

PROVIDER BULLETIN

PROVIDER INFORMATION



October 1, 2018

Minnesota Health Care Programs Medical Policies Effective December 1, 2018

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has entered into a collaborative agreement with Amerigroup Health Solutions, a subsidiary of Anthem, to operationally support subscribers who have coverage through a Minnesota Health Care Program (MHCP) including Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), Minnesota Senior Care Plus (MSC+) and SecureBlue (MSHO) effective December 1, 2018.

Effective December 1, 2018, Blue Cross will implement Amerigroup medical policies that will apply to services provided under the medical benefit for MHCP (PMAP, MNCare, MSC+) and MSHO subscribers. In addition, some Blue Cross medical policies will continue to apply. The grid below provides the listing of the medical policies, whether they are Amerigroup medical policies or Blue Cross medical policies, and whether the medical policy is enforced via clinic edits, prior authorizations (PAs), or both. Bulletin P48-18 provides additional information on background and processes related to the submission of PAs.

Note that Federal and State Guidelines, including MHCP policies, may supersede the Amerigroup Medical Policies and Clinical Utilization Management Guidelines. A subset of PAs will continue to be enforced utilizing current Blue Cross policies and will also supersede Amerigroup Medical Policies and Clinical Utilization Management Guidelines.

How to determine if a PA is required:

Procedure codes are included in both Amerigroup and Blue Cross policies. To determine if a PA is required, access the Pre-Certification/Prior Authorization Look Up Tool (PLUTO), available on or before December 1, 2018, to search for the code. From the Availity home page, select 'Payer Spaces' from the top navigation. Select the health plan, 'BCBSMN Blue Plus Medicaid'. From the 'Payer Spaces' home page, select the 'Applications' tab and select the 'Pre-Certification/Prior Authorization Lookup Tool.'

Regardless of PA requirements it is important to ensure that medical policies are followed to ensure proper care for Blue Cross subscribers.

Medical Policies Effective December 1, 2018:

In addition to the medical policies in the table below, the following Blue Cross medical policies will continue to apply and will continue to require prior authorization:

- II-165 Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy
- IV-126 Sacroiliac Joint Fusion – requires Prior Authorizations
- II-29 Intra-Articular Hyaluronan Injections for Osteoarthritis

Amerigroup medical policies highlighted in gray include one or more codes within the policy for which an existing MHCP policy applies.

* Amerigroup Policies marked with an X include one or more codes within the policy in which a System Claim Edit or PA will occur.

** Amerigroup Policies marked with an X include one or more codes within the policy in which a System Claim Edit or PA requirement will be enforced utilizing current Blue Cross policies.

			Blue Cross	Amerigroup			
			MHCP MSHO	MHCP		MSHO	
Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
ADMIN.00001	<i>Medical Policy Formation</i>						
ADMIN.00002	<i>Preventive Health Guidelines</i>						
ADMIN.00004	<i>Medical Necessity Criteria</i>						
ADMIN.00005	<i>Investigational Criteria</i>						
ADMIN.00006	<i>Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline</i>						
ADMIN.00007	<i>Immunizations</i>						
ANC.00006	<i>Biomagnetic Therapy</i>						X
ANC.00008	<i>Cosmetic and Reconstructive Services of the Head and Neck</i>			X	X		X
ANC.00009	<i>Cosmetic and Reconstructive Services of the Trunk and Groin</i>			X	X		X
BEH.00001	<i>Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification</i>						
BEH.00002	<i>Transcranial Magnetic Stimulation</i>			X	X		X
CG-ADMIN-01	<i>Clinical UM Guideline for Prepayment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists</i>						
CG-ANC-03	<i>Acupuncture</i>						
CG-ANC-04	<i>Ambulance Services: Air and Water</i>				X		
CG-ANC-05	<i>Ambulance Services: Ground; Emergent</i>						
CG-ANC-06	<i>Ambulance Services: Ground; Nonemergent</i>						X
CG-BEH-02	<i>Adaptive Behavioral Treatment for Autism Spectrum Disorder</i>				X		X
CG-BEH-03	<i>Psychiatric Disorder Treatment</i>				X		X
CG-BEH-04	<i>Substance-Related and Addictive Disorder Treatment</i>				X		

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CG-BEH-05	<i>Eating and Feeding Disorder Treatment</i>						
CG-BEH-07	<i>Psychological Testing</i>				X		X
CG-BEH-09	<i>Assertive Community Treatment</i>						
CG-BEH-10	<i>Basic Skills Training/Social Skills Training</i>						
CG-BEH-11	<i>Mental Health Support Services</i>				X		
CG-BEH-12	<i>Psychosocial Rehabilitation Services</i>				X		
CG-BEH-13	<i>Targeted Case Management</i>				X		
CG-BEH-14	<i>Intensive In-Home Behavioral Health Services</i>				X		
CG-BEH-15	<i>Activity Therapy for Autism Spectrum Disorders and Rett Syndrome</i>						
CG-DME-03	<i>Neuromuscular Stimulation in the Treatment of Muscle Atrophy</i>			X	X		X
CG-DME-04	<i>Electrical Nerve Stimulation, Transcutaneous, Percutaneous</i>						X
CG-DME-05	<i>Cervical Traction Devices for Home Use</i>				X		X
CG-DME-06	<i>Pneumatic Compression Devices for Lymphedema</i>						X
CG-DME-07	<i>Augmentative and Alternative Communication Devices/Speech-Generating Devices</i>				X		X
CG-DME-08	<i>Infant Home Apnea Monitors</i>						X
CG-DME-09	<i>Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump During the Postoperative Period</i>				X		X
CG-DME-10	<i>Durable Medical Equipment</i>				X		
CG-DME-12	<i>Home Phototherapy Devices for Neonatal Hyperbilirubinemia</i>				X		
CG-DME-13	<i>Lower Limb Prosthesis</i>				X		X
CG-DME-15	<i>Hospital Beds and Accessories</i>				X		X
CG-DME-16	<i>Pressure Reducing Support Systems Groups 1, 2 and 3</i>				X		X
CG-DME-18	<i>Home Oxygen Therapy</i>				X		X
CG-DME-19	<i>Therapeutic Shoes, Inserts or Modifications for Individuals with Diabetes</i>			X			X

