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Provider update

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. 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**.

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

- ***CG-MED-88 — Preimplantation Genetic Diagnosis Testing*:**
  - Content moved from *CG-GENE-06 — Preimplantation Genetic Diagnosis Testing*
  - Added Medically Necessary and Not Medically Necessary statements addressing preimplantation embryo biopsy
- ***DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices*:**
  - Revised title (previous title: *Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices*)
  - Revised scope of document to include other conditions and devices
  - Added cranial electrical stimulation (CES) as Investigational and Not Medically Necessary for all indications
  - Added remote electrical neuromodulation (REN) as Investigational and Not Medically Necessary for all indications
- ***LAB.00011 — Analysis of Proteomic Patterns*:**
  - Revised Investigational and **Not Medically Necessary** statement to include management of disease
- ***MED.00120 — Gene Therapy for Ocular Conditions*:**
  - Revised title (previous title: *Voretigene neparvovec-rzyl [Luxturna®]*)
  - Expanded scope of document to include all gene therapies for ocular conditions
  - Added the use of all other gene replacement therapies to treat any ocular condition as Investigational and Not Medically Necessary

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- ***SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention:***
    - Revised title (previous title: *Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention)*
    - Added left atrial appendage closure via surgical (nonpercutaneous) implantation of a device as Investigational and Not Medically Necessary for all indications

Medical Policies

On February 20, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup. These guidelines take effect 30 days from the posting of this notice.

Publish date	*Medical policy #*	*Medical Policy* title	New or revised
4/15/2020	***DME.00011**	***Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices*** Previous title: *Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices*	Revised
2/27/2020	**GENE.00011**	***Gene Expression Profiling for Managing Breast Cancer Treatment***	Revised
4/15/2020	***LAB.00011**	***Analysis of Proteomic Patterns***	Revised
4/15/2020	***MED.00120**	***Gene Therapy for Ocular Conditions*** Previous title: *Voretigene neparvovec-rzyl (Luxturna®)*	Revised
4/15/2020	***SURG.00032**	***Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention*** Previous title: *Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention*	Revised
2/27/2020	**SURG.00103**	***Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)***	Revised
4/15/2020	**SURG.00127**	***Sacroiliac Joint Fusion***	Revised

Clinical UM Guidelines

On February 20, 2020, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Medicaid and CHIP members on March 10, 2020. These guidelines take effect 30 days from the posting of this notice.

Publish date	***Clinical UM Guideline #***	***Clinical UM Guideline* title**	**New or revised**
4/15/2020	**CG-GENE-09**	***Genetic Testing for CHARGE Syndrome***	Revised
4/15/2020	***CG-MED-88**	***Preimplantation Genetic Diagnosis Testing*** Previous number and title: *CG-GENE-06 Preimplantation Genetic Diagnosis Testing*	Revised