

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* 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. For markets with carved-out pharmacy services, the applicable listings below are informational only with the exception of injectable or infusible drugs. **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://providers.amerigroup.com/pages/TN>.

- **Notes/updates:**

- CG-DME-44 — Electric Tumor Treatment Field was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.
- CG-MED-72 — Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- CG-SURG-09 — Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- CG-SURG-30 — Tonsillectomy for Children With or Without Adenoidectomy was revised to:
 - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
 - Clarify criterion addressing parapharyngeal abscess (B4) to say "two or more."
 - Add "asthma" as potential condition improved by tonsillectomy in MN criteria (C1b).
- GENE.00043 — Genetic Testing of an Individual's Genome for Inherited Diseases was revised to remove investigational and NMN statement and all other language and coding related to Corus CAD testing. Corus CAD testing is now addressed in GENE.00050.
- The following AIM Specialty Health® updates took effect on March 31, 2019:
 - Advanced Imaging
 - Imaging of the brain
 - Imaging of the extremities
 - Imaging of the spine

Medical Policies

On March 21, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup Community Care.

Publish date	Medical Policy number	Medical Policy title	New or revised
4/24/2019	MED.00127	Chelation Therapy	New
4/24/2019	GENE.00050	Gene Expression Profiling for Coronary Artery Disease	New
4/24/2019	MED.00128	Insulin Potentiation Therapy	New
4/24/2019	SURG.00152	Wireless Cardiac Resynchronization Therapy for Left Ventricular Pacing	New

Publish date	Medical Policy number	Medical Policy title	New or revised
3/28/2019	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
3/28/2019	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
4/24/2019	GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	Revised
4/24/2019	GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	Revised
4/24/2019	SURG.00139	Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery with Radiofrequency Spectroscopy or Optical Coherence Tomography	Revised
4/24/2019	GENE.00012	Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent	Revised
4/24/2019	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Clinical UM Guidelines

On March 21, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for Amerigroup Amerivantage (Medicare Advantage) program members on May 7, 2019.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
3/28/2019	CG-ANC-07	Inpatient Interfacility Transfers	Revised
3/28/2019	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
3/28/2019	CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla®)	Revised
3/28/2019	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	Revised
4/24/2019	CG-DME-44	Electric Tumor Treatment Field	Revised
4/24/2019	CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Revised
4/24/2019	CG-GENE-01	Janus Kinase 2, CALR, and MPL Gene Mutation Assays Previous title: Janus Kinase 2 (JAK2)V617F and JAK2 exon 12 Gene Mutation Assays	Revised
4/24/2019	CG-GENE-05	Genetic Testing for DMD Mutations (Duchenne or Becker Muscular Dystrophy)	Revised
4/24/2019	CG-MED-82	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting	New

Publish date	<i>Clinical UM Guideline</i> number	<i>Clinical UM Guideline</i> title	New or revised
4/24/2019	CG-MED-83	Level of Care: Specialty Pharmaceuticals	New
4/24/2019	CG-SURG-30	Tonsillectomy for Children with or without Adenoidectomy	Revised
5/9/2019	CG-DRUG-113	Inotuzumab ozogamicin (Besponsa®)	New
5/9/2019	CG-GENE-06	Preimplantation Genetic Diagnosis Testing	New
5/9/2019	CG-GENE-07	BCR-ABL Mutation Analysis	New
5/9/2019	CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome	New
5/9/2019	CG-GENE-09	Genetic Testing for CHARGE Syndrome	New
5/9/2019	CG-MED-81	High Intensity Focused Ultrasound (HIFU) for Oncologic Indications	New
5/9/2019	CG-SURG-98	Prostate Multiparametric Magnetic Resonance Imaging	New
5/9/2019	CG-SURG-99	Panniculectomy and Abdominoplasty	New
6/24/2019	CG-SURG-97	Cardioverter Defibrillators	New