



An Anthem Company

October 1, 2015

Medical Policies update

On **August 6, 2015**, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies and Clinical Utilization Management (UM) guidelines, developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the list below. The Medical Policies and Clinical UM Guidelines are publicly available on Empire BlueCross BlueShield HealthPlus (Empire) provider website.

Visit www.anthem.com/cptsearch_shared.html to search for specific policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

Medical Policy effective date	Medical Policy number	Medical Policy	Medical Policy (new/revised)
October 6, 2015	DRUG.00077	Secukinumab (Cosentyx™)	New
August 10, 2015	DRUG.00078	Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors	New
October 6, 2015	SURG.00141	Doppler-Guided Transanal Hemorrhoidal Dearterialization	New
August 10, 2015	DRUG.00046	Ipilimumab (Yervoy™)	Revised
August 10, 2015	DRUG.00075	Nivolumab (Opdivo®)	Revised
August 10, 2015	GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
August 10, 2015	GENE.00026	Cell-Free Fetal DNA-Based Prenatal Screening for Fetal Aneuploidy	Revised
October 6, 2015	MED.00064	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Revised
August 10, 2015	SURG.00055	Cervical Total Disc Arthroplasty	Revised
August 10, 2015	SURG.00098	Mechanical Embolectomy for Treatment of Acute Stroke	Revised

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Clinical Utilization Management Guidelines update

On **August 6, 2015**, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Clinical UM Guidelines applicable to Empire. 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.

On **August 18, 2015**, the Clinical UM Guidelines on this list were adopted by the Medical Operations Committee for the Government Business Division.

Clinical Guidelines are publicly available on the Empire Medical Policies and Clinical UM Guidelines subsidiary website. Visit www.anthem.com/cptsearch_shared.html to search for specific policies.

Effective date	Clinical UM Guideline number	Clinical UM Guideline	Guideline (new/revised)
October 6, 2015	CG-DRUG-47	Level of Care: Specialty Pharmaceuticals	New
October 6, 2015	CG-MED-51	Three-Dimensional (3-D) Rendering of Imaging Studies	New
October 6, 2015	CG-MED-52	Allergy Immunotherapy (Subcutaneous)	New
September 25, 2015	CG-SURG-48	Elective Percutaneous Coronary Interventions (PCI)	New
September 25, 2015	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	New
October 6, 2015	CG-SURG-50	Assistant Surgeons	New
October 6, 2015	CG-SURG-51	Outpatient Cystourethroscopy	New
October 6, 2015	CG-BEH-02	Adaptive Behavioral Treatment for Autism Spectrum Disorder	Revised
August 10, 2015	CG-DME-36	Pediatric Gait Trainers	Revised
August 10, 2015	CG-SURG-07	Vertical Expandable Prosthetic Titanium Rib (VEPTR)	Revised
August 10, 2015	CG-SURG-12	Penile Prosthesis Implantation	Revised
October 6, 2015	CG-SURG-27	Gender Reassignment Surgery	Revised
August 10, 2015	CG-SURG-44	Coronary Angiography and Cardiac Catheterization in the Outpatient Setting	Revised
August 10, 2015	CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion	Revised
October 6, 2015	CG-SURG-47	Surgical Interventions for Scoliosis and Spinal Deformity	Revised