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CG-DME-20	<i>Orthopedic Footwear</i>				X		X
CG-DME-21	<i>External Infusion Pumps for the Administration of Drugs in the Home or Residential Care Settings</i>						X
CG-DME-22	<i>Ankle-Foot and Knee-Ankle-Foot Orthotics (Braces)</i>				X		X
CG-DME-23	<i>Lifting Devices for Use in the Home</i>			X	X		X
CG-DME-24	<i>Wheeled Mobility Devices: Manual Wheelchairs – Standard, Heavy Duty and Lightweight</i>				X		X
CG-DME-25	<i>Seat Lift Mechanisms</i>				X		X
CG-DME-26	<i>Back-Up Ventilators in the Home Setting</i>				X		X
CG-DME-30	<i>Prothrombin Time Self-Monitoring Devices</i>						
CG-DME-31	<i>Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems, and Power Operated Vehicles</i>				X		X
CG-DME-33	<i>Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight</i>				X		X
CG-DME-34	<i>Wheeled Mobility Devices: Wheelchair Accessories</i>			X	X		X
CG-DME-35	<i>Breastfeeding Pumps</i>				X		X
CG-DME-36	<i>Pediatric Gait Trainers</i>						
CG-DME-37	<i>Air Conduction Hearing Aids</i>						
CG-DME-39	<i>Dynamic Low-Load Prolonged-Duration Stretch</i>				X		X
CG-DME-41	<i>Ultraviolet Light Therapy Delivery Devices for Home Use</i>			X	X		X
CG-DME-42	<i>Nonimplantable Insulin Infusion and Blood Glucose Monitoring Devices</i>				X		X
CG-DME-43	<i>High Frequency Chest Compression Devices for Airway Clearance</i>			X	X		X
CG-DME-44	<i>Electric Tumor Treatment Field (TTF)</i>			X			
CG-DRUG-01	<i>Off-Label Drug and Approved Orphan Drug Use</i>						
CG-DRUG-08	<i>Enzyme Replacement Therapy for Gaucher Disease</i>				X		
CG-DRUG-09	<i>Immune Globulin Therapy</i>				X		X
CG-DRUG-100	<i>Interferon gamma-1b (Actimmune®)</i>						

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CG-DRUG-101	<i>Ixabepilone (Ixempra®)</i>						
CG-DRUG-102	<i>Olaratumab (Lartruvo™)</i>						
CG-DRUG-14	<i>Dihydroergotamine Mesylate (DHE) Injection for the Treatment of Migraine or Cluster Headaches in Adults</i>						
CG-DRUG-18	<i>Nesiritide (Natrecro®)</i>						
CG-DRUG-19	<i>Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women</i>				X		
CG-DRUG-20	<i>Enfuviritide (Fuzeon)</i>						
CG-DRUG-21	<i>Naltrexone (Vivitrol®) Injections for the Treatment of Alcohol and Opioid Dependence</i>						
CG-DRUG-24	<i>Repository Corticotropin Injection (H.P. Acthar® Gel)</i>				X		
CG-DRUG-25	<i>Intravenous versus Oral Drug Administration in the Outpatient and Home Setting</i>						
CG-DRUG-27	<i>Clostridial Collagenase Histolyticum Injection</i>				X		X
CG-DRUG-28	<i>Alglucosidase alfa (Lumizyme®, Myozyme®)</i>				X		
CG-DRUG-31	<i>Oncology Drug Treatment Regimens for Adults **NOTE: At this time, this guideline is not implemented for medical benefit determinations</i>						
CG-DRUG-43	<i>Natalizumab (Tysabri®)</i>				X		X
CG-DRUG-44	<i>Pegloticase (Krystexxa®)</i>				X		X
CG-DRUG-46	<i>Fosaprepitant (Emend®)</i>						
CG-DRUG-47	<i>Level of Care: Specialty Pharmaceuticals</i>						
CG-DRUG-53	<i>Drug Dosage, Frequency, and Route of Administration</i>						
CG-DRUG-54	<i>Agalsidase beta (Fabrazyme®)</i>				X		
CG-DRUG-55	<i>Elosulfase alfa (Vimizim®)</i>				X		
CG-DRUG-56	<i>Galsulfase (Naglazyme®)</i>				X		
CG-DRUG-57	<i>Idurasulfase (Elaprase®)</i>				X		
CG-DRUG-58	<i>Laronidase (Aldurazyme®)</i>				X		
CG-DRUG-65	<i>Tumor Necrosis Factor Antagonists</i>				X		X
CG-DRUG-67	<i>Cetuximab (Erbix®)</i>						
CG-DRUG-69	<i>Ustekinumab (Stelera®)</i>				X		X

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CG-DRUG-74	<i>Canakinumab (Ilaris®)</i>				X		
CG-DRUG-75	<i>Romiplostim (Nplate®)</i>				X		X
CG-DRUG-82	<i>Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Arterial Hypertension</i>				X		X
CG-DRUG-83	<i>Growth Hormone</i>				X		X
CG-DRUG-84	<i>Belimumab (Benlysta®)</i>				X		X
CG-DRUG-86	<i>Ocriplasmin (Jetrea®) Intravitreal Injection Treatment</i>				X		X
CG-DRUG-87	<i>Vedolizumab (Entyvio®)</i>				X		X
CG-DRUG-89	<i>Implantable and Extended-Release Buprenorphine-Containing Products</i>						
CG-DRUG-90	<i>Intravitreal Treatment for Retinal Vascular Conditions</i>						
CG-DRUG-91	<i>Intravitreal Corticosteroid Implants</i>						
CG-DRUG-92	<i>Alpha-1 Proteinase Inhibitor Therapy</i>						
CG-DRUG-93	<i>Sarilumab (Kevzara®)</i>						
CG-DRUG-94	<i>Rituximab (Rituxan®) for Non-Oncologic Indications</i>						
CG-DRUG-95	<i>Belatacept (Nulojix®)</i>						
CG-DRUG-96	<i>Ado-trastuzumab emtansine (Kadcyla®)</i>						
CG-DRUG-97	<i>Rilonacept (Arcalyst®)</i>						
CG-DRUG-98	<i>Bendamustine Hydrochloride</i>						
CG-DRUG-99	<i>Elotuzumab (Empliciti™)</i>						
CG-LAB-03	<i>Tropism Testing for HIV Management</i>						
CG-LAB-09	<i>Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain</i>			X			
CG-LAB-10	<i>Zika Virus Testing</i>						
CG-LAB-11	<i>Screening for Vitamin D Deficiency in Average Risk Individuals</i>						
CG-LAB-12	<i>Testing for Oral and Esophageal Cancer</i>						
CG-LAB-13	<i>Skin Nerve Fiber Density Testing</i>						
CG-MED-02	<i>Esophageal pH Monitoring</i>						
CG-MED-05	<i>Ketogenic Diet for Treatment of Intractable Seizures</i>						

