

Medical Policies Update

On March 22nd, 2018 the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies which are applicable to Amerigroup. These medical 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 will be made publicly available on the provider website on the publish date listed below. Visit <https://providers.amerigroup.com/pages/home.aspx> to search for specific policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

Publish date	Medical Policy number	Medical Policy title	New or revised
3/29/2018	MED.00120	Voretigene neparvovec-rzyl (Luxturna™)	New
4/25/2018	SURG.00151	Balloon Dilation of Eustachian Tube	New
4/25/2018	DME.00009	Vacuum Assisted Wound Therapy in the Outpatient Setting	Revised
3/29/2018	GENE.00028	Genetic Testing for Colorectal Cancer Susceptibility	Revised
4/25/2018	RAD.00029	CT Colonography (Virtual Colonoscopy) for Colorectal Cancer	Revised
4/25/2018	SURG.00033	Cardioverter Defibrillators	Revised
4/25/2018	SURG.00098	Mechanical Embolectomy for Treatment of Acute Stroke	Revised
4/25/2018	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Clinical Utilization Management Guidelines Update

On March 22nd, 2018 the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Clinical Utilization Management Guidelines which are applicable to Amerigroup. 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 below listing. The Clinical Utilization Management Guidelines on this list represent the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on April 19th, 2018. To see the full utilization management guidelines on the website, click the link above

On the Publish Date, the clinical guidelines were made publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines subsidiary website. Visit <https://providers.amerigroup.com/pages/home.aspx> to search for specific guidelines policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

Please note:

- AIM Cardiology and Radiation Oncology guidelines will be utilized for clinical reviews starting 7/1/2018.
- MCG 22nd Edition was released on 5/7/2018.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
6/28/2018	CG-BEH-15	Activity Therapy for Autism Spectrum Disorders and Rett Syndrome	New
6/22/2018	CG-DRUG-89	Implantable and Extended-Release Buprenorphine-Containing Products	New
6/28/2018	CG-DRUG-90	Intravitreal Treatment for Retinal Vascular Conditions	New
6/28/2018	CG-DRUG-91	Intravitreal Corticosteroid Implants	New
6/28/2018	CG-DRUG-92	Alpha-1 Proteinase Inhibitor Therapy	New
6/28/2018	CG-DRUG-93	Sarilumab (Kevzara®)	New
6/28/2018	CG-LAB-13	Skin Nerve Fiber Density Testing	New
6/28/2018	CG-MED-69	Inhaled Nitric Oxide	New
6/28/2018	CG-MED-70	Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule	New
6/28/2018	CG-SURG-73	Balloon Sinus Ostial Dilation	New
6/28/2018	CG-SURG-74	Total Ankle Replacement	New
6/28/2018	CG-SURG-75	Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions	New

6/28/2018	CG-THER-RAD-07	Intravascular Brachytherapy (Coronary and Non-Coronary)	New
4/25/2018	CG-SURG-31	Treatment of Keloids and Scar Revision	Revised
4/25/2018	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Revised

Effective Date	Clinical UM Guideline Number	Clinical UM Guideline Title	Revised or New (New/Revised)
12/27/2017	CG-SURG-63	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure	New
12/27/2017	CG-SURG-65	Recombinant Human Bone Morphogenetic Protein	New
12/27/2017	CG-SURG-66	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)	New
12/27/2017	CG-SURG-67	Treatment of Osteochondral Defects	New
12/27/2017	CG-SURG-68	Surgical Treatment of Femoracetabular Impingement Syndrome	New
12/27/2017	CG-SURG-69	Meniscal Allograft Transplantation of the Knee	New
12/27/2017	CG-DRUG-38	Pemetrexed Disodium (Alimta®)	Revised
12/27/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
12/27/2017	CG-DRUG-61	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications	Revised
12/27/2017	CG-MED-21	Anesthesia Services and Moderate ("Conscious") Sedation	Revised
11/9/2017	CG-MED-55	Level of Care: Advanced Radiologic Imaging	Revised

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