

# Provider Update

## Medical policies update

On February 5, 2015, the Medical Policy and Technology Assessment Committee (MPTAC) approved and adopted the following medical policies applicable to Amerigroup Community Care health plans. These medical policies were developed or revised to support clinical coding edits.

These medical policies were made publicly available on the Amerigroup Medical Policy and Clinical UM Guideline website.

Visit <https://medicalpolicies.amerigroup.com/search> to find specific policies. **Existing precertification requirements have not changed.**

| Medical policy effective date | Medical policy number | Medical policy  | Medical policy new/revised |
|-------------------------------|-----------------------|---|----------------------------|
| April 7, 2015                 | DRUG.00072            | Alpha-1 proteinase inhibitor therapy  | NEW                        |
| April 7, 2015                 | DRUG.00073            | Rilonacept (Arcalyst®)  | NEW                        |
| April 7, 2015                 | DRUG.00074            | Alemtuzumab (Lemtrada™)   | NEW                        |
| April 7, 2015                 | GENE.00043            | Genetic testing of an individual's genome for inherited diseases  | NEW                        |
| April 7, 2015                 | MED.00115             | Outpatient cardiac hemodynamic monitoring using a wireless sensor for heart failure management  | NEW                        |
| April 7, 2015                 | MED.00116             | Near-infrared spectroscopy brain screening for hematoma detection   | NEW                        |
| February 9, 2015              | DRUG.00064            | Enteral carbidopa and levodopa intestinal gel suspension  | Revised                    |
| February 9, 2015              | GENE.00036            | Genetic testing for hereditary pancreatitis   | Revised                    |
| February 9, 2015              | SURG.00136            | Intraocular telescope   | Revised                    |
| April 7, 2015                 | ADMIN.00001           | Medical policy formation  | Revised                    |
| April 7, 2015                 | GENE.00010            | Genotype testing for genetic polymorphisms to determine drug-metabolizer status   | Revised                    |
| April 7, 2015                 | GENE.00026            | Cell-free fetal DNA-based prenatal screening for fetal aneuploidy   | Revised                    |
| April 7, 2015                 | DRUG.00024            | Omalizumab (Xolair®)  | Revised                    |
| April 7, 2015                 | DRUG.00044            | Belimumab (Benlysta®)   | Revised                    |
| April 7, 2015                 | MED.00100             | Diaphragmatic/phrenic nerve stimulation and diaphragm pacing systems  | Revised                    |
| April 7, 2015                 | MED.00117             | Autologous cell therapy for the treatment of damaged myocardium   | Revised                    |
| April 7, 2015                 | SURG.00010            | Treatments for urinary incontinence   | Revised                    |
| April 7, 2015                 | SURG.00067            | Percutaneous vertebroplasty, kyphoplasty and sacroplasty  | Revised                    |
| April 7, 2015                 | SURG.00117            | Sacral nerve stimulation (SNS) and percutaneous tibial nerve stimulation (PTNS) for urinary and fecal incontinence; urinary retention | Revised                    |
| April 7, 2015                 | SURG.00134            | Interspinous process fixation devices   | Revised                    |



## Medical Policies update, continued

|         |            |  |         |
|---------|------------|--|---------|
| Pending | GENE.00008 | Analysis of fecal DNA for colorectal cancer screening and surveillance                               | Pending |
| Pending | SURG.00011 | Allogeneic, xenographic, synthetic and composite products for wound healing and soft tissue grafting | Pending |

## Clinical Utilization Management Guidelines update

On February 5, 2015, MPTAC approved the following Clinical Utilization Management (UM) Guidelines. These clinical guidelines were developed or revised to support clinical coding edits. This list represents the guidelines approved and adopted by the Medical Operations Committee on February 23, 2015.

Clinical UM Guidelines are publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines website. Visit <https://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   | Guideline new/revised |
|------------------|------------------------------|---|-----------------------|
| April 7, 2015    | CG-DRUG-43                   | Natalizumab (Tysabri®)  | NEW                   |
| April 7, 2015    | CG-DRUG-44                   | Pegloticase (Krystexxa®)  | NEW                   |
| April 7, 2015    | CG-SURG-46                   | Myringotomy and Tympanostomy tube insertion   | NEW                   |
| February 9, 2015 | CG-ANC-04                    | Ambulance services: air and water   | Revised               |
| February 9, 2015 | CG-DME-21                    | External infusion pumps for the administration of drugs in the home or residential care settings        | Revised               |
| February 9, 2015 | CG-OR-PR-04                  | Cranial remodeling bands and helmets (cranial orthotics)  | Revised               |
| April 7, 2015    | CG-BEH-07                    | Psychological testing   | Revised               |
| April 7, 2015    | CG-DME-19                    | Therapeutic shoes, inserts or modifications for individuals with diabetes                               | Revised               |
| April 7, 2015    | CG-DME-24                    | Wheeled mobility devices: manual wheelchairs—standard, heavy duty, lightweight                          | Revised               |
| April 7, 2015    | CG-DME-31                    | Wheeled mobility devices: wheelchairs—powered, motorized, with or without power seating systems         | Revised               |
| April 7, 2015    | CG-DME-33                    | Wheeled mobility devices: manual wheelchairs—ultra lightweight  | Revised               |
| April 7, 2015    | CG-DRUG-07                   | Hepatitis C pegylated interferon antiviral therapy  | Revised               |
| April 7, 2015    | CG-DRUG-14                   | Dihydroergotamine mesylate (DHE) injection for the treatment of migraine or cluster headaches in adults | Revised               |
| April 7, 2015    | CG-DRUG-21                   | Naltrexone (Vivitrol®) injections for the treatment of alcohol and opioid dependence                    | Revised               |
| April 7, 2015    | CG-LAB-09                    | Drug testing or screening in the context of substance abuse and chronic pain                            | Revised               |
| April 7, 2015    | CG-MED-22                    | Neuropsychological testing  | Revised               |

|               |            |  |         |
|---------------|------------|--|---------|
| April 7, 2015 | CG-MED-32  | Ancillary services for pregnancy complications                             | Revised |
| April 7, 2015 | CG-MED-46  | Ambulatory and inpatient video   | Revised |
| April 7, 2015 | CG-SURG-33 | Lumbar fusion and lumbar artificial intervertebral disc (LAID)             | Revised |
| April 7, 2015 | CG-SURG-39 | Pain management: epidural steroid injections                               | Revised |
| April 7, 2015 | CG-SURG-41 | Surgical strabismus correction   | Revised |
| April 7, 2015 | CG-SURG-44 | Coronary angiography and cardiac catheterization in the outpatient setting | Revised |

The following Medical Policies and Clinical UM guidelines have been archived on the date listed below.

| Effective date | Clinical UM guideline number | Clinical UM guideline title  | Guideline |
|----------------|------------------------------|--|-----------|
| April 7, 2015  | GENE.00013                   | Diagnostic genetic testing of a potentially affected individual (adult or child) | Archived  |
| April 7, 2015  | GENE.00015                   | Predictive genetic testing for non-malignant diseases                            | Archived  |
| April 7, 2015  | CG-DRUG-32                   | HCV and HIV-AIDS anti-viral drug treatment regimens                              | Archived  |

**What if I have questions?**

If you have questions about this communication, received this fax in error or need assistance with any other items, call our Provider Services team at 1-800-454-3730.