

MEDICAID PROVIDER BULLETIN

November 2017

Medical Policy update

Anthem Blue Cross and Blue Shield Medicaid (Anthem) Medical Advisory Committee approved the following policies, which are applicable to Anthem effective January 1, 2018. These 14 clinical policies edits/claims processing edits are aligned with correct-coding initiatives, as well as these national benchmarks and industry standards.

The guidelines are available and transparent for providers on our website:

https://www.anthem.com/wps/portal/ahpculdesac?content_path=medicalpolicies/noapplication/f1/s0/t0/pw_034471.htm&na=onlinepolicies.

Visit www.anthem.com/cptsearch_shared.html to search for specific policies. Please share this notice with other members of your practice and staff.

Medical Policy number	Medical Policy	Web location
CG-MED-42	Maternity Ultrasound in the outpatient setting	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c159215.htm
CG-MED-52	Allergy Immunotherapy (Subcutaneous)	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c183207.htm
CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®) Cancer Drug	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c176089.htm
DRUG 00038	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications (Cancer)	https://www.anthem.com/medicalpolicies/policies/mp_pw_b078445.htm
RAD.00002	PET scans	https://www.anthem.com/medicalpolicies/policies/mp_pw_a053258.htm
CG-SURG-32	Pain Management: Cervical, Thoracic & Lumbar Facet Injections	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c160721.htm
CG-MED-44	Ambulatory ECG Holter monitor	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c160710.htm
CG-MED-46	Ambulatory and Inpatient Video Electroencephalography	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c160712.htm
CG-MED-49	Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c160719.htm
MED.00005	Hyperbaric Oxygen Therapy (Systemic/Topical)	https://www.anthem.com/medicalpolicies/policies/mp_pw_a049925.htm
DRUG 000028	Intravitreal Treatment for Retinal Vascular Conditions	https://www.anthem.com/medicalpolicies/policies/mp_pw_a050295.htm
CG-MED-48	Scrotal Ultrasound	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c160718.htm
CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c166612.htm
DRUG.00079	Bendamustine Hydrochloride	https://www.anthem.com/medicalpolicies/policies/mp_pw_c184878.htm

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

<https://medproviders.anthem.com/ky>

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