

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies and Clinical Utilization Management (UM) Guidelines* 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 prior authorization requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only. Note, not all of the services and codes referenced within these guidelines are reimbursed under Medicaid or CHIP. Please refer to Medicaid or CHIP guidelines for coverage and reimbursement information.

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.

Notes/updates:

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

- *DME.00037 — Added devices that combine cooling and vibration to the Investigational (INV) & not medically necessary (NMN) statement
- *LAB.00027 — Added Mediator Release Test to INV&NMN statement.
- *LAB.00033 — Clarified INV&NMN statement to include 4Kscore and AR-V7
- *OR-PR.00003:
 - Clarified medically necessary (MN) position statement criteria 2 to 4
 - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications
- *SURG.00011:
 - Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
 - Added new products to INV&NMN statement.
- *SURG.00045:
 - Added erectile dysfunction, Peyronie's disease and wound repair to the INV&NMN statement
 - Revised title
- *SURG.00121 — Added INV&NMN statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following AIM Specialty Health® updates were approved on June 6, 2019:
 - Advanced Imaging:
 - Imaging of the Heart
 - Oncologic Imaging

- Vascular Imaging
- Proton Beam Therapy
- Rehabilitative Therapies — Physical Therapy, Occupational Therapy and Speech Therapy (New)

Medical Policies

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup. These guidelines take effect October 10, 2019.

| Publish date | Medical Policy number | Medical Policy title | New or revised |
|---------------------|------------------------------|--|-----------------------|
| 6/13/2019 | MED.00129 | Gene Therapy for Spinal Muscular Atrophy | New |
| 6/13/2019 | GENE.00029 | Genetic Testing for Breast and/or Ovarian Cancer Syndrome | Revised |
| 6/13/2019 | *SURG.00011 | Allogeneic, Xenographic, Synthetic, and Composite Products for Wound Healing and Soft Tissue Grafting | Revised |
| 6/13/2019 | SURG.00023 | Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures | Revised |
| 6/13/2019 | SURG.00028 | Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions | Revised |
| 6/27/2019 | GENE.00025 | Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies Previous title: Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors | Revised |
| 6/27/2019 | DRUG.00046 | Ipilimumab (Yervoy®) | Revised |
| 6/27/2019 | DRUG.00053 | Carfilzomib (Kyprolis®) | Revised |
| 6/27/2019 | DRUG.00062 | Obinutuzumab (Gazyva®) | Revised |
| 6/27/2019 | DRUG.00067 | Ramucirumab (Cyramza®) | Revised |
| 6/27/2019 | DRUG.00071 | Pembrolizumab (Keytruda®) | Revised |
| 6/27/2019 | DRUG.00075 | Nivolumab (Opdivo®) | Revised |
| 6/27/2019 | DRUG.00107 | Avelumab (Bavencio®) | Revised |
| 6/27/2019 | GENE.00044 | Analysis of PIK3CA Status in Tumor Cells | Revised |
| 6/27/2019 | *SURG.00121 | Transcatheter Heart Valve Procedures | Revised |

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|---------------------|------------------------------|--|-----------------------|
| 6/27/2019 | GENE.00001 | Genetic Testing for Cancer Susceptibility | Revised |
| 6/27/2019 | GENE.00043 | Genetic Testing of an Individual's Genome for Inherited Diseases | Revised |
| 6/27/2019 | LAB.00011 | Analysis of Proteomic Patterns | Revised |
| 6/27/2019 | LAB.00015 | Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer | Revised |
| 7/10/2019 | GENE.00051 | Bronchial Gene Expression Classification for the Diagnostic Evaluation of Lung Cancer | New |
| 7/10/2019 | SURG.00153 | Cardiac Contractility Modulation Therapy | New |
| 7/10/2019 | *DME.00037 | Cooling Devices and Combined Cooling/Heating Devices | Revised |
| 7/10/2019 | DME.00038 | Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch (PASS) Devices | Revised |
| 7/10/2019 | GENE.00011 | Gene Expression Profiling for Managing Breast Cancer Treatment | Revised |
| 7/10/2019 | *LAB.00027 | Selected Blood, Serum and Cellular Allergy and Toxicity Tests | Revised |
| 7/10/2019 | *LAB.00033 | Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer | Revised |
| 7/10/2019 | MED.00109 | Corneal Collagen Cross-Linking | Revised |
| 7/10/2019 | *OR-PR.00003 | Microprocessor Controlled Lower Limb Prosthesis | Revised |
| 7/10/2019 | SURG.00005 | Partial Left Ventriculectomy | Revised |
| 7/10/2019 | *SURG.00045 | Extracorporeal Shock Wave Therapy Previous Title: Extracorporeal Shock Wave Therapy for Orthopedic Conditions | Revised |
| 7/10/2019 | SURG.00120 | Internal Rib Fixation Systems | Revised |
| 9/4/2019 | GENE.00010 | Genotype Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status Previous title: Genotype Testing for Genetic Polymorphisms to | Revised |

