

## **Medical Policies and Clinical Utilization Management Guidelines update**

### **Medical Policies update**

On [November 21, 2018], the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Healthy Blue. These 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* were made publicly available on the Healthy Blue provider website on the effective date listed below. Visit [<https://provider.healthybluelouisiana.com/louisiana-provider/medical-policies-and-clinical-guidelines>] to search for specific policies.

#### **Please note:**

- **CG-BEH-01 Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome** was revised to add tests for metabolic markers in the blood, urine, tissue or other biologic materials (also known as metabolomics), including but not limited to amino acid dysregulation metabotype testing as not medically necessary.
- **CG-SURG-27 Sex Reassignment Surgery** — the medical necessity statement was revised to add criteria requiring referral letters to mastectomy.
- AIM criteria updates include:
  - *Musculoskeletal Interventional Pain Management\**
  - *Advanced Imaging — Imaging of the Chest*

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

**Please note:** For markets with pharmacy services carved out, the applicable listings below would be informational only.

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
[12/12/2018]	<i>MED.00126</i>	<i>Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders</i>	New
11/15/2018	<i>MED.00109</i>	<i>Corneal Collagen Cross-Linking</i>	Revised
12/12/2018	<i>TRANS.00024</i>	<i>Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome</i>	Revised
11/15/2018]	<i>SURG.00120</i>	<i>Internal Rib Fixation Systems</i>	Revised

<https://providers.healthybluelouisiana.com>

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BLA-NL-0216-20 [rdate]

**Clinical Utilization Management (UM) Guidelines update**

On [November 21, 2018], the MPTAC approved the following *Clinical UM Guidelines* applicable to Healthy Blue. These *Clinical UM Guidelines* were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on [January 3, 2019].

On [November 21, 2018], the *Clinical UM Guidelines* were made publicly available on the Healthy Blue *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit [\[https://provider.healthyblue.com/louisiana-provider/medical-policies-and-clinical-guidelines\]](https://provider.healthyblue.com/louisiana-provider/medical-policies-and-clinical-guidelines) to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

**Please note:** For markets with pharmacy services carved out, the applicable listings below would be informational only.

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
[12/12/2018	<i>CG-BEH-01*</i>	<i>Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome</i>	Revised
12/12/2018	<i>CG-GENE-03</i>	<i>BRAF Mutation Analysis</i>	Revised
12/12/2018	<i>CG-LAB-14</i>	<i>Respiratory Viral Panel Testing in the Outpatient Setting</i>	New
12/12/2018	<i>CG-MED-78</i>	<i>Anesthesia Services for Interventional Pain Management Procedures</i>	New
12/12/2018	<i>CG-SURG-27*</i>	<i>Sex Reassignment Surgery</i>	Revised
12/12/2018	<i>CG-SURG-91</i>	<i>Minimally Invasive Ablative Procedures for Epilepsy</i>	New
12/12/2018	<i>CG-THER-RAD-03</i>	<i>Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy</i>	Revised
1/3/2019	<i>CG-MED-79</i>	<i>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</i>	New
1/3/2019]	<i>CG-MED-80</i>	<i>Positron Emission Tomography (PET) and PET/CT Fusion</i>	New