

Provider Update

Medical policies update

Summary: On November 5, 2015, the Amerigroup Community Care Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies. 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) |
|-------------------------------|-----------------------|---|------------------------------|
| November 23, 2015 | DRUG.00079 | Bendamustine Hydrochloride (TREANDA®) | New |
| November 9, 2015 | DRUG.00080 | Mepolizumab (Nucala®) | New |
| January 5, 2016 | THER-RAD.00011 | Image-guided Radiation Therapy (IGRT) with External Beam Radiation Therapy (EBRT) | New |
| November 23, 2015 | DRUG.00039 | Trastuzumab (Herceptin®) | Revised |
| November 9, 2015 | GENE.00029 | Genetic Testing for Breast and/or Ovarian Cancer Syndrome | Revised |
| January 5, 2016 | LAB.0031 | Advanced Lipoprotein Testing | Revised |
| January 5, 2016 | MED.0103 | Automated Evacuation of Meibomian Gland | Revised |
| January 5, 2016 | MED.00113 | Therapeutic Apheresis | Revised |
| January 5, 2016 | SURG.00024 | Bariatric Surgery and Other Treatments for Clinically Severe Obesity | Revised |
| January 5, 2016 | THER-RAD.00008 | Neutron Beam Radiotherapy | Revised |
| January 5, 2016 | DME.00035 | Electric Tumor Treatment Field (TTF) | Revised |
| January 5, 2016 | MED.00080 | Cryopreservation of Oocytes or Ovarian Tissue | Revised |

Category changes

Summary: The following three medical policies have changed category placement. They were not reviewed at the November 5, 2015, MPTAC meeting. The new category is listed below.

| Previous category and number | New category and number |
|------------------------------|--|
| RAD.00014 | THER-RAD.00001 Brachytherapy for Oncologic Indications |
| RAD.00016 | THER-RAD.00003 Intravascular Brachytherapy (Coronary and Non-Coronary) |
| RAD.00056 | THER-RAD.00009 Intraocular Epiretinal Brachytherapy |



Clinical Utilization Management Guidelines update

Summary: On November 5, 2015, the Amerigroup 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 November 18, 2015.

On November 5, 2015, 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 |
|-----------------|------------------------------|---|----------------|
| January 1, 2016 | CG-DME-37 | Air Conduction Hearing Aids | New |
| January 5, 2016 | CG-MED-53 | Cervical Cancer Screening for Women Under 21 Years of Age | New |
| January 5, 2016 | CG-MED-54 | Strapping | New |
| January 5, 2016 | CG-SURG-52 | Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures | New |
| January 5, 2016 | CG-THER-RAD-01 | Fractionation and Radiation Therapy: Bone Metastases and Whole-Breast Irradiation Following Breast-Conserving Surgery | New |
| January 5, 2016 | CG-THER-RAD-02 | Special Radiation Physics Consult and Treatment Procedure | New |
| January 5, 2016 | CG-DRUG-45 | Octreotide acetate (Sandostatin®; Sandostatin® LAR Depot) | Revised |
| January 5, 2016 | CG-SURG-43 | Knee Arthroscopy | Revised |
| January 5, 2016 | CG-SURG-46 | Myringotomy and Tympanostomy Tube Insertion | Revised |
| January 5, 2016 | CG-SURG-49 | Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities | Revised |

What if I need assistance?

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.