

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. Note, not all of the services and codes referenced within these guidelines are reimbursed under Medicaid or CHIP. Please refer to Medicaid/CHIP guidelines for coverage and reimbursement information.

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.

Notes/updates:

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

- ***GENE.00055** – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
 - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- ***LAB.00037** – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
 - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- ***DME.00011** – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
 - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
 - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
 - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- ***SURG.00062** – Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Dell Children's Health Plan.

- Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- ***CG-GENE-04** – Molecular Marker Evaluation of Thyroid Nodules
 - Added the Afirma Xpression Atlas as not medically necessary
- **SURG.00158** – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
 - A **new Medical Policy** was created from content contained in DME.00011.
 - There are no changes to the policy content.
 - Publish date is December 16, 2020.
- **CG-GENE-21** – Cell-Free Fetal DNA-Based Prenatal Testing
 - A **new Clinical Guideline** was created from content contained in GENE.00026.
 - There are no changes to the guideline content.
 - Publish date is December 16, 2020.
- The following **AIM Specialty Health®* Clinical Appropriateness Guidelines** have been revised and will be effective 30 days from posting. To view AIM guidelines, visit the **AIM Specialty Health page**:
 - *Advanced Imaging of the Heart
 - *Diagnostic Coronary Angiography

Medical Policies

On November 5, 2020, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Dell Children's Health Plan. These guidelines take effect 30 days from posting.

Publish date	Medical Policy number	Medical Policy title	New or revised
12/16/2020	*GENE.00055	Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity	New
12/16/2020	*LAB.00037	Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	New
11/12/2020	ANC.00009	Cosmetic and Reconstructive Services of the Trunk and Groin	Revised
12/16/2020	*DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Revised
11/12/2020	GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Revised
11/12/2020	MED.00129	Gene Therapy for Spinal Muscular Atrophy	Revised
12/16/2020	SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
12/16/2020	*SURG.00062	Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele	Revised

Clinical UM Guidelines

On November 5, 2020, the MPTAC approved the following *Clinical UM Guidelines* applicable to Dell Children's Health Plan. These guidelines were adopted by the medical operations committee for Dell Children's Health Plan members on November 19, 2020. These guidelines take effect 30 days from posting.

Publish date	<i>Clinical UM Guideline</i> number	<i>Clinical UM Guideline</i> title	New or revised
12/16/2020	*CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	Revised
12/16/2020	CG-GENE-18	Genetic Testing for TP53 Mutations	Revised
12/16/2020	CG-GENE-20	Epidermal Growth Factor Receptor (EGFR) Testing	Revised
11/12/2020	CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications	Revised