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CG-MED-08	<i>Home Enteral Nutrition</i>				X		
CG-MED-19	<i>Custodial Care</i>						
CG-MED-21	<i>Anesthesia Services and Moderate ("Conscious") Sedation</i>						
CG-MED-22	<i>Neuropsychological Testing</i>				X		X
CG-MED-23	<i>Home Health</i>				X		
CG-MED-24	<i>Electromyography and Nerve Conduction Studies</i>			X			
CG-MED-26	<i>Neonatal Levels of Care</i>						
CG-MED-28	<i>Iontophoresis for Medical Indications</i>						
CG-MED-32	<i>Ancillary Services for Pregnancy Complications</i>				X		
CG-MED-34	<i>Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures</i>						
CG-MED-35	<i>Retinal Telescreening Systems</i>						
CG-MED-37	<i>Intensive Programs for Pediatric Feeding Disorders</i>						
CG-MED-39	<i>Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry</i>						
CG-MED-40	<i>External Ambulatory Event Monitors to Detect Cardiac Arrhythmias</i>						
CG-MED-41	<i>Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting</i>						
CG-MED-42	<i>Maternity Ultrasound in the Outpatient Setting</i>			X			
CG-MED-44	<i>Holter Monitors</i>			X			
CG-MED-45	<i>Transrectal Ultrasonography</i>			X			
CG-MED-46	<i>Ambulatory and Inpatient Video Electroencephalography</i>			X			
CG-MED-47	<i>Fundus Photography</i>			X			
CG-MED-48	<i>Scrotal Ultrasound</i>			X			
CG-MED-49	<i>Auditory Brainstem Responses and Evoked Otoacoustic Emissions for Hearing Disorders</i>			X			
CG-MED-50	<i>Visual, Somatosensory and Motor Evoked Potentials</i>			X			

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CG-MED-52	<i>Allergy Immunotherapy (Subcutaneous)</i>			X			
CG-MED-54	<i>Strapping</i>						
CG-MED-55	<i>Level of Care: Advanced Radiologic Imaging</i>						
CG-MED-56	<i>Non-Obstetrical Transvaginal Ultrasonography</i>						
CG-MED-57	<i>Cardiac Stress Testing with Electrocardiogram</i>						
CG-MED-59	<i>Upper Gastrointestinal Endoscopy</i>			X	X		X
CG-MED-60	<i>Monitored Anesthesia Care and General Anesthesia for Cataract Surgery</i>						
CG-MED-62	<i>Resting Electrocardiogram Screening in Adults</i>						
CG-MED-64	<i>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)</i>			X	X		
CG-MED-66	<i>Cryopreservation of Oocytes or Ovarian Tissue</i>			X			X
CG-MED-68	<i>Therapeutic Apheresis</i>			X			
CG-MED-69	<i>Inhaled Nitric Oxide</i>						
CG-MED-70	<i>Wireless Capsule Endoscopy for Gastrointestinal Image and the Patency Capsule</i>						
CG-MED-71	<i>Wound Care in the Home Setting</i>						
CG-MED-72	<i>Hyperthermia for Cancer Therapy</i>						
CG-OR-PR-02	<i>Prefabricated and Prophylactic Knee Braces</i>				X		X
CG-OR-PR-03	<i>Custom-made Knee Braces</i>						X
CG-OR-PR-04	<i>Cranial Remodeling Bands and Helmets (Cranial Orthotics)</i>				X		X
CG-OR-PR-05	<i>Myoelectric Upper Extremity Prosthesis Devices</i>				X		X
CG-OR-PR-06	<i>Spinal Orthoses: Thoracic-Lumber-Sacral (TLSO), Lumber-Sacral (LSO), and Lumber</i>				X		X
CG-REHAB-02	<i>Outpatient Cardiac Rehabilitation</i>						
CG-REHAB-03	<i>Pulmonary Rehabilitation</i>			X	X		X
CG-REHAB-04	<i>Physical Therapy</i>				X		X

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CG-REHAB-05	<i>Occupational Therapy</i>				X		X
CG-REHAB-06	<i>Speech-Language Pathology Services</i>				X		
CG-REHAB-07	<i>Skilled Nursing and Skilled Rehabilitation Services (Outpatient)</i>						
CG-REHAB-08	<i>Private Duty Nursing in the Home Setting</i>				X		
CG-REHAB-10	<i>Level of Care: Outpatient Physical Therapy, Occupational Therapy and</i>						
CG-SURG-01	<i>Colonoscopy</i>						
CG-SURG-03	<i>Blepharoplasty, Blepharoptosis Repair and Brow Lift</i>			X	X		X
CG-SURG-05	<i>Maze Procedure</i>				X		X
CG-SURG-07	<i>Vertical Expandable Prosthetic Titanium Rib</i>						
CG-SURG-09	<i>Temporomandibular Disorders</i>				X		X
CG-SURG-10	<i>Ambulatory or Outpatient Surgery Center Procedures</i>						
CG-SURG-11	<i>Surgical Treatment for Dupuytren's Contracture</i>						
CG-SURG-12	<i>Penile Prosthesis Implantation</i>				X		
CG-SURG-15	<i>Endometrial Ablation</i>						
CG-SURG-17	<i>Trigger Point Injections</i>						X
CG-SURG-18	<i>Septoplasty</i>			X	X		X
CG-SURG-24	<i>Functional Endoscopic Sinus Surgery</i>			X	X		X
CG-SURG-25	<i>Injection Treatment for Morton's Neuroma</i>				X		
CG-SURG-27*	<i>Sex Reassignment Surgery</i>			X	X		
CG-SURG-28	<i>Transcatheter Uterine Artery Embolization</i>				X		X
CG-SURG-29	<i>Lumbar Discography</i>						
CG-SURG-34	<i>Diagnostic Infertility Surgery</i>						
CG-SURG-35	<i>Intracytoplasmic Sperm Injection (ICSI)</i>						
CG-SURG-36	<i>Adenoidectomy</i>				X		X
CG-SURG-37	<i>Destruction of Pre-Malignant Skin Lesions</i>						
CG-SURG-40	<i>Cataract Removal Surgery for Adults</i>			X	X		X
CG-SURG-41	<i>Surgical Strabismus Correction</i>						
CG-SURG-46	<i>Myringotomy and Tympanostomy Tube Insertion</i>						

