



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://provider.healthybluene.com>.

Notes/updates:

- ***MED.00134** — Non-invasive Heart Failure and Arrhythmia Management and Monitoring System:
 - Revised Investigational and Not Medically Necessary indications
- ***SURG.00156** — Implanted Artificial Iris Devices:
 - Revised Investigational and Not Medically Necessary indications
- ***SURG.00157** — Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
 - Revised Investigational and Not Medically Necessary indications
- ***GENE.00055** – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
 - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications.
- ***LAB.00037** – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
 - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications.
- ***CG-LAB-15** – Red Blood Cell Folic Acid Testing
 - RBC folic acid testing is considered not medically necessary in all cases.
- ***CG-LAB-16** – Serum Amylase Testing
 - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions.
- **CG-REHAB-12** — Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
 - A **new Clinical UM Guideline** was created from content contained in CG-REHAB-04, CG-REHAB-05 and CG-REHAB-06.
 - There are no changes to the guideline content.
 - Publish date is December 8, 2020.
- **SURG.00158** – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
 - A **new Medical Policy** was created from content contained in DME.00011
 - There are no changes to the policy content.
 - Publish date is December 16, 2020.
- **CG-GENE-21** – Cell-Free Fetal DNA-Based Prenatal Testing

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- A **new *Clinical Guideline*** was created from content contained in GENE.00026
- There are no changes to the guideline content.
- Publish date is December 16, 2020.

Medical Policies

On August 13, 2020, and November 5, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Healthy Blue. These policies take effect June 6, 2021.

| Publish date | Medical Policy # | Medical Policy title | New or revised |
|---------------------|-------------------------|---|-----------------------|
| 10/7/2020 | *MED.00134 | Non-invasive Heart Failure and Arrhythmia Management and Monitoring System | New |
| 10/7/2020 | *SURG.00156 | Implanted Artificial Iris Devices | New |
| 10/7/2020 | *SURG.00157 | Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis | New |
| 12/16/2020 | *GENE.00055 | Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity | New |
| 12/16/2020 | *LAB.00037 | Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS) | New |

Clinical UM Guidelines

On August 13, 2020, and November 5, 2020, the MPTAC approved the following *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the medical operations committee for Healthy Blue members on September 9, 2020, and November 19, 2020. These guidelines take effect June 6, 2021.

| Publish date | Clinical UM Guideline # | Clinical UM Guideline title | New or revised |
|---------------------|--------------------------------|--|-----------------------|
| 12/16/2020 | *CG-LAB-15 | Red Blood Cell Folic Acid Testing | New |
| 12/16/2020 | *CG-LAB-16 | Serum Amylase Testing | New |