

## ***Medical Policies and Clinical Utilization Management Guidelines update***

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below were developed and/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. **Please note:** The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

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

To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### **Notes/updates:**

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

- **\*GENE.00023 — Gene Expression Profiling of Melanomas**
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (**INV&NMN**) statement to include suspicion of melanoma
- **\*GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing**
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations
- **\*MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting**
  - Revised title
  - Added new **INV&NMN** statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- **\*SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])**
  - Revised title
  - Combined the three **INV&NMN** statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the **INV&NMN** statement
- **\*TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases**
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- **\*CG-ANC-07 — Inpatient Interfacility Transfers**

- Added NMN statements regarding admission and subsequent care at the receiving facility
- **\*CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities**
  - Revised title
  - Expanded Scope
  - Revised MN statement to include upper extremities
- The following **AIM Specialty Health® updates** were approved:
  - \*Spine Surgery
  - \*Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
  - Sleep Disorder Management Diagnostic & Treatment Guidelines
  - Advanced Imaging
    - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
    - \*Imaging of the Abdomen and Pelvis
- **MCG Customization** for Repair of Pelvic Organ Prolapse (W0163) — Updated Coding Section

**Medical Policies**

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup.

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
9/25/2019	<b>MED.00130</b>	<b>Surface Electromyography Devices for Seizure Monitoring</b>	New
8/29/2019	<b>DRUG.00071</b>	<b>Pembrolizumab (Keytruda®)</b>	Revised
8/29/2019	<b>DRUG.00082</b>	<b>Daratumumab (DARZALEX®)</b>	Revised
9/25/2019	<b>GENE.00010</b>	<b>Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status</b>  <i>Previous title: Genotype Panel Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status</i>	Revised
9/25/2019	<b>GENE.00011</b>	<b>Gene Expression Profiling for Managing Breast Cancer Treatment</b>	Revised
9/25/2019	<b>GENE.00029</b>	<b>Genetic Testing for Breast and/or Ovarian Cancer Syndrome</b>	Revised

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
8/29/2019	<b>OR-PR.00003</b>	<b>Microprocessor Controlled Lower Limb Prosthesis</b>	Revised
8/29/2019	<b>RAD.00023</b>	<b>Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications</b>	Revised
9/25/2019	<b>SURG.00129</b>	<b>Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring</b>	Revised
7/30/2019	<b>MED.00129</b>	<b>Gene Therapy for Spinal Muscular Atrophy</b>	Revised

### ***Clinical UM Guidelines***

On August 22, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. These guidelines adopted by the medical operations committee for Amerigroup members on September 26, 2019.

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
8/29/2019	<b>CG-DME-47</b>	<b>Noninvasive Home Ventilator Therapy for Respiratory Failure</b>	New
9/25/2019	<b>CG-MED-84</b>	<b>Non-Obstetric Gynecologic Duplex Ultrasonography of the Abdomen and Pelvis in the Outpatient Setting</b>	New
9/25/2019	<b>CG-SURG-103</b>	<b>Male Circumcision</b>	New
11/20/2019	<b>CG-GENE-12</b>	<b>PIK3CA Mutation Testing</b>	New
9/25/2019	<b>CG-GENE-02</b>	<b>Analysis of RAS Status</b>  <i>Previous title: Analysis of KRAS Status</i>	Revised
11/20/2019	<b>CG-MED-39</b>	<b>Bone Mineral Density Testing Measurement</b>  <i>Previous title: Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry</i>	Revised
9/25/2019	<b>CG-MED-68</b>	<b>Therapeutic Apheresis</b>	Revised
9/25/2019	<b>CG-REHAB-08</b>	<b>Private Duty Nursing in the Home Setting</b>	Revised

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
9/25/2019	<b>CG-SURG-52</b>	<b>Level of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services</b>	Revised
9/25/2019	<b>CG-SURG-63</b>	<b>Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure</b>	Revised
11/20/2019	<b>CG-SURG-78</b>	<b>Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies</b>  <i>Previous Title: Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies</i>	Revised
9/25/2019	<b>CG-SURG-79</b>	<b>Implantable Infusion Pumps</b>	Revised
9/25/2019	<b>CG-SURG-83</b>	<b>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</b>	Revised