

Provider Update

Medical policies update

Summary: On February 4, 2016, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies applicable to Amerigroup. These medical policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The medical policies were made publicly available on the Amerigroup provider website on the effective date listed below. Visit medicalpolicies.amerigroup.com/search to search for specific policies. Existing precertification requirements have not changed.

Medical policy effective date	Medical policy number	Medical policy	Medical policy (new/revised)
April 5, 2016	RAD.00065	Radiostereometric Analysis (RSA)	New
April 5, 2016	SURG.00142	Genicular Nerve Blocks and Ablation for Chronic Knee Pain	New
February 11, 2016	DME.00035	Electric Tumor Treatment Field (TTF)	Revised
February 11, 2016	DRUG.00052	Pertuzumab (Perjeta®)	Revised
February 11, 2016	DRUG.00077	DRUG.00077 Secukinumab (Cosentyx®)	Revised
April 5, 2016	RAD.00029	CT Colonography (Virtual Colonoscopy) for Colorectal Cancer	Revised

Milliman Care Guidelines

For health plans utilizing Milliman Care Guidelines (MCG), the MCG 20th edition care guidelines were discussed at the February 4, 2016, MPTAC meeting. The MCG 20th edition care guidelines will be available for use upon release through MCG.

For more information

Please share this notice with other members of your practice and office staff. If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

Clinical Utilization Management Guidelines update

Summary: On February 4, 2016, the MPTAC approved the following Clinical Utilization Management (UM) Guidelines. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing. This list represents the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on February 29, 2016.

On February 4, 2016, the clinical guidelines were made publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines subsidiary website. Visit medicalpolicies.amerigroup.com/search to search for specific policies. Existing precertification requirements have not changed.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	Revised or new (new/revised)
April 5, 2016	CG-BEH-14	Intensive In-Home Behavioral Health Services	New
April 5, 2016	CG-DME-38	Continuous Interstitial Glucose Monitoring	New
May 2, 2016	CG-SURG-53	Elective Total Hip Arthroplasty	New
May 2, 2016	CG-SURG-54	Elective Total Knee Arthroplasty	New
April 5, 2016	CG-DRUG-04	Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra®), and Direct Thrombin Inhibitors in the Outpatient Setting	Revised
April 5, 2016	CG-DRUG-20	Enfuvirtide (FUZEON®)	Revised
April 5, 2016	CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	Revised
February 11, 2016	CG-MED-35	Retinal Telescreening Systems	Revised
February 11, 2016	CG-MED-54	Strapping	Revised
February 11, 2016	CG-SURG-27	Gender Reassignment Surgery	Revised
April 5, 2016	CG-SURG-36	Adenoidectomy	Revised
To be determined	CG-SURG-44	Coronary Angiography and Cardiac Catheterization in the Outpatient Setting	Revised
February 11, 2016	CG-SURG-47	Surgical Interventions for Scoliosis and Spinal Deformity	Revised

Archived Clinical Utilization Management Guidelines

The following two Clinical UM Guidelines have been archived on the effective date listed below. These guidelines will no longer appear on the site and the criteria should no longer be used.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title
April 5, 2016	CG-BEH-08	Employee Assistance Program Outpatient Treatment
April 5, 2016	CG-DRUG-07	Hepatitis C Pegylated Interferon Antiviral Therapy