

Provider Update

Medical policies update

Summary: On August 6, 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. Please share this notice with other members of your practice and office staff.

Medical policy effective date	Medical policy number	Medical policy	Medical policy (new/revised)
10/06/15	DRUG.00077	Secukinumab (Cosentyx™)	New
08/10/15	DRUG.00078	Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors	New
10/06/15	SURG.00141	Doppler-Guided Transanal Hemorrhoidal Dearterialization	New
08/10/15	DRUG.00046	Ipilimumab (Yervoy™)	Revised
08/10/15	DRUG.00075	Nivolumab (Opdivo®)	Revised
08/10/15	GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
08/10/15	GENE.00026	Cell-Free Fetal DNA-Based Prenatal Screening for Fetal Aneuploidy	Revised
10/06/15	MED.00064	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Revised
08/10/15	SURG.00055	Cervical Total Disc Arthroplasty	Revised
08/10/15	SURG.00098	Mechanical Embolectomy for Treatment of Acute Stroke	Revised

Clinical Utilization Management Guidelines update

Summary: On August 6, 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 August 18, 2015.

On August 6, 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. Please share this notice with other members of your practice and office staff.

Effective date	Clinical UM guideline number	Clinical UM guideline title	Revised or new
10/06/15	CG-DRUG-47	Level of Care: Specialty Pharmaceuticals	New
10/06/15	CG-MED-51	Three-Dimensional (3-D) Rendering of Imaging Studies	New
10/06/15	CG-MED-52	Allergy Immunotherapy (Subcutaneous)	New
09/25/15	CG-SURG-48	Elective Percutaneous Coronary Interventions (PCI)	New
09/25/15	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	New
10/06/15	CG-SURG-50	Assistant Surgeons	New
10/06/15	CG-SURG-51	Outpatient Cystourethroscopy	New
10/06/15	CG-BEH-02	Adaptive Behavioral Treatment for Autism Spectrum Disorder	Revised
08/10/15	CG-DME-36	Pediatric Gait Trainers	Revised
08/10/15	CG-SURG-07	Vertical Expandable Prosthetic Titanium Rib (VEPTR)	Revised
08/10/15	CG-SURG-12	Penile Prosthesis Implantation	Revised
10/06/15	CG-SURG-27	Gender Reassignment Surgery	Revised
08/10/15	CG-SURG-44	Coronary Angiography and Cardiac Catheterization in the Outpatient Setting	Revised
08/10/15	CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion	Revised
10/06/15	CG-SURG-47	Surgical Interventions for Scoliosis and Spinal Deformity	Revised

What if I need assistance?

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.