically Necessary when criteria are met.
CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	• Added treatment of vulvar cancer as Medically Necessary when criteria are met. • Added AIDS-related Kaposi sarcoma as Not Medically Necessary.
CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla®)	• Reformatted Medically Necessary clinical indications. • Removed the need for documentation of HER2+ testing. • Added the adjuvant treatment of early nonmetastatic breast cancer as Medically Necessary when criteria are met. • Clarified the Medically Necessary criteria for treatment of metastatic breast cancer.
CG-DRUG-98	Bendamustine Hydrochloride	• Added HCPCS code C9042 effective 04/01/2019 and J9999 NOC for Belrapzo.
CG-DRUG-113	Inotuzumab ozogamicin (Besponsa®)	• Content moved from DRUG.00110. • Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of Medical Policy to Clinical UM Guideline transition. • No other change to clinical indications.
CG-GENE-01	Janus Kinase 2, CALR, and MPL Gene Mutation Assays	• Revised title. Previous title: Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays. • Reformatted Medically Necessary clinical indications. • Added CALR and MPL gene mutation testing as Medically Necessary when criteria are met. • Added CALR and MPL gene mutation testing as Not Medically Necessary when Medically Necessary criteria are not met.
CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	• Added ThyroSeq as Medically Necessary when criteria met. • Revised Not Medically Necessary statements addressing ThyroSeq.
CG-GENE-06	Preimplantation Genetic Diagnosis Testing	• Content moved from GENE.00002. • Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of Medical Policy to Clinical UM Guideline transition. • No other change to clinical indications.
CG-GENE-07	BCR-ABL Mutation Analysis	• Content moved from GENE.00005. • Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of Medical Policy to Clinical UM Guideline transition. • No other change to clinical indications.
CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome	• Content moved from GENE.00031. • Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of Medical Policy to Clinical UM Guideline transition. • No other change to clinical indications.
CG-GENE-09	Genetic Testing for CHARGE Syndrome	• Content moved from GENE.00040. • Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of Medical Policy to Clinical UM Guideline transition. • No other change to clinical indications.

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Medical Policy Number	Medical Policy Title	Medical Policy / Clinical Guideline Changes
CG-MED-81	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	• Content moved from MED.00119. • Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of Medical Policy to Clinical UM Guideline transition. • No other change to clinical indications.
CG-MED-82	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting	• Content moved from CG-DRUG-25. • No change to clinical indications.
CG-MED-83	Level of Care: Specialty Pharmaceuticals	• Content moved from CG-DRUG-47 • No change to clinical indications.
CG-REHAB-08	Private Duty Nursing in the Home Setting	• Clarified wording in clinical indications for private duty nursing general criteria section, changed respiratory distress to respiratory disorder.
CG-SURG-74	Total Ankle Replacement	• Removed criteria for FDA approval from clinical indications.
CG-SURG-97	Cardioverter Defibrillators	• Content moved from SURG.00033. • Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of Medical Policy to Clinical UM Guideline transition. • Removed acronym from clinical indications. • Moved Note addressing use of ICD therapy in children to the Discussion section.
CG-SURG-98	Prostate Multiparametric Magnetic Resonance Imaging	• Content moved from RAD.00066. • Revised title. • Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of Medical Policy to Clinical UM Guideline transition. • No other change to clinical indications.
CG-SURG-99	Panniculectomy and Abdominoplasty	• Content moved from SURG.00048. • Clarified that document only addresses liposuction when used for the removal of excess abdominal fat. • Clarified Cosmetic and Not Medically Necessary statement addressing repair of diastasis recti.

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