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CG-SURG-48	<i>Elective Percutaneous Coronary Interventions</i>						
CG-SURG-49	<i>Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities</i>				X		
CG-SURG-50	<i>Assistant Surgeons</i>						
CG-SURG-51	<i>Outpatient Cystourethroscopy</i>						
CG-SURG-52	<i>Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures</i>						
CG-SURG-53	<i>Elective Total Hip Arthroplasty</i>						
CG-SURG-54	<i>Elective Total Knee Arthroplasty</i>						
CG-SURG-56	<i>Diagnostic Fiberoptic Flexible Laryngoscopy</i>						
CG-SURG-57	<i>Diagnostic Nasal Endoscopy</i>						
CG-SURG-58	<i>Radioactive Seed Localization of Nonpalpable Breast Lesions</i>						
CG-SURG-59	<i>Vena Cava Filters</i>						
CG-SURG-61	<i>Cryosurgical Ablation of Solid Tumors Outside the Liver</i>			X	X		X
CG-SURG-62	<i>Radiofrequency Ablation to Treat Tumors Outside the Liver</i>			X	X		X
CG-SURG-70	<i>Gastric Electrical Stimulation</i>			X	X		X
CG-SURG-71	<i>Reduction Mammoplasty</i>			X	X		X
CG-SURG-72	<i>Endothelial Keratoplasty</i>				X		X
CG-SURG-73	<i>Balloon Sinus Ostial Dilation</i>						
CG-SURG-74	<i>Total Ankle Replacement</i>						
CG-SURG-75	<i>Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions</i>						
CG-SURG-76	<i>Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty</i>						
CG-SURG-77	<i>Refractive Surgery</i>						
CG-SURG-78	<i>Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies</i>						
CG-SURG-79	<i>Implantable Infusion Pumps</i>						

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CG-SURG-80	<i>Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Treating Primary or Metastatic Liver Tumors</i>						
CG-THER-RAD07	<i>Intravascular Brachytherapy (Coronary and Non-Coronary)</i>						
CG-TRANS-02	<i>Kidney Transplantation</i>				X		X
DME.00009	<i>Vacuum Assisted Wound Therapy in the Outpatient Setting</i>			X	X		X
DME.00011	<i>Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices</i>			X	X		X
DME.00012	<i>Intrapulmonary Percussive Ventilation Devices for Airway Clearance</i>			X	X		
DME.00022	<i>Functional Electrical Stimulation; Threshold Electrical Stimulation</i>			X	X		X
DME.00024	<i>Transtympanic Micropressure for the Treatment of Ménière's Disease</i>			X			X
DME.00025	<i>Self-Operated Spinal Unloading Devices</i>						
DME.00027	<i>Ultrasound Bone Growth Stimulation</i>			X	X		X
DME.00030	<i>Altered Auditory Feedback Devices for the Treatment of Stuttering</i>				X		X
DME.00032	<i>Automated External Defibrillators for Home Use</i>			X	X		X
DME.00034	<i>Standing Frames</i>			X	X		X
DME.00037	<i>Cooling Devices and Combined Cooling/Heating Devices</i>			X	X		X
DME.00038	<i>Static Progressive Stretch and Patient-Actuated Serial Stretch Devices</i>			X	X		X
DME.00039	<i>Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea</i>			X	X		X
DRUG.00003	<i>Chelation Therapy</i>			X	X		
DRUG.00006	<i>Botulinum Toxin</i>				X		X

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DRUG.00013	<i>Administration of Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion</i>				X		X
DRUG.00015	<i>Prevention of Respiratory Syncytial Virus Infections</i>				X		X
DRUG.00024	<i>Omalizumab (Xolair®)</i>				X		X
DRUG.00027	<i>Ziconotide Intrathecal Infusion (Prialt®) for Severe Chronic Pain</i>				X		X
DRUG.00034	<i>Insulin Potentiation Therapy</i>			X			
DRUG.00040	<i>Abatacept (Orencia®)</i>				X		X
DRUG.00050	<i>Eculizumab (Soliris®)</i>				X		X
DRUG.00086	<i>Mecasermin (Increlex®)</i>				X		X
DRUG.00090	<i>Bezlotoxumab (ZINPLAVA™)</i>				X		X
DRUG.00093	<i>Sebelipase alfa (KANUMA™)</i>						
DRUG.00095	<i>Ocrelizumab (Ocrevus™)</i>				X		X
DRUG.00098	<i>Lutetium Lu 177 dotatate (Lutathera®)</i>						X
DRUG.00103	<i>Abaloparatide (Tymlos™) Injection</i>						
DRUG.00108	<i>Edaravone (Radicava®)</i>						X
DRUG.00111	<i>Guselkumab (Tremfya™)</i>						X
DRUG.00112	<i>Gemtuzumab Ozogamicin (Mylotarg®)</i>				X		X
GENE.00002	<i>Preimplantation Genetic Diagnosis Testing</i>			X			X
GENE.00041	<i>Genetic Testing to Confirm the Identity of Laboratory Specimens</i>				X		X
GENE.00045	<i>Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers</i>						
LAB.00016	<i>Fecal Analysis in the Diagnosis of Intestinal Disorders</i>						
LAB.00024	<i>Immune Cell Function Assay</i>			X			
LAB.00026	<i>Systems Pathology Testing for Predicting Risk of Prostate Cancer Progression and Recurrence</i>						
LAB.00027	<i>Selected Blood, Serum and Cellular Allergy and Toxicity Tests</i>			X			
LAB.00029	<i>Rupture of Membranes Testing in Pregnancy</i>						
LAB.00031	<i>Advanced Lipoprotein Testing</i>			X			X

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Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
MED.00004	<i>Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy and Ultrasonography)</i>			X			X
MED.00005	<i>Hyperbaric Oxygen Therapy (Systemic/Topical)</i>			X	X		X
MED.00007	<i>Prolotherapy for Joint and Ligamentous Conditions</i>			X			
MED.00011	<i>Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State</i>			X			
MED.00024	<i>Adoptive Immunotherapy and Cellular Therapy</i>			X	X		
MED.00041	<i>Microvolt T-Wave Alternans</i>			X			X
MED.00051	<i>Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry</i>			X	X		X
MED.00053	<i>Noninvasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting</i>						
MED.00055	<i>Wearable Cardioverter Defibrillators</i>			X	X		X
MED.00057	<i>MRI Guided High Intensity Focused Ultrasound Ablation for Nononcologic Indications</i>			X	X		X
MED.00059	<i>Idiopathic Environmental Illness</i>						
MED.00065	<i>Hepatic Activation Therapy</i>			X			
MED.00074	<i>Computer Analysis and Probability Assessment of</i>			X			
MED.00077	<i>In-Vivo Analysis of Gastrointestinal Lesions</i>			X	X		X
MED.00081	<i>Cognitive Rehabilitation</i>				X		X
MED.00082	<i>Quantitative Sensory Testing</i>			X			
MED.00087	<i>Imaging Techniques for Screening and Identification of Cervical Cancer</i>						
MED.00089	<i>Quantitative Muscle Testing Devices</i>						X
MED.00090	<i>Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders</i>			X			
MED.00091	<i>Rhinophototherapy</i>						
MED.00092	<i>Automated Nerve Conduction Testing</i>			X	X		X
MED.00095	<i>Anterior Segment Optical Coherence Tomography</i>			X			X
MED.00096	<i>Low-Frequency Ultrasound Therapy for Wound Management</i>			X			

