

## ***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 note:** The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

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

To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### **Updates:**

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

- **\*SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)**
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL"
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- **\*SURG.00037 - Treatment of Varicose Veins (Lower Extremities)**
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures
- **\*SURG.00047 - Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis**
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- **\*SURG.00097 - Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents**
  - Expanded scope of document to include vertebral body tethering

\* AIM Specialty Health is an independent company providing utilization review services on behalf of Amerigroup.

- Added vertebral body tethering as investigational and not medically necessary
- **\*CG-LAB-14 - Respiratory Viral Panel Testing in the Outpatient Setting**
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving 5 targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving 6 or more targets as not medically necessary
- **\*CG-MED-68 - Therapeutic Apheresis**
  - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following **AIM Specialty Clinical Appropriateness Guidelines** have been approved, to view an AIM guideline, visit the [AIM Specialty Health\\* page](#):
  - \*Joint Surgery
  - \*Advanced Imaging — Vascular Imaging

**Medical Policies**

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup.

<b>Publish date</b>	<b>Medical policy #</b>	<b>Medical policy title</b>	<b>New or revised</b>
12/18/2019	<b>ADMIN.00001</b>	<b>Medical Policy Formation</b>	Revised
11/12/2019	<b>ANC.00009</b>	<b>Cosmetic and Reconstructive Services of the Trunk and Groin</b>	Revised
11/12/2019	<b>BEH.00002</b>	<b>Transcranial Magnetic Stimulation</b>	Revised
02/05/2020	<b>GENE.00025</b>	<b>Proteogenomic Testing for the Evaluation of Malignancies</b>  Previous title: Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies	Revised
02/05/2020	<b>GENE.00052</b>	<b>Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</b>	New
12/18/2019	<b>MED.00110</b>	<b>Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting</b>	Revised
02/05/2020	<b>MED.00117</b>	<b>Autologous Cell Therapy for the Treatment of Damaged Myocardium</b>	Revised
11/12/2019	<b>MED.00124</b>	<b>Tisagenlecleucel (Kymriah®)</b>	Revised

<b>Publish date</b>	<b>Medical policy #</b>	<b>Medical policy title</b>	<b>New or revised</b>
12/18/2019	<b>SURG.00011</b>	<b>Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting</b>	Revised
11/12/2019	<b>SURG.00023</b>	<b>Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</b>	Revised
12/18/2019	<b>*SURG.00028</b>	<b>Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)</b>  Previous title: Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions	Revised
12/18/2019	<b>SURG.00032</b>	<b>Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention</b>	Revised
12/18/2019	<b>*SURG.00037</b>	<b>Treatment of Varicose Veins (Lower Extremities)</b>	Revised
12/18/2019	<b>*SURG.00047</b>	<b>Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis</b>  Previous title: Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia	Revised
12/18/2019	<b>*SURG.00097</b>	<b>Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents</b>  Previous title: Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents	Revised
12/18/2019	<b>SURG.00127</b>	<b>Sacroiliac Joint Fusion</b>	Revised
11/12/2019	<b>SURG.00145</b>	<b>Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)</b>	Revised
12/18/2019	<b>TRANS.00033</b>	<b>Heart Transplantation</b>	Revised

**Clinical UM Guidelines**

On November 7, 2019, the MPTAC approved the following Clinical UM Guidelines applicable to Amerigroup. These guidelines adopted by the medical operations committee for members on November 25, 2019.

<b>Publish date</b>	<b>Clinical UM Guideline #</b>	<b>Clinical UM Guideline title</b>	<b>New or revised</b>
12/18/2019	<b>CG-ANC-04</b>	<b>Ambulance Services: Air and Water</b>	Revised
12/18/2019	<b>CG-BEH-01</b>	<b>Assessment of Autism Spectrum Disorders and Rett Syndrome</b>  Previous title: Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome	Revised
12/18/2019	<b>CG-BEH-02</b>	<b>Adaptive Behavioral Treatment for Autism Spectrum Disorder</b>	Revised
12/18/2019	<b>CG-GENE-12</b>	<b>PIK3CA Mutation Testing for Malignant Conditions</b>  Previous title: PIK3CA Mutation Testing	Revised
2/5/2020	<b>CG-GENE-13</b>	<b>Genetic Testing for Inherited Diseases</b>	New
2/5/2020	<b>CG-GENE-14</b>	<b>Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management</b>	New
2/5/2020	<b>CG-GENE-15</b>	<b>Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis</b>	New
2/5/2020	<b>CG-GENE-16</b>	<b>BRCA Testing for Breast and/or Ovarian Cancer Syndrome</b>	New
2/5/2020	<b>CG-GENE-17</b>	<b>RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility</b>	New
2/5/2020	<b>CG-GENE-18</b>	<b>Genetic Testing for TP53 Mutations</b>	New
2/5/2020	<b>CG-GENE-19</b>	<b>Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</b>	New
2/5/2020	<b>CG-GENE-20</b>	<b>Epidermal Growth Factor Receptor (EGFR) Testing</b>	New

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12/18/2019	<b>*CG-LAB-14</b>	<b>Respiratory Viral Panel Testing in the Outpatient Setting</b>	Revised
12/18/2019	<b>CG-MED-42</b>	<b>Maternity Ultrasound in the Outpatient Setting</b>	Revised
12/18/2019	<b>*CG-MED-68</b>	<b>Therapeutic Apheresis</b>	Revised
12/18/2019	<b>CG-MED-71</b>	<b>Chronic Wound Care in the Home or Outpatient Setting</b>  Previous title: Wound Care in the Home Setting	Revised
12/18/2019	<b>CG-MED-84</b>	<b>Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting</b>	Revised
12/18/2019	<b>CG-MED-85</b>	<b>Posterior Segment Optical Coherence Tomography</b>	New
12/18/2019	<b>CG-MED-86</b>	<b>Enhanced External Counterpulsation in the Outpatient Setting</b>	New
2/5/2020	<b>CG-MED-87</b>	<b>Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications</b>	New
12/18/2019	<b>CG-REHAB-02</b>	<b>Outpatient Cardiac Rehabilitation</b>	Revised
12/18/2019	<b>CG-SURG-27</b>	<b>Gender Reassignment Surgery</b>  Previous title: Sex Reassignment Surgery	Revised
12/18/2019	<b>CG-SURG-61</b>	<b>Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver</b>  Previous title: Cryosurgical Ablation of Solid Tumors Outside the Liver	Revised
12/18/2019	<b>CG-SURG-92</b>	<b>Paraesophageal Hernia Repair</b>	Revised
12/18/2019	<b>CG-SURG-104</b>	<b>Intraoperative Neurophysiological Monitoring</b>	New
2/5/2020	<b>CG-SURG-105</b>	<b>Corneal Collagen Cross-Linking</b>	New

<b>Publish date</b>	<b><i>Clinical UM Guideline #</i></b>	<b><i>Clinical UM Guideline title</i></b>	<b>New or revised</b>
2/5/2020	<b>CG-SURG-106</b>	<b>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</b>	New