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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 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 (*) notate that the criteria may be perceived as more restrictive.

- ***GENE.00055** – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
  - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- ***LAB.00037** – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
  - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- ***DME.00011** – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
  - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
  - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
  - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- ***SURG.00062** – Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
  - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- ***CG-LAB-15** – Red Blood Cell Folic Acid Testing
  - RBC folic acid testing is considered not medically necessary in all cases

- ***CG-LAB-16** – Serum Amylase Testing
  - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- ***CG-GENE-04** – Molecular Marker Evaluation of Thyroid Nodules
  - Added the Afirma Xpression Atlas as not medically necessary
- **SURG.00158** – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
  - A **new *Medical Policy*** was created from content contained in DME.00011.
  - There are no changes to the policy content.
  - Publish date is December 16, 2020.
- **CG-GENE-21** – Cell-Free Fetal DNA-Based Prenatal Testing
  - A **new *Clinical Guideline*** was created from content contained in GENE.00026.
  - There are no changes to the guideline content.
  - Publish date is December 16, 2020.

Medical Policies

On November 5, 2020, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). These guidelines take effect May 8, 2021.

Publish date	*Medical Policy* number	*Medical Policy title*	New or revised
12/16/2020	***GENE.00055**	**Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity**	New
12/16/2020	***LAB.00037**	**Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)**	New
11/12/2020	**ANC.00009**	**Cosmetic and Reconstructive Services of the Trunk and Groin**	Revised
12/16/2020	***DME.00011**	**Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices**	Revised
11/12/2020	**GENE.00052**	**Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling**	Revised
11/12/2020	**MED.00129**	**Gene Therapy for Spinal Muscular Atrophy**	Revised
12/16/2020	**SURG.00011**	**Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting**	Revised
12/16/2020	***SURG.00062**	**Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele**	Revised

Clinical UM Guidelines

On November 5, 2020, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup STAR+PLUS MMP. These guidelines were adopted by the medical operations committee for Amerigroup STAR+PLUS MMP members on November 19, 2020. These guidelines take effect May 8, 2021.

Publish date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	New or revised
12/16/2020	***CG-LAB-15**	**Red Blood Cell Folic Acid Testing**	New
12/16/2020	***CG-LAB-16**	**Serum Amylase Testing**	New
11/12/2020	**CG-DME-42**	**Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices**	Revised
12/16/2020	***CG-GENE-04**	**Molecular Marker Evaluation of Thyroid Nodules**	Revised
12/16/2020	**CG-GENE-18**	**Genetic Testing for TP53 Mutations**	Revised
12/16/2020	**CG-GENE-20**	**Epidermal Growth Factor Receptor (EGFR) Testing**	Revised
11/12/2020	**CG-MED-87**	**Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications**	Revised