



Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed 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. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Note:

- Effective November 1, 2018, AIM Specialty Health® (AIM) *Musculoskeletal Level of Care Guidelines*, *Sleep Study Guidelines* and *Radiology Guidelines* will be used for clinical reviews.
- When requesting services for a patient (including medical procedures and medications), the Precertification Look-Up Tool may indicate that precertification is not required, but this does not guarantee payment for services rendered; a *Medical Policy* or *Clinical UM Guideline* may deem the service investigational or not medically necessary. In order to determine if services will qualify for payment, please ensure applicable clinical criteria is reviewed prior to rendering services.

Please share this notice with other members of your practice and office staff.

To search for specific policies or guidelines, visit <https://medicalpolicies.amerigroup.com/search>.

Medical Policies

On July 26, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup Iowa, Inc.

Publish date	Medical Policy number	Medical Policy title	New or revised
8/29/2018	DRUG.00096	Ibalizumab-uiyk (Trogarzo™)	New
8/29/2018	GENE.00049	Circulating Tumor DNA Testing for Cancer (Liquid Biopsy)	New
8/29/2018	ADMIN.00007	Immunizations	Revised
8/29/2018	DRUG.00046	Ipilimumab (Yervoy®)	Revised
8/29/2018	DRUG.00050	Eculizumab (Soliris®)	Revised
8/2/2018	DRUG.00067	Ramucirumab (Cyramza®)	Revised
8/2/2018	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
8/29/2018	DRUG.00075	Nivolumab (Opdivo®)	Revised
8/29/2018	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
8/29/2018	DRUG.00098	Lutetium Lu 177 dotatate (Lutathera®)	Revised
8/29/2018	GENE.00006	Epidermal Growth Factor Receptor (EGFR) Testing	Revised
8/2/2018	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised

Publish date	Medical Policy number	Medical Policy title	New or revised
8/29/2018	GENE.00025	Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors	Revised
8/29/2018	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	Revised
8/2/2018	MED.00124	Tisagenlecleucel (Kymriah®)	Revised
8/2/2018	SURG.00023	Breast Procedures including Reconstructive Surgery, Implants and Other Breast Procedures	Revised
8/2/2018	SURG.00032	Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention	Revised

Clinical UM Guidelines

On July 26, 2018, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on August 31, 2018.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or Revised
9/20/2018	CG-DME-45	Ultrasound Bone Growth Stimulation	New
9/20/2018	CG-DRUG-103	Botulinum Toxin	New
9/20/2018	CG-DRUG-104	Omalizumab (Xolair®)	New
9/20/2018	CG-DRUG-105	Abatacept (Orencia®)	New
9/20/2018	CG-DRUG-106	Brentuximab Vedotin (Adcetris®)	New
9/20/2018	CG-DRUG-107	Pharmacotherapy for Hereditary Angioedema	New
9/20/2018	CG-DRUG-108	Enteral Carbidopa and Levodopa Intestinal Gel Suspension	New
9/20/2018	CG-DRUG-109	Asfotase Alfa (Strensiq™)	New
9/20/2018	CG-DRUG-110	Naltrexone Implantable Pellets	New
9/20/2018	CG-DRUG-111	Sebelipase alfa (KANUMA™)	New
9/20/2018	CG-DRUG-112	Abaloparatide (Tymlos™) Injection	New
9/20/2018	CG-MED-73	Hyperbaric Oxygen Therapy (Systemic/Topical)	New
9/20/2018	CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	New
9/20/2018	CG-MED-75	Medical and Other Non-Behavioral Health-Related Treatments for Autism Spectrum Disorders and Rett Syndrome	New
9/20/2018	CG-MED-76	Magnetic Source Imaging and Magnetoencephalography	New
9/20/2018	CG-MED-77	SPECT/CT Fusion Imaging	New
9/20/2018	CG-REHAB-11	Cognitive Rehabilitation	New
9/20/2018	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants	New
9/20/2018	CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	New
10/31/2018	CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	New
9/20/2018	CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery	New

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or Revised
10/31/2018	CG-SURG-85	Hip Resurfacing	New
10/31/2018	CG-SURG-86	Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection	New
9/20/2018	CG-SURG-87	Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring Previous title: Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring	New
9/20/2018	CG-SURG-88	Mastectomy for Gynecomastia	New
9/20/2018	CG-SURG-89	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia	New
8/29/2018	CG-ADMIN-02	Clinically Equivalent Cost Effective Services — Targeted Immune Modulators	Revised
8/29/2018	CG-DRUG-09	Immune Globulin (Ig) Therapy	Revised
8/29/2018	CG-DRUG-65	Tumor Necrosis Factor Antagonists	Revised
8/29/2018	CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Revised
8/29/2018	CG-DRUG-73	Denosumab (Prolia®, Xgeva®)	Revised
8/29/2018	CG-DRUG-81	Tocilizumab (Actemra®)	Revised
8/29/2018	CG-GENE-03	BRAF Mutation Analysis	Revised
8/29/2018	CG-MED-35	Retinal Telescreening Systems	Revised
8/29/2018	CG-MED-71	Wound Care in the Home Setting	Revised
8/2/2018	CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	Revised
8/29/2018	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Revised
8/2/2018	CG-SURG-73	Balloon Sinus Ostial Dilation	Revised