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Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
MED.00097	<i>Neural Therapy</i>						
MED.00098	<i>Hyperoxemic Reperfusion Therapy</i>						
MED.00099	<i>Electromagnetic Navigational Bronchoscopy</i>			X	X		
MED.00100	<i>Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems</i>			X	X		X
MED.00101	<i>Physiologic Recording of Tremor using Accelerometer(s) and Gyroscope(s)</i>						
MED.00102	<i>Ultrafiltration in Decompensated Heart Failure</i>						
MED.00103	<i>Automated Evacuation of Meibomian Gland</i>			X			
MED.00104	<i>Noninvasive Measurement of Advanced Glycation Endproducts (AGEs) in the Skin</i>						
MED.00105	<i>Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema</i>						
MED.00107	<i>Medical and Other Nonbehavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome</i>			X	X		X
MED.00109	<i>Corneal Collagen Cross Linking</i>						
MED.00110	<i>Growth Factors, Silver-Based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting</i>			X	X		
MED.00111	<i>Intracardiac Ischemia Monitoring</i>						
MED.00112	<i>Autonomic Testing</i>			X			
MED.00115	<i>Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management</i>			X			
MED.00116	<i>Near-Infrared Spectroscopy Brain Screening for Hematoma Detection</i>						
MED.00118	<i>Continuous Monitoring of Intraocular Pressure</i>			X			
MED.00119	<i>High-Intensity Focused Ultrasound for Oncologic Indications</i>			X	X		X
MED.00121	<i>Implantable Interstitial Glucose Sensors</i>						
MED.00122	<i>Wilderness Programs</i>			X			

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MED.00123	<i>Axicabtagene ciloleucel (Yescarta™)</i>						X
MED.00124	<i>Tisagenlecleucel (Kymriah™)</i>				X		X
OR-PR.00003	<i>Microprocessor Controlled Lower Limb Prosthesis</i>			X	X		X
OR-PR.00004	<i>Partial-Hand Myoelectric Prosthesis</i>			X			
OR-PR.00005	<i>Upper Extremity Myoelectric Orthoses</i>						
OR-PR.00006	<i>Powered Robotic Lower Body Exoskeleton Devices</i>						
RAD.00004	<i>Peripheral Bone Mineral Density Measurement</i>			X	X		X
RAD.00012	<i>Ultrasound for the Evaluation of Paranasal Sinuses</i>			X			
RAD.00019	<i>Magnetic Source Imaging and Magnetoencephalography</i>			X	X		X
RAD.00034	<i>Dynamic Spinal Visualization (Including Digital Motion X-Ray and Cineradiography/ Videofluoroscopy)</i>			X	X		X
RAD.00053	<i>Cervical and Thoracic Discography</i>			X	X		X
RAD.00057	<i>Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging</i>			X			
RAD.00059	<i>Transcatheter Arterial Chemoembolization and Transcatheter Arterial Embolization for Malignant Lesions Outside the Liver Except Central Nervous System and Spinal Cord</i>				X		X
RAD.00061	<i>PET/MRI</i>						
RAD.00062	<i>Intravascular Optical Coherence Tomography</i>						
RAD.00065	<i>Radiostereometric Analysis</i>			X	X		X
REHAB.00003	<i>Hippotherapy</i>			X			
SURG.00005	<i>Partial Left Ventriculectomy</i>			X	X		X
SURG.00007	<i>Vagus Nerve Stimulation</i>			X	X		X
SURG.00008	<i>Mechanized Spinal Distraction Therapy for Low Back Pain</i>			X	X		X
SURG.00010	<i>Treatments for Urinary Incontinence</i>			X	X		X

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Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
SURG.00014	<i>Cochlear Implants and Auditory Brainstem Implants</i>			X	X		X
SURG.00016	<i>Stereotactic Radiofrequency Pallidotomy</i>			X	X		X
SURG.00019	<i>Transmyocardial Revascularization</i>			X	X		X
SURG.00020	<i>Bone Anchored and Bone Conduction Hearing Aids</i>			X	X		X
SURG.00022	<i>Lung Volume Reduction Surgery</i>			X	X		X
SURG.00023	<i>Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures</i>			X	X		X
SURG.00024	<i>Bariatric Surgery and Other Treatments for Clinically Severe Obesity</i>			X	X		X
SURG.00026	<i>Deep Brain, Cortical and Cerebellar Stimulation</i>			X	X		X
SURG.00028	<i>Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia and Other Genitourinary Conditions</i>			X	X		X
SURG.00032	<i>Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention</i>			X	X		X
SURG.00036	<i>Fetal Surgery for Prenatally Diagnosed Malformations</i>			X	X		X
SURG.00037	<i>Treatment of Varicose Veins (Lower Extremities)</i>			X	X		X
SURG.00043	<i>Electrothermal Shrinkage of Joint Capsules, Ligaments and Tendons</i>			X	X		
SURG.00044	<i>Breast Ductal Examination and Fluid Cytology Analysis</i>						
SURG.00045	<i>Extracorporeal Shock Wave Therapy for Orthopedic Conditions</i>			X	X		X
SURG.00047	<i>Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia</i>			X	X		X
SURG.00048	<i>Panniculectomy and Abdominoplasty</i>			X	X		X
SURG.00049	<i>Mandibular/Maxillary (Orthognathic) Surgery</i>			X	X		X
SURG.00053	<i>Unicondylar Interpositional Spacer</i>						
SURG.00054	<i>Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection</i>			X	X		X

