

MCG care guidelines — 24th edition

Effective August 1, 2020, Amerigroup will upgrade Medicaid and CHIP plans to the 24th edition of MCG care guidelines for the following modules: Inpatient Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC) and Behavioral Health Care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.

Goal Length of Stay (GLOS) changes for ISC and BHC

Guideline	MCG code	24th edition GLOS	23rd edition GLOS
<i>Aortic Valve Replacement, Transcatheter</i>	S-1320	Two days postoperative	Three days postoperative
<i>Appendectomy, with Abscess or Peritonitis, by Laparoscopy</i>	S-185	Ambulatory or two days postoperative	Two days postoperative
<i>Appendectomy, without Abscess or Peritonitis, by Laparoscopy</i>	S-175	Ambulatory postoperative	Ambulatory or one day postoperative
<i>Repair of Pelvic Organ Prolapse</i>	S-1020	Ambulatory postoperative	Ambulatory or one day postoperative
<i>Urethral Suspension Procedures</i>	S-850	Ambulatory postoperative	Ambulatory or one day postoperative
<i>Appendectomy, with Abscess or Peritonitis, by Laparoscopy, Pediatric</i>	P-30	Ambulatory or two days postoperative	Two or three days postoperative
<i>Appendectomy, without Abscess or Peritonitis, by Laparoscopy, Pediatric</i>	P-20	Ambulatory postoperative	Ambulatory or one day postoperative
<i>Tibial Osteotomy, Child or Adolescent</i>	S-1131	Ambulatory or one day postoperative	One day postoperative
<i>Schizophrenia Spectrum Disorders, Adult: Inpatient Care</i>	B-014-IP	Five days	Six days
<i>Schizophrenia Spectrum Disorders, Child or Adolescent: Inpatient Care</i>	B-027-IP	Five days	Six days
<i>Transcranial Magnetic Stimulation</i>	B-801-T	Utilize <i>B-801-T</i> clinical indications for procedure.	Refer to <i>BEH.00002</i> for clinical indications for procedure.

New Optimal Recovery guidelines for ISC and new BHC guidelines

Body system	Guideline title	MCG code
Pediatrics	<i>Appendectomy, with Abscess or Peritonitis, Pediatric</i>	P-35
Pediatrics	<i>Appendectomy, without Abscess or Peritonitis, Pediatric</i>	P-25
Home care behavioral health	<i>Attention-Deficit and Disruptive Behavior Disorders</i>	B-003-HC
Home care behavioral health	<i>Autism Spectrum Disorders</i>	B-012-HC

Our customizations to MCG care guidelines 24th edition

Effective August 1, 2020, the following MCG care guideline 24th edition customizations will be implemented:

- *Carotid Artery Stenting (W0165)* — Clinical indications were customized to reference *CG-SURG-76 — Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty*.
- *Deep Brain Stimulation (W0164)* — Clinical indications were customized to refer to *SURG.00026 — Deep Brain, Cortical, and Cerebellar Stimulation*.
- *Vagus Nerve Stimulation, Implantable (W0166)* — Clinical indications were customized to refer to *SURG.00007 — Vagus Nerve Stimulation*.

To view a detailed summary of customizations, go to <https://medpol.providers.amerigroup.com/green-provider/medical-policies-and-clinical-guidelines>, select the **Other Criteria** drop-down and select **Customizations to MCG Care Guidelines 24th Edition**.

If you have questions, please call Provider Services at **1-800-454-3730** or contact your local Provider Relations representative.