

September 1, 2019

**RE: Pre-Service/Prior Authorization Clinical Review Update – September 2019**

Dear Provider:

Effective with dates of service on or after December 1, 2019, Anthem Blue Cross and Blue Shield (Anthem) will require review of the Clinical Guidelines listed below for medical necessity. Medical necessity review will require preauthorization.

- **CG-SURG-49: Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities:** This document addresses the use of peripheral vascular angioplasty, with and without stenting, and with or without atherectomy, for the treatment of occlusive peripheral *arterial* disease (PAD) of the lower extremities.
- **CG-SURG-55: Intracardiac Electrophysiological Studies and Catheter Ablation:**
  - This document addresses two intracardiac electrophysiological procedures and studies, including electrophysiological studies (EPS) and catheter ablation. EPS with programmed ventricular stimulation (PVS) is used, as a complement to a full workup, to document the inducibility and type of induced arrhythmia, (for example, atrial fibrillation, ventricular tachycardia, etc.); also to assess the risks for recurrent ventricular tachycardia or sudden cardiac death; to evaluate symptoms, such as syncope; and to guide catheter ablation procedures in selected individuals when arrhythmias are suspected to be the etiology. EPS is also used, in appropriate individuals, for the purpose of assessment for eligibility for treatments, such as implantable cardioverter defibrillator therapy.
  - Transcatheter or intracardiac catheter ablation is a treatment option for individuals with certain types of arrhythmias and is performed following imaging and electro- anatomic mapping, which is done during EPS to identify the specific location of the ectopic excitable foci. Catheter ablation utilizes radiofrequency or cryoablation energy to eradicate or ablate the arrhythmogenic foci in the heart which is the source of the arrhythmia. In this way, catheter ablation reduces or prevents recurrent episodes of certain supraventricular and ventricular arrhythmias that have demonstrated therapeutic response to this treatment modality in clinical practice.

Ordering and servicing providers may submit prior authorization requests one of several ways:

- Via the Availity Web Portal at [availity.com](http://availity.com), utilizing the **Interactive Care Reviewer (ICR) tool**
- Contacting the phone number on the back of the members ID card

**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](http://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.

**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.](#)”

We value and appreciate you as our partner in providing quality care, and appreciate your continued participation in our network.

Sincerely,

A handwritten signature in black ink, appearing to read "Allen Marino".

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