

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

Please share this notice with other members of your practice and office staff.

To view a guideline, visit <https://www.empireblue.com/provider/policies/clinical-guidelines/search>.

Notes/updates:

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

- ***CG-MED-89 - Home Parenteral Nutrition**
 - Outlines the medically necessary and not medically necessary criteria for initial and continuing use of home parenteral nutrition
- ***GENE.00057 - Gene Expression Profiling for Idiopathic Pulmonary Fibrosis**
 - The use of gene expression profiling to assist in the diagnosis or management of idiopathic pulmonary fibrosis is considered investigational and not medically necessary in all situations
- ***LAB.00041 - Machine Learning Derived Probability Score for Rapid Kidney Function Decline**
 - The use of a machine learning derived probability score (e.g., KidneyIntelX) to predict rapid kidney function decline in chronic kidney disease is considered investigational and not medically necessary for all indications
- ***MED.00137 - Eye Movement Analysis Using Non-spatial Calibration for the Diagnosis of Concussion**
 - Eye movement analysis using non-spatial calibration is considered investigational and not medically necessary for the diagnosis of concussion
- ***CG-MED-70 - Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule**
 - Added the use of a magnetically controlled wireless capsule as not medically necessary
- ***CG-SURG-59 - Vena Cava Filters**
 - Removed major trauma indication from medically necessary statement
 - Added “severe trauma without documented venous thromboembolism” and “cancer and recurrent venous thromboembolism, despite anticoagulation treatment” to not medically necessary statement
- ***MED.00004 - Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)**
 - Added electrical impedance spectroscopy for the evaluation of skin lesions as investigational and not medically necessary

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- ***TRANS.00025 - Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection**
 - Added noninvasive tests for detection of heart transplant rejection as investigational and not medically necessary including, but not limited to, AlloSure Heart, AlloSeq cell-free DNA, MMDx Heart, and myTAIHeart
- **CG-DME-49 - Standing Frames**
 - A new *Clinical Guideline* was created from the content contained in DME.00034. There are no changes to the guideline content and the publish date is July 7, 2021
- **CG-SURG-111 - Open Sacroiliac Joint Fusion**
 - A new *Clinical Guideline* was created from the content contained in SURG.00127. There are no changes to the guideline content and the publish date is July 30, 2021

Medical Policies

On May 13, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Empire BlueCross BlueShield HealthPlus (Empire). These guidelines take effect October 3, 2021.

Publish date	Medical Policy #	Medical Policy title	New or revised
7/7/2021	*GENE.00057	Gene Expression Profiling for Idiopathic Pulmonary Fibrosis	New
7/7/2021	*LAB.00041	Machine Learning Derived Probability Score for Rapid Kidney Function Decline	New
7/7/2021	*MED.00137	Eye Movement Analysis Using Non-spatial Calibration for the Diagnosis of Concussion	New
7/7/2021	ANC.00009	Cosmetic and Reconstructive Services of the Trunk and Groin	Revised
7/1/2021	*MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	Revised
5/20/2021	OR-PR.00003	Microprocessor Controlled Lower Limb Prosthesis	Revised
7/7/2021	SURG.00095	Viscocalanostomy and Canalooplasty	Revised
5/20/2021	SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Revised
5/20/2021	SURG.00143	Perirectal Spacers for Use During Prostate Radiotherapy	Revised
7/7/2021	SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Revised
7/7/2021	*TRANS.00025	Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection	Revised
5/20/2021	TRANS.00031	Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors	Revised

Clinical UM Guidelines

On May 13, 2021, the MPTAC approved the following *Clinical UM Guidelines* applicable to Empire. These guidelines were adopted by the medical operations committee for our members on May 27, 2021. These guidelines take effect October 3, 2021.

Publish date	Clinical UM Guideline #	Clinical UM Guideline title	New or revised
7/7/2021	*CG-MED-89	Home Parenteral Nutrition	New
7/7/2021	CG-DME-48	Vacuum Assisted Wound Therapy in the Outpatient Setting	Revised
7/7/2021	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	Revised
7/7/2021	CG-GENE-13	Genetic Testing for Inherited Diseases	Revised
7/1/2021	*CG-MED-70	Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule	Revised
5/27/2021	CG-SURG-01	Colonoscopy	Revised
7/7/2021	CG-SURG-12	Penile Prosthesis Implantation	Revised
7/7/2021	CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	Revised
5/20/2021	CG-SURG-27	Gender Affirming Surgery	Revised
7/7/2021	*CG-SURG-59	Vena Cava Filters	Revised