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SURG.00056	<i>Transanal Radiofrequency Treatment of Fecal Incontinence</i>						
SURG.00061	<i>Presbyopia and Astigmatism-Correcting Intraocular Lenses</i>						
SURG.00062	<i>Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome</i>						
SURG.00073	<i>Epiduroscopy</i>				X		
SURG.00074	<i>Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring</i>			X	X		X
SURG.00075	<i>Intervertebral Stabilization Devices</i>						
SURG.00076	<i>Nerve Graft after Prostatectomy</i>				X		
SURG.00077	<i>Uterine Fibroid Ablation: Laparoscopic or Percutaneous Image Guided Techniques</i>						
SURG.00079	<i>Nasal Valve Suspension</i>						
SURG.00082	<i>Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System</i>			X	X		X
SURG.00084	<i>Implantable Middle Ear Hearing Aids</i>			X	X		
SURG.00085	<i>Mastectomy for Gynecomastia</i>			X	X		X
SURG.00088	<i>Coblation® Therapies for Musculoskeletal Conditions</i>						
SURG.00089	<i>Self-Expanding Absorptive Sinus Ostial Dilation</i>			X	X		X
SURG.00090	<i>Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia</i>				X		X
SURG.00095	<i>Viscocalanostomy and Canaloplasty</i>			X	X		X
SURG.00096	<i>Surgical and Ablative Treatments for Chronic Headaches</i>			X	X		X
SURG.00097	<i>Vertebral Body Stapling for the Treatment of Scoliosis in Children and Adolescents</i>						
SURG.00098	<i>Mechanical Embolectomy for Treatment of Acute Stroke</i>			X			
SURG.00099	<i>Convection Enhanced Delivery of Therapeutic Agents to the Brain</i>				X		

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Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required *	System Claim Edit*	PA Required*
SURG.00100	<i>Cryoablation for Plantar Fasciitis and Plantar Fibroma</i>				X		X
SURG.00101	<i>Suprachoroidal Injection of a Pharmacologic Agent</i>			X			
SURG.00102	<i>Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence</i>			X	X		X
SURG.00103	<i>Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)</i>			X			
SURG.00104	<i>Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis</i>			X	X		
SURG.00105	<i>Bicompartmental Knee Arthroplasty</i>						
SURG.00106	<i>Ablative Techniques as a Treatment for Barrett's Esophagus</i>			X	X		X
SURG.00107	<i>Prostate Saturation Biopsy</i>			X	X		X
SURG.00112	<i>Occipital Nerve Stimulation</i>			X	X		X
SURG.00113	<i>Artificial Retinal Devices</i>			X			
SURG.00114	<i>Facet Joint Allograft Implants for Facet Disease</i>			X			
SURG.00115	<i>Keratoprosthesis</i>			X	X		X
SURG.00116	<i>High Resolution Anoscopy Screening for Anal Intraepithelial Neoplasia and Squamous Cell Cancer of the Anus</i>			X			
SURG.00117	<i>Sacral Nerve Stimulation and Percutaneous Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary Retention</i>			X	X		X
SURG.00118	<i>Bronchial Thermoplasty</i>			X			
SURG.00119	<i>Endobronchial Valve Devices</i>			X			
SURG.00120	<i>Open Treatment of Rib Fracture(s) Requiring Internal Fixation</i>			X			
SURG.00121	<i>Transcatheter Heart Valve Procedures</i>			X	X		X
SURG.00122	<i>Venous Angioplasty with or without Stent Placement or Venous Stenting Alone</i>			X			
SURG.00123	<i>Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects</i>						

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SURG.00124	<i>Carotid Sinus Baroreceptor Stimulation Devices</i>			X			
SURG.00125	<i>Radiofrequency and Pulsed Radiofrequency Treatment of Trigger Point Pain</i>						
SURG.00126	<i>Irreversible Electroporation</i>						
SURG.00128	<i>Implantable Left Atrial Hemodynamic Monitor</i>						
SURG.00129	<i>Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring</i>			X	X		X
SURG.00130	<i>Annulus Closure After Discectomy</i>						
SURG.00131	<i>Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease</i>			X			
SURG.00132	<i>Drug-Eluting Devices for Maintaining Sinus Ostial Patency</i>			X	X		X
SURG.00133	<i>Alcohol Septal Ablation for Treatment of Hypertrophic Cardiomyopathy</i>						
SURG.00134	<i>Interspinous Process Fixation Devices</i>						
SURG.00135	<i>Radiofrequency Ablation of the Renal Sympathetic Nerves</i>			X			
SURG.00136	<i>Intraocular Telescope</i>			X	X		X
SURG.00137	<i>Focused Microwave Thermotherapy for Breast Cancer</i>						
SURG.00138	<i>Laser Treatment for Onychomycosis</i>						
SURG.00139	<i>Intraoperative Assessment of Surgical Margins During</i>						
SURG.00141	<i>Doppler-Guided Transanal Hemorrhoidal Dearterialization</i>						
SURG.00142	<i>Genicular Nerve Blocks and Ablation for Chronic Knee Pain</i>				X		X
SURG.00143	<i>Perirectal Spacers for Use During Prostate Radiotherapy</i>						
SURG.00144	<i>Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia</i>				X		X
SURG.00145	<i>Mechanical Circulatory Assist Devices (Ventricular Assist Devices, Percutaneous Ventricular Assist Devices and Artificial Hearts)</i>			X	X		X

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SURG.00146	<i>Extracorporeal Carbon Dioxide Removal</i>						
SURG.00147	<i>Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders</i>						
SURG.00148	<i>Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy</i>						
SURG.00149	<i>Percutaneous Ultrasonic Ablation of Soft Tissue</i>						
SURG.00151	<i>Balloon Dilatation of Eustachian Tube</i>						X
THER-RAD.00009	<i>Intraocular Epiretinal Brachytherapy</i>			X			
TRANS.00004	<i>Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)</i>			X	X		
TRANS.00008	<i>Liver Transplantation</i>				X		X
TRANS.00009	<i>Lung and Lobar Transplantation</i>				X		X
TRANS.00010	<i>Autologous and Allogeneic Pancreatic Islet Cell Transplantation</i>			X	X		X
TRANS.00011	<i>Pancreas Transplantation and Pancreas Kidney Transplantation</i>				X		X
TRANS.00013	<i>Small Bowel, Small Bowel/Liver and Multivisceral Transplantation</i>				X		X
TRANS.00016	<i>Umbilical Cord Blood Progenitor Cell Collection, Storage and Transplantation</i>				X		X
TRANS.00018	<i>Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation</i>				X		X
TRANS.00023	<i>Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias</i>				X		X
TRANS.00024	<i>Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome</i>				X		X
TRANS.00026	<i>Heart/Lung Transplantation</i>				X		X
TRANS.00027	<i>Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors</i>				X		X

