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Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

Summary: On August 4, 2016, the Amerigroup Community Care Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies*. These 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 <https://medicalpolicies.amerigroup.com/search> to search for specific policies. **Existing precertification requirements have not changed.**

The Medical Operations Committee also adopted the Interqual Coronary Bypass Procedures Criteria for use in review of the 1-2 vessel coronary artery bypass grafting (CABG) procedures on September 11, 2016.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

Effective date	Medical Policy number	Medical Policy title	New or revised
10/4/2016	DME.00039	Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea	New
10/6/2016	DRUG.00081	Eteplirsen (Exondys 51™)	New
8/18/2016	DRUG.00087	Asfotase Alfa (Strensiq™)	New
8/1/2016	DRUG.00088	Atezolizumab (Tecentriq™)	New
8/18/2016	DRUG.00089	Daclizumab (Zinbryta™)	New
8/18/2016	DRUG.00091	Naltrexone Implantable Pellets	New
8/18/2016	DRUG.00092	Probuphine® (buprenorphine implant)	New
8/18/2016	DRUG.00093	Sebelipase alfa (KANUMA™)	New
10/4/2016	GENE.00046	Prothrombin G20210A (Factor II) Mutation Testing	New
10/4/2016	GENE.00047	Methylenetetrahydrofolate Reductase Mutation Testing	New
8/18/2016	LAB.00032	Zika Virus Testing	New

8/1/2016	RAD.00066	Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy	New
10/4/2016	SURG.00144	Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia	New
8/18/2016	BEH.00002	Transcranial Magnetic Stimulation	Revised
10/4/2016	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
8/18/2016	DRUG.00024	Omalizumab (Xolair®)	Revised
8/18/2016	DRUG.00058	Pharmacotherapy for Hereditary Angioedema (HAE)	Revised
8/1/2016	GENE.00006	Epidermal Growth Factor Receptor (EGFR) Testing	Revised
10/4/2016	GENE.00026	Cell-Free Fetal DNA-Based Prenatal Testing	Revised
10/4/2016	MED.00051	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Revised
8/18/2016	RAD.00042	SPECT/CT Fusion Imaging	Revised
8/18/2016	SURG.00014	Cochlear Implants and Auditory Brainstem Implants	Revised
8/18/2016	SURG.00020	Bone-Anchored and Bone Conduction Hearing Aids	Revised
10/1/2016	SURG.00028	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions	Revised
8/18/2016	SURG.00055	Cervical Total Disc Arthroplasty	Revised
8/18/2016	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised
8/18/2016	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Clinical Utilization Management Guidelines update

Summary: On August 4, 2016, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup. 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 September 1, 2016.

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

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

Effective date	<i>Clinical UM</i> <i>Guideline number</i>	<i>Clinical UM Guideline title</i>	New or revised
8/18/2016	CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists	New
10/4/2016	CG-DRUG-59	Testosterone, Injectable	New
10/4/2016	CG-MED-55	Level of Care: Advanced Radiologic Imaging	New
10/4/2016	CG-SURG-57	Diagnostic Nasal Endoscopy	New
10/4/2016	CG-SURG-58	Radioactive Seed Localization of Nonpalpable Breast Lesions	New
10/4/2016	CG-DRUG-21	Naltrexone (Vivitrol®) Injections for the Treatment of Alcohol and Opioid Dependence	Revised
8/18/2016	CG-SURG-27	Sex Reassignment Surgery	Revised
10/4/2016	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Revised

What if I need assistance?

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