Anthem
And Its Affiliate HealthKeepers, Inc.

Coverage and clinical guideline update

Coverage guidelines effective November 1, 2022

SPECIAL NOTE:

The services addressed in ALL the coverage guidelines presented in this document will require authorization for all our products offered by HealthKeepers, Inc. with the exception of Anthem HealthKeepers Plus (Medicaid) and the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan. Other exceptions are Medicare Advantage and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). A pre-determination can be requested for our Anthem PPO products.

Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement the following new and revised coverage guidelines effective ***November 1, 2022***. These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), Medicare Advantage, the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program® or FEP®). Furthermore, the guidelines were among those recently approved at the Medical Policy and Technology Assessment Committee meeting held on May 12, 2022.

The guidelines addressed in this edition of *Provider News* are:

- Intermittent abdominal pressure ventilation devices (DME.00046)
- Rehabilitative devices with remote monitoring (DME.00047)
- Virtual reality-assisted therapy systems (DME.00048)
- Gene expression profiling of melanomas and cutaneous squamous cell carcinoma (GENE.00023)
- Hybrid personalized molecular residual disease testing for cancer (GENE.00059)
- Pain management biomarker analysis (LAB.00048)
- Electrical impedance scanning for cancer detection (MED.00139)
- Portable normothermic organ perfusion system (TRANS.00039)
- Cryosurgical, radiofrequency or laser ablation to treat solid tumors outside the liver (CG-SURG-61)

Intermittent abdominal pressure ventilation devices (DME.00046)

This new coverage guideline addresses the use of intermittent abdominal pressure ventilation devices.

Intermittent abdominal pressure ventilation devices are considered **investigational and not medically necessary** for all indications.

The Healthcare Common Procedure Coding System (HCPCS) code associated with this new coverage guideline is K1021.

Rehabilitative devices with remote monitoring (DME.00047)

This new coverage guideline addresses the use of rehabilitative devices with remote monitoring and adjustment capabilities intended to evaluate and improve muscle strength and range of motion while reporting session data to the individual's provider.

The use of rehabilitative devices with remote monitoring or adjustment capabilities (for example, ROMTech PortableConnect® and ROMTech AccuAngle®) is considered **investigational and not medically necessary** for all indications.

The HCPCS code associated with this new coverage guideline is E1399.

Virtual reality-assisted therapy systems (DME.00048)

This new coverage guideline addresses the use of virtual reality-assisted therapy systems that may be used in the management of pain, cognitive or motor rehabilitation, treatment of procedural anxiety, and promotion of weight control.

Virtual reality systems are considered **investigational and not medically necessary** for all indications.

The HCPCS code associated with this new coverage guideline is E1399.

Gene expression profiling of melanomas and cutaneous squamous cell carcinoma (GENE.00023)

The scope of this revised coverage guideline has been expanded to include cutaneous squamous cell carcinoma.

Gene expression profiling of suspected or established cutaneous squamous cell carcinoma is considered **investigational and not medically necessary**.

The CPT® codes associated with this revised coverage guideline are 81401, 81529, 81552, 81599, 84999, 0089U, 0090U, 0314U, and 0315U.

Hybrid personalized molecular residual disease testing for cancer (GENE.00059)

This new coverage guideline addresses hybrid personalized molecular residual disease (MRD) testing for oncologic disease management. Commercially available personalized MRD tests include the Signatera™ test (Natera Inc., San Carlos, CA) and the RaDaR™ test (Inivata, Research Triangle Park, NC).

Oncologic hybrid personalized molecular residual disease (MRD) tests are considered **investigational and not medically necessary** for all indications.
The CPT code associated with this new coverage guideline is 81479.

Pain management biomarker analysis (LAB.00048)

This new coverage guideline addresses a new pain biomarker test, the Foundation Pain Index (FPI), which is a test panel of pain functional biomarkers in urine and is intended to identify sources of chronic pain.

The functional pain biomarker urine test panel is considered **investigational and not medically necessary** for chronic pain management and for all other indications.

Electrical impedance scanning for cancer detection (MED.00139)

This new coverage guideline addresses the use of electrical impedance scanning for cancer detection.

Electrical impedance scanning for cancer detection is considered **investigational and not medically necessary** for all indications.

The CPT code associated with this new coverage guideline is 99199.

Portable normothermic organ perfusion system (TRANS.00039)

This new coverage guideline addresses use of a portable normothermic organ machine perfusion and monitoring medical device used to preserve donor organs in a near-normothermic state from retrieval until transplantation.

Normothermic lung perfusion (that is, Organ Care System Lung™) for the preservation of a donor organ is considered **medically necessary** when used for preservation of donor lung pairs initially deemed unacceptable for procurement and transplantation based on limitations of cold storage preservation, that is: age greater than 55, PaO2/FiO2 less than 300 mmHg, donation after cardiac death (DCD) donors, ischemic time greater than 6 hours).

Normothermic liver perfusion for the preservation of a donor solid organ is considered **medically necessary** when used for the preservation of an organ initially deemed unacceptable and when one of the following criteria are met:

1. **Organ care system liver:** Liver allografts from donors after circulatory death (DCD) less than or equal to 55 years old and with less than or equal to 30 minutes of warm ischemic time, macrosteatosis less than or equal to 15%.
2. **OrganOx metra system:** Liver allografts from donors after DCD less than or equal to 40 years of age, with less than or equal to 20 minutes of functional warm ischemic time, and macrosteatosis less than or equal to 15%.

Normothermic portable organ machine perfusion is considered **investigational and not medically necessary** when the above criteria are not met, including but not limited to the preservation of other solid donor organs, including the heart (that is, OCS Heart System), or preservation of standard criteria donor organs.

The CPT codes associated with this new coverage guideline are 32999, 33999, 47399, and 53899.

Cryosurgical, radiofrequency or laser ablation to treat solid tumors outside the liver (CG-SURG-61)

This *Clinical UM Guideline* addresses the use of cryosurgical (also known as cryosurgery or cryoablation), radiofrequency, or laser ablation as a treatment of:

- Primary or secondary malignancies outside the liver.
- Benign tumors outside the liver.

The scope has been expanded to include the use of laser ablation to treat solid tumors outside the liver.

The CPT codes associated with this revised clinical UM guideline are 19105, 20982, 20983, 32994, 32998, 48999, 55873, 50250, 50542, 50592, 50593, 60699, 61736, 61737, 0581T, and 0673T.

The coverage guidelines are available for review on our website at **http://www.anthem.com.**

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