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TRANS.00028	<i>Hematopoietic Stem Cell Transplantation for Hodgkin Disease and</i>				X		X
TRANS.00029	<i>Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias</i>				X		X
TRANS.00030	<i>Hematopoietic Stem Cell Transplantation for Germ Cell Tumors</i>				X		X
TRANS.00031	<i>Hematopoietic Stem Cell Transplantation for Autoimmune Disease and Miscellaneous Solid Tumors</i>				X		X
TRANS.00033	<i>Heart Transplantation</i>				X		X
TRANS.00034	<i>Hematopoietic Stem Cell Transplantation for Diabetes Mellitus</i>				X		X
TRANS.00035	<i>Mesenchymal Stem Cell Therapy For Orthopedic Indications</i>				X	X	X
TRANS.00036	<i>Stem Cell Therapy for Peripheral Vascular Disease</i>			X	X		X
ANC.00007	<i>Cosmetic and Reconstructive Services: Skin Related</i>			X	X		X
CG-ADMIN-02	<i>Clinically Equivalent Cost Effective Services — Targeted Immune Modulators</i>				X		X
CG-BEH-01	<i>Assessment for Autism Spectrum Disorders and Rett Syndrome</i>			X	X	X	X
CG-DME-40	<i>Electrical Bone Growth Stimulation</i>			X	X		X
CG-DRUG-03	<i>Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis</i>				X		X
CG-DRUG-04	<i>Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra®), and Direct Thrombin Inhibitors in the Outpatient Setting</i>				X		X
CG-DRUG-05	<i>Recombinant Erythropoietin Products</i>				X		X
CG-DRUG-11	<i>Infertility Drugs</i>				X		X
CG-DRUG-16	<i>White Blood Cell Growth Factors</i>				X		X
CG-DRUG-33	<i>Palonosetron (Aloxi®)</i>				X		X
CG-DRUG-34	<i>Docetaxel (Docefrez™, Taxotere®)</i>			X			

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CG-DRUG-38	<i>Pemetrexed Disodium (Alimta®)</i>				X		X
CG-DRUG-40	<i>Bortezomib (Velcade®)</i>				X		
CG-DRUG-41	<i>Zoledronic acid</i>				X		X
CG-DRUG-42	<i>Asparagine Specific Enzymes (Asparaginase)</i>				X		X
CG-DRUG-45	<i>Octreotide acetate (Sandostatin®; Sandostatin® LAR Depot)</i>				X		X
CG-DRUG-48	<i>Azacitidine (Vidaza®)</i>				X		X
CG-DRUG-49	<i>Doxorubicin Hydrochloride Liposome Injection</i>				X		X
CG-DRUG-50	<i>Paclitaxel, protein-bound (Abraxane®)</i>				X		X
CG-DRUG-51	<i>Romidepsin (Istodax®)</i>				X		X
CG-DRUG-52	<i>Temsirolimus (Torisel®)</i>				X		X
CG-DRUG-59	<i>Testosterone, Injectable</i>						X
CG-DRUG-60	<i>Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications</i>				X		X
CG-DRUG-61	<i>Gonadotropin Releasing Hormone Analogs for the Treatment of Nononcologic Indications</i>				X		X
CG-DRUG-62	<i>Fulvestrant (FASLODEX®)</i>				X		
CG-DRUG-63	<i>Levoleucovorin Calcium (Fusilev®)</i>				X		
CG-DRUG-64	<i>FDA-Approved Biosimilar Products</i>				X		X
CG-DRUG-66	<i>Panitumumab (Vectibix®)</i>				X		X
CG-DRUG-68	<i>Bevacizumab (Avastin®) for Non-Ophthalmologic Indications</i>						X
CG-DRUG-70	<i>Eribulin mesylate (Halaven®)</i>				X		X
CG-DRUG-71	<i>Ziv-aflibercept (Zaltrap®)</i>				X		X
CG-DRUG-72	<i>Pertuzumab (Perjeta®)</i>				X		X
CG-DRUG-73	<i>Denosumab (Prolia®, Xgeva®)</i>				X		X
CG-DRUG-76	<i>Plerixafor Injection (Mozobil™)</i>				X		
CG-DRUG-77	<i>Radium Ra 223 Dichloride (Xofigo®)</i>				X		X
CG-DRUG-78	<i>Antihemophilic Factors and Clotting Factors</i>				X		X
CG-DRUG-79	<i>Siltuximab (Sylvant®)</i>				X		X
CG-DRUG-80	<i>Cabazitaxel (Jevtana®)</i>				X		X
CG-DRUG-81	<i>Tocilizumab (Actemra®)</i>				X		X
CG-DRUG-85	<i>Tesamorelin (Egrifta®)</i>						X

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Amerigroup Policy #	Amerigroup Policy Name	Blue Cross Policy #	PA Required**	System Claim Edit*	PA Required*	System Claim Edit*	PA Required*
CG-DRUG-88	<i>Dupilumab (Dupixent®)</i>						X
CG-GENE-01	<i>Janus Kinase 2 (JAK2)V617F Gene Mutation Assay</i>			X	X		X
CG-GENE-02	<i>Analysis of KRAS Status</i>			X	X		X
CG-GENE-03	<i>BRAF Mutation Analysis</i>			X	X		X
CG-GENE-04	<i>Molecular Marker Evaluation of Thyroid Nodules</i>				X		X
CG-MED-38	<i>Inpatient admission for Radiation Therapy for Cervical or Thyroid Cancer</i>				X		X
CG-MED-51	<i>Three-Dimensional Rendering of Imaging Studies</i>			X	X		X
CG-MED-53	<i>Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing</i>						
CG-MED-58	<i>Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA and Cardiac MRI</i>	V-14	X	X	X		X
CG-MED-61	<i>Preoperative Testing for Low Risk Invasive Procedures and Surgeries</i>				X		X
CG-MED-63	<i>Treatment of Hyperhidrosis</i>			X	X		X
CG-MED-65	<i>Manipulation Under Anesthesia of the Spine and Joints other than the Knee</i>			X	X		X
CG-MED-67	<i>Melanoma Vaccines</i>						X
CG-SURG-08	<i>Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury</i>	IV-74	X	X	X		X
CG-SURG-31	<i>Treatment of Keloids and Scar Revision</i>				X		X
CG-SURG-32	<i>Pain Management: Cervical, Thoracic and Lumbar Facet Injections</i>			X	X		X
CG-SURG-33	<i>Lumbar Fusion and Lumbar Total Disc Arthroplasty</i>	IV-87	X	X	X		X
CG-SURG-38	<i>Lumbar Laminectomy, Hemilaminectomy, Laminectomy and/or Discectomy</i>				X		X
CG-SURG-39	<i>Pain Management: Epidural Steroid Injections</i>				X		X
CG-SURG-42	<i>Cervical Fusion</i>	IV-87	X		X		X
CG-SURG-43	<i>Knee Arthroscopy</i>				X		X

