

Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On November 21, 2018, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup members enrolled in Medicare Advantage. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on the Amerigroup provider website on the effective date listed below.

Visit https://medicalpolicies.amerigroup.com/am_search.html to search for specific policies.

Please note:

- **H.P. Acthar Gel® (repository corticotropin injection) ING-CC-0004**
Clinical criteria ING-CC-0004 addresses the use of repository corticotropin injection for the treatment of infantile spasms (West syndrome) and adults with a corticosteroid-responsive condition, including but not limited to acute exacerbations of multiple sclerosis. Effective for dates of service on and after May 1, 2019, repository corticotropin injections for the treatment of conditions other than infantile spasms (West syndrome) are considered not medically necessary.
- **CG-BEH-01 Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome** was revised to add tests for metabolic markers in the blood, urine, tissue or other biologic materials (also known as metabolomics), including but not limited to Amino Acid Dysregulation Metabotype (AADM) testing as not medically necessary.
- AIM Specialty Health® updates went into effect on November 21, 2018. Updates included:
 - Musculoskeletal Interventional Pain Management.
 - Spine Surgery.
 - Radiology.
- MCG Care Guidelines, 22nd Edition customizations went into effect on January 16, 2019. Customizations included the following:
 - Behavioral Health Level of Care Guidelines.
 - Inpatient and Surgical Care:
 - Neonatology
 - Orthopedics
 - Thoracic Surgery
 - Pulmonary Disease
- MCG Care Guidelines, 23rd Edition and customizations went into effect on May 24, 2019.
- The InterQual 2019 version release goes into effect on May 1, 2019.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For plans with pharmacy services carved out, the applicable listings below are informational only.

Publish date	Medical Policy number	Medical Policy title	New or revised
December 12, 2018	MED.00126	Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders	New
December 12, 2018	DRUG.00090	Bezlotoxumab (ZINPLAVA™)	Revised
November 15, 2018	MED.00109	Corneal Collagen Cross-Linking	Revised
December 12, 2018	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised
November 15, 2018	SURG.00120	Internal Rib Fixation Systems	Revised
December 12, 2018	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised
November 15, 2018	DRUG.00046	Ipilimumab (Yervoy®)	Revised
November 15, 2018	DRUG.00075	Nivolumab (Opdivo®)	Revised
December 12, 2018	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
November 15, 2018	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
December 12, 2018	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Clinical Utilization Management Guidelines update

On November 21, 2018, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup members enrolled in Medicare Advantage. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the medical operations committee on January 3, 2019.

On November 21, 2018, the guidelines were made publicly available on the Amerigroup *Medical Policies* and *Clinical UM Guidelines* subsidiary website.

Visit https://medicalpolicies.amerigroup.com/am_search.html to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For plans with pharmacy services carved out, the applicable listings below would be informational only.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
November 15, 2018	CG-DRUG-88	Dupilumab (Dupixent®)	Revised
December 12, 2018	CG-BEH-01	Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome	Revised
December 12, 2018	CG-DRUG-107	Pharmacotherapy for Hereditary Angioedema	Revised
December 12, 2018	CG-DRUG-63	Levoleucovorin Products Previously titled: Levoleucovorin Calcium (Fusilev®)	Revised
December 12, 2018	CG-DRUG-65	Tumor Necrosis Factor Antagonists	Revised

Publish date	<i>Clinical UM Guideline number</i>	<i>Clinical UM Guideline title</i>	New or revised
December 12, 2018	CG-DRUG-78	Antihemophilic Factors and Clotting Factors	Revised
December 12, 2018	CG-GENE-01	Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays Previous title: Janus Kinase 2 (JAK2) V617F Gene Mutation Assay	Revised
December 12, 2018	CG-GENE-03	BRAF Mutation Analysis	Revised
December 12, 2018	CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	New
December 12, 2018	CG-MED-78	Anesthesia Services for Interventional Pain Management Procedures	New
December 12, 2018	CG-SURG-27	Sex Reassignment Surgery	Revised
December 12, 2018	CG-SURG-60	Cervical Total Disc Arthroplasty	Revised
December 12, 2018	CG-SURG-91	Minimally Invasive Ablative Procedures for Epilepsy	New
December 12, 2018	CG-THER-RAD-03	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy	Revised
January 3, 2019	CG-MED-79	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems	New
January 3, 2019	CG-MED-80	Positron Emission Tomography (PET) and PET/CT Fusion	New