

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. **Please note:** The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

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.

- ***SURG.00028 - Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)**
 - Revised scope of document to only address benign prostatic hyperplasia (BPH)
 - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL"
 - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
 - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
 - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- ***SURG.00037 - Treatment of Varicose Veins (Lower Extremities)**
 - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
 - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
 - Added limits to retreatment to the medically necessary criteria for all procedures
- ***SURG.00047 - Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis**
 - Expanded scope to include gastroparesis
 - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary

<https://providers.amerigroup.com/TX>

- ***SURG.00097 - Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents**
 - Expanded scope of document to include vertebral body tethering
 - Added vertebral body tethering as investigational and not medically necessary
- ***CG-LAB-14 - Respiratory Viral Panel Testing in the Outpatient Setting**
 - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving 5 targets or less when criteria are met
 - Added RVP testing in the outpatient setting using large panels involving 6 or more targets as not medically necessary
- ***CG-MED-68 - Therapeutic Apheresis**
 - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following **AIM Specialty Clinical Appropriateness Guidelines** have been approved, to view an AIM guideline, visit the [AIM Specialty Health page](#):
 - *Joint Surgery
 - *Advanced Imaging — Vascular Imaging

Medical Policies

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

Publish date	Medical policy #	Medical policy title	New or revised
12/18/2019	ADMIN.00001	Medical Policy Formation	Revised
11/12/2019	ANC.00009	Cosmetic and Reconstructive Services of the Trunk and Groin	Revised
11/12/2019	BEH.00002	Transcranial Magnetic Stimulation	Revised
02/05/2020	GENE.00025	Proteogenomic Testing for the Evaluation of Malignancies Previous title: Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignancies	Revised
02/05/2020	GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	New
12/18/2019	MED.00110	Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting	Revised

Publish date	Medical policy #	Medical policy title	New or revised
02/05/2020	MED.00117	Autologous Cell Therapy for the Treatment of Damaged Myocardium	Revised
11/12/2019	MED.00124	Tisagenlecleucel (Kymriah®)	Revised
12/18/2019	SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
11/12/2019	SURG.00023	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	Revised
12/18/2019	*SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) Previous title: Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions	Revised
12/18/2019	SURG.00032	Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention	Revised
12/18/2019	*SURG.00037	Treatment of Varicose Veins (Lower Extremities)	Revised
12/18/2019	*SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis Previous title: Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia	Revised
12/18/2019	*SURG.00097	Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents Previous title: Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents	Revised
12/18/2019	SURG.00127	Sacroiliac Joint Fusion	Revised
11/12/2019	SURG.00145	Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)	Revised

Publish date	Medical policy #	Medical policy title	New or revised
12/18/2019	TRANS.00033	Heart Transplantation	Revised

Clinical UM Guidelines

On November 7, 2019, the MPTAC approved the following Clinical UM Guidelines applicable to Amerigroup STAR+PLUS MMP. These guidelines adopted by the medical operations committee for Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) members on November 25, 2019.

Publish date	Clinical UM Guideline #	Clinical UM Guideline title	New or revised
12/18/2019	CG-ANC-04	Ambulance Services: Air and Water	Revised
12/18/2019	CG-BEH-01	Assessment of Autism Spectrum Disorders and Rett Syndrome Previous title: Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome	Revised
12/18/2019	CG-BEH-02	Adaptive Behavioral Treatment for Autism Spectrum Disorder	Revised
12/18/2019	CG-GENE-12	PIK3CA Mutation Testing for Malignant Conditions Previous title: PIK3CA Mutation Testing	Revised
2/5/2020	CG-GENE-13	Genetic Testing for Inherited Diseases	New
2/5/2020	CG-GENE-14	Gene Mutation Testing for Solid Tumor Cancer Susceptibility and Management	New
2/5/2020	CG-GENE-15	Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis	New
2/5/2020	CG-GENE-16	BRCA Testing for Breast and/or Ovarian Cancer Syndrome	New
2/5/2020	CG-GENE-17	RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility	New
2/5/2020	CG-GENE-18	Genetic Testing for TP53 Mutations	New

Publish date	<i>Clinical UM Guideline #</i>	<i>Clinical UM Guideline title</i>	New or revised
2/5/2020	CG-GENE-19	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	New
2/5/2020	CG-GENE-20	Epidermal Growth Factor Receptor (EGFR) Testing	New
12/18/2019	*CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	Revised
12/18/2019	CG-MED-42	Maternity Ultrasound in the Outpatient Setting	Revised
12/18/2019	*CG-MED-68	Therapeutic Apheresis	Revised
12/18/2019	CG-MED-71	Chronic Wound Care in the Home or Outpatient Setting Previous title: Wound Care in the Home Setting	Revised
12/18/2019	CG-MED-84	Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting	Revised
12/18/2019	CG-MED-85	Posterior Segment Optical Coherence Tomography	New
12/18/2019	CG-MED-86	Enhanced External Counterpulsation in the Outpatient Setting	New
2/5/2020	CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	New
12/18/2019	CG-REHAB-02	Outpatient Cardiac Rehabilitation	Revised
12/18/2019	CG-SURG-27	Gender Reassignment Surgery Previous title: Sex Reassignment Surgery	Revised
12/18/2019	CG-SURG-61	Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver Previous title: Cryosurgical	Revised

Publish date	<i>Clinical UM Guideline #</i>	<i>Clinical UM Guideline title</i>	New or revised
		Ablation of Solid Tumors Outside the Liver	
12/18/2019	CG-SURG-92	Paraesophageal Hernia Repair	Revised
12/18/2019	CG-SURG-104	Intraoperative Neurophysiological Monitoring	New
2/5/2020	CG-SURG-105	Corneal Collagen Cross-Linking	New
2/5/2020	CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone	New