Medical Policies Update

On March 22\textsuperscript{nd}, 2018 the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies which are applicable to Anthem Blue Cross. These medical policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing. The medical policies will be made publicly available on the provider website on the publish date listed below. Visit [www.anthem.com/ca](http://www.anthem.com/ca) to search for specific policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

<table>
<thead>
<tr>
<th>Publish date</th>
<th>Medical Policy number</th>
<th>Medical Policy title</th>
<th>New or revised</th>
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<tbody>
<tr>
<td>3/29/2018</td>
<td>MED.00120</td>
<td>Voretigene neparovec-rzyl (Luxturna\textsuperscript{TM})</td>
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<tr>
<td>4/25/2018</td>
<td>SURG.00151</td>
<td>Balloon Dilation of Eustachian Tube</td>
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<tr>
<td>4/25/2018</td>
<td>DME.00009</td>
<td>Vacuum Assisted Wound Therapy in the Outpatient Setting</td>
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<td>3/29/2018</td>
<td>GENE.00028</td>
<td>Genetic Testing for Colorectal Cancer Susceptibility</td>
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<tr>
<td>4/25/2018</td>
<td>RAD.00029</td>
<td>CT Colonography (Virtual Colonoscopy) for Colorectal Cancer</td>
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<td>4/25/2018</td>
<td>SURG.00033</td>
<td>Cardioverter Defibrillators</td>
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<tr>
<td>4/25/2018</td>
<td>SURG.00098</td>
<td>Mechanical Embolectomy for Treatment of Acute Stroke</td>
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<tr>
<td>4/25/2018</td>
<td>SURG.00121</td>
<td>Transcatheter Heart Valve Procedures</td>
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Clinical Utilization Management Guidelines Update

On March 22\(^{nd}\), 2018 the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Clinical Utilization Management Guidelines which are applicable to Anthem. These clinical guidelines were developed or revised to support clinical coding edits. Several Guidelines were revised to provide clarification only and are not included in the below listing. The Clinical Utilization Management Guidelines on this list represent the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on April 19\(^{th}\), 2018. To see the full utilization management guidelines on the website, click the link above.

On the Publish Date, the clinical guidelines were made publicly available on the Anthem Medical Policies and Clinical UM Guidelines subsidiary website. Visit [www.anthem.com/ca](http://www.anthem.com/ca) to search for specific guidelines policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

**Please note:**
- AIM Cardiology and Radiation Oncology guidelines will be utilized for clinical reviews starting 7/1/2018.
- MCG 22\(^{nd}\) Edition was released on 5/7/2018.

<table>
<thead>
<tr>
<th>Publish date</th>
<th>Clinical UM Guideline number</th>
<th>Clinical UM Guideline title</th>
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<tbody>
<tr>
<td>6/22/2018</td>
<td>CG-DRUG-89</td>
<td>Implantable and Extended-Release Buprenorphine-Containing Products</td>
<td>New</td>
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<tr>
<td>6/28/2018</td>
<td>CG-DRUG-90</td>
<td>Intravitreal Treatment for Retinal Vascular Conditions</td>
<td>New</td>
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<tr>
<td>6/28/2018</td>
<td>CG-DRUG-91</td>
<td>Intravitreal Corticosteroid Implants</td>
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<tr>
<td>6/28/2018</td>
<td>CG-DRUG-92</td>
<td>Alpha-1 Proteinase Inhibitor Therapy</td>
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<tr>
<td>6/28/2018</td>
<td>CG-DRUG-93</td>
<td>Sarilumab (Kevzara®)</td>
<td>New</td>
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<tr>
<td>6/28/2018</td>
<td>CG-MED-69</td>
<td>Inhaled Nitric Oxide</td>
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<tr>
<td>6/28/2018</td>
<td>CG-MED-70</td>
<td>Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule</td>
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<tr>
<td>6/28/2018</td>
<td>CG-SURG-73</td>
<td>Balloon Sinus Ostial Dilation</td>
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<td>6/28/2018</td>
<td>CG-SURG-74</td>
<td>Total Ankle Replacement</td>
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<td>6/28/2018</td>
<td>CG-SURG-75</td>
<td>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</td>
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<td>6/28/2018</td>
<td>CG-THER-RAD-07</td>
<td>Intravascular Brachytherapy (Coronary and Non-Coronary)</td>
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<tr>
<td>4/25/2018</td>
<td>CG-SURG-31</td>
<td>Treatment of Keloids and Scar Revision</td>
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<tr>
<td>4/25/2018</td>
<td>CG-SURG-49</td>
<td>Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities</td>
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<tr>
<td>Effective Date</td>
<td>Clinical UM Guideline Number</td>
<td>Clinical UM Guideline Title</td>
<td>Revised or New (New/Revised)</td>
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<td>12/27/2017</td>
<td>CG-SURG-63</td>
<td>Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure</td>
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<tr>
<td>12/27/2017</td>
<td>CG-SURG-65</td>
<td>Recombinant Human Bone Morphogenetic Protein</td>
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<td>12/27/2017</td>
<td>CG-SURG-67</td>
<td>Treatment of Osteochondral Defects</td>
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<td>12/27/2017</td>
<td>CG-SURG-68</td>
<td>Surgical Treatment of Femoracetabular Impingement Syndrome</td>
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<tr>
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<td>CG-SURG-69</td>
<td>Meniscal Allograft Transplantation of the Knee</td>
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<tr>
<td>12/27/2017</td>
<td>CG-DRUG-38</td>
<td>Pemetrexed Disodium (Alimta®)</td>
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<tr>
<td>12/27/2017</td>
<td>CG-DRUG-50</td>
<td>Paclitaxel, protein-bound (Abraxane®)</td>
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<tr>
<td>12/27/2017</td>
<td>CG-DRUG-61</td>
<td>Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications</td>
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<tr>
<td>12/27/2017</td>
<td>CG-MED-21</td>
<td>Anesthesia Services and Moderate (“Conscious”) Sedation</td>
<td>Revised</td>
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<tr>
<td>11/9/2017</td>
<td>CG-MED-55</td>
<td>Level of Care: Advanced Radiologic Imaging</td>
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