

## ***Empire BlueCross BlueShield HealthPlus Medical Policies and Clinical Utilization Management Guidelines update***

### ***Medical Policies***

On March 21, 2019, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Empire BlueCross BlueShield HealthPlus (Empire).

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
4/24/2019	MED.00127	Chelation Therapy	New
4/24/2019	GENE.00050	Gene Expression Profiling for Coronary Artery Disease	New
4/24/2019	MED.00128	Insulin Potentiation Therapy	New
4/24/2019	SURG.00152	Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing	New
3/28/2019	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
3/28/2019	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
4/24/2019	GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	Revised
4/24/2019	GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
4/24/2019	SURG.00139	Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography	Revised
4/24/2019	GENE.00012	Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent	Revised
4/24/2019	SURG.00121	Transcatheter Heart Valve Procedures	Revised]

### ***Clinical UM Guidelines***

On March 21, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Empire. These guidelines were adopted by the medical operations committee for members on May 7, 2019.

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
3/28/2019	CG-ANC-07	Inpatient Interfacility Transfers	Revised
3/28/2019	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
3/28/2019	CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla®)	Revised

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<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
3/28/2019	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	Revised
4/24/2019	CG-DME-44	Electric Tumor Treatment Field (TTF)	Revised
4/24/2019	CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Revised
4/24/2019	CG-GENE-01	Janus Kinase 2, CALR, and MPL Gene Mutation Assays  Previous title: Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays	Revised
4/24/2019	CG-GENE-05	Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)	Revised
4/24/2019	CG-MED-82	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting	New
4/24/2019	CG-MED-83	Level of Care: Specialty Pharmaceuticals	New
4/24/2019	CG-SURG-30	Tonsillectomy for Children with or without Adenoidectomy	Revised
5/9/2019	CG-DRUG-113	Inotuzumab ozogamicin (Besponsa®)	New
5/9/2019	CG-GENE-06	Preimplantation Genetic Diagnosis Testing	New
5/9/2019	CG-GENE-07	BCR-ABL Mutation Analysis	New
5/9/2019	CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome	New
5/9/2019	CG-GENE-09	Genetic Testing for CHARGE Syndrome	New
5/9/2019	CG-MED-81	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	New
5/9/2019	CG-SURG-98	Prostate Multiparametric Magnetic Resonance Imaging	New
5/9/2019	CG-SURG-99	Panniculectomy and Abdominoplasty	New
6/24/2019	CG-SURG-97	Cardioverter Defibrillators	New