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|---------------------|------------------------------|-----------------------------------|-----------------------|
| | | Determine Drug-Metabolizer Status | |

Clinical UM Guidelines

On June 6, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for STAR members on July 5, 2019. These guidelines take effect October 10, 2019.

| Publish date | Clinical UM Guideline number | Clinical UM Guideline title | New or revised |
|---------------------|-------------------------------------|---|-----------------------|
| 6/24/2019 | CG-SURG-97 | Cardioverter Defibrillators | New |
| 6/27/2019 | CG-DRUG-48 | Azacitidine (Vidaza®) | Revised |
| 6/27/2019 | CG-DRUG-62 | Fulvestrant (FASLODEX®) | Revised |
| 6/27/2019 | CG-DRUG-106 | Brentuximab Vedotin (Adcetris) | Revised |
| 6/27/2019 | CG-DRUG-98 | Bendamustine Hydrochloride | Revised |
| 6/27/2019 | CG-LAB-09 | Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain | Revised |
| 6/27/2019 | CG-LAB-14 | Respiratory Viral Panel Testing in the Outpatient Setting | Revised |
| 7/10/2019 | CG-SURG-100 | Laser Trabeculoplasty and Laser Peripheral Iridotomy | New |
| 7/10/2019 | CG-ADMIN-01 | Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists | Revised |
| 7/10/2019 | CG-ANC-06 | Ambulance Services: Ground; Non-Emergent | Revised |
| 7/10/2019 | CG-DME-03 | Neuromuscular Stimulation in the Treatment of Muscle Atrophy | Revised |

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|---------------------|-------------------------------------|---|-----------------------|
| 7/10/2019 | CG-DME-07 | Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output Previous title: Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD) | Revised |
| 7/10/2019 | CG-DME-08 | Infant Home Apnea Monitors | Revised |
| 7/10/2019 | CG-DME-39 | Dynamic Low-Load Prolonged-Duration Stretch Devices | Revised |
| 7/10/2019 | CG-DME-42 | Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices | Revised |
| 7/10/2019 | CG-DME-45 | Ultrasound Bone Growth Stimulation | Revised |
| 7/10/2019 | CG-MED-41 | Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting | Revised |
| 7/10/2019 | CG-MED-49 | Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Hearing Disorders | Revised |
| 7/10/2019 | CG-MED-57 | Cardiac Stress Testing with Electrocardiogram | Revised |
| 7/10/2019 | CG-MED-59 | Upper Gastrointestinal Endoscopy in Adults | Revised |
| 7/10/2019 | CG-SURG-11 | Surgical Treatment for Dupuytren's Contracture | Revised |
| 7/10/2019 | CG-SURG-17 | Trigger Point Injections | Revised |
| 7/10/2019 | CG-SURG-35 | Intracytoplasmic Sperm Injection (ICSI) | Revised |
| 7/10/2019 | CG-SURG-49 | Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities | Revised |

| Publish date | <i>Clinical UM Guideline</i> number | <i>Clinical UM Guideline</i> title | New or revised |
|---------------------|--|---|-----------------------|
| 7/10/2019 | CG-SURG-81 | Cochlear Implants and Auditory Brainstem Implants | Revised |
| 7/10/2019 | CG-SURG-85 | Hip Resurfacing | Revised |
| 7/10/2019 | CG-SURG-93 | Angiographic Evaluation and Endovascular Intervention for Dialysis Access Circuit Dysfunction | Revised |
| 9/4/2019 | CG-GENE-11 | Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status | New |
| 9/4/2019 | CG-GENE-10 | Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies | New |
| 9/4/2019 | CG-SURG-101 | Ablative Techniques as a Treatment for Barrett's Esophagus | New |
| 9/4/2019 | CG-SURG-102 | Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy | New |