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CG-SURG-44	<i>Coronary Angiography in the Outpatient Setting</i>				X		
CG-SURG-45	<i>Bone Graft Substitutes</i>					X	
CG-SURG-47	<i>Surgical Interventions for Scoliosis and Spinal Deformity</i>	IV-87	X		X		X
CG-SURG-55	<i>Intracardiac Electrophysiological Studies and Catheter Ablation</i>				X		X
CG-SURG-60	<i>Cervical Total Disc Arthroplasty</i>			X	X		X
CG-SURG-63	<i>Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure</i>			X	X		X
CG-SURG-65	<i>Recombinant Human Bone Morphogenetic Protein</i>					X	
CG-SURG-66	<i>Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)</i>	IV-74	X	X	X		X
CG-SURG-67	<i>Treatment of Osteochondral Defects</i>			X	X		X
CG-SURG-68	<i>Surgical Treatment of Femoroacetabular Impingement Syndrome</i>				X		X
CG-SURG-69	<i>Meniscal Allograft Transplantation of the Knee</i>						X
CG-THER-RAD 03	<i>Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy</i>			X	X		X
CG-THER-RAD 04	<i>Selective Internal Radiation Therapy of Primary or Metastatic Liver Tumors</i>			X	X		X
DRUG.00031	<i>Subcutaneous Hormone Replacement Implants</i>			X	X		X
DRUG.00046	<i>Ipilimumab (Yervoy®)</i>				X		X
DRUG.00053	<i>Carfilzomib (Kyprolis®)</i>				X		X
DRUG.00058	<i>Pharmacotherapy for Hereditary Angioedema</i>				X		X
DRUG.00062	<i>Obinutuzumab (Gazyva®)</i>				X		X
DRUG.00063	<i>Ofatumumab (Arzerra®)</i>			X	X		X
DRUG.00064	<i>Enteral Carbidopa and Levodopa Intestinal Gel Suspension</i>			X	X		X
DRUG.00067	<i>Ramucirumab (Cyramza®)</i>				X		X
DRUG.00071	<i>Pembrolizumab (Keytruda®)</i>				X		X
DRUG.00074	<i>Alemtuzumab (Lemtrada®)</i>				X		X

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DRUG.00075	<i>Nivolumab (Opdivo®)</i>				X		X
DRUG.00076	<i>Blinatumomab (Blincyto®)</i>				X		X
DRUG.00077	<i>Monoclonal Antibodies to Interleukin-17A</i>						X
DRUG.00078	<i>Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors</i>						X
DRUG.00080	<i>Monoclonal Antibodies for the Treatment of Eosinophilic Conditions</i>				X		X
DRUG.00081	<i>Eteplirsen (Exondys 51™)</i>				X		X
DRUG.00082	<i>Daratumumab (DARZALEX™)</i>				X		X
DRUG.00087	<i>Asfotase Alfa (Strensiq™)</i>						X
DRUG.00088	<i>Atezolizumab (Tecentriq®)</i>				X		X
DRUG.00089	<i>Daclizumab (Zinbrya™)</i>						X
DRUG.00091	<i>Naltrexone Implantable Pellets</i>						X
DRUG.00099	<i>Cerliponase Alfa (Brineura™)</i>						X
DRUG.00104	<i>Nusinersen (SPINRAZA™)</i>				X		X
DRUG.00107	<i>Avelumab (Bavencio®)</i>				X		X
DRUG.00109	<i>Durvalumab (IMFINZI™)</i>						X
DRUG.00110	<i>Inotuzumab ozogamicin (Besponsa®)</i>						X
DRUG.00116	<i>Vestronidase alfa (Mepsevii™)</i>						X
DRUG.00118	<i>Copanlisib (Aliqopa®)</i>						X
GENE.00001	<i>Genetic Testing for Cancer Susceptibility</i>			X	X		X
GENE.00003	<i>Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease</i>	VI-09	X	X	X	X	X
GENE.00005	<i>BCR-ABL Mutation Analysis</i>				X		X
GENE.00006	<i>Epidermal Growth Factor Receptor Testing</i>						X
GENE.00007	<i>Cardiac Ion Channel Genetic Testing</i>			X	X	X	X
GENE.00008	<i>Analysis of Fecal DNA for Colorectal Cancer Screening</i>				X		X
GENE.00009	<i>Gene-Based Tests for Screening, Detection and Management of Prostate Cancer</i>			X	X		X
GENE.00010	<i>Genotype Testing for Genetic Polymorphisms to Determine</i>			X	X		X
GENE.00011	<i>Gene Expression Profiling for Managing Breast Cancer Treatment</i>			X	X	X	X

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GENE.00012	<i>Preconception or Prenatal Genetic Testing of a Parent or Prospective Parent</i>			X	X	X	X
GENE.00016	<i>Gene Expression Profiling for Colorectal Cancer</i>			X	X		X
GENE.00017	<i>Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including ARVD/C)</i>			X	X	X	X
GENE.00018	<i>Gene Expression Profiling for Cancers of Unknown Primary Site</i>			X	X		X
GENE.00020	<i>Gene Expression Profile Tests for Multiple Myeloma</i>				X		X
GENE.00021	<i>Chromosomal Microarray Analysis for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies</i>	VI-09	X	X	X	X	X
GENE.00023	<i>Gene Expression Profiling of Melanomas</i>				X		X
GENE.00024	<i>DNA-Based Testing for Adolescent Idiopathic Scoliosis</i>			X			X
GENE.00025	<i>Molecular Profiling and Proteogenomic Testing for the Evaluation of Malignant Tumors</i>			X	X		X
GENE.00026	<i>Cell-Free Fetal DNA-Based Prenatal Testing</i>			X	X		X
GENE.00028	<i>Genetic Testing for Colorectal Cancer Susceptibility</i>			X	X		X
GENE.00029	<i>Genetic Testing for Breast and/or Ovarian Cancer Syndrome</i>	VI-09	X	X	X		X
GENE.00030	<i>Genetic Testing for Endocrine Gland Cancer Susceptibility</i>				X	X	X
GENE.00031	<i>Genetic Testing for PTEN Hamartoma Tumor Syndrome</i>				X		X
GENE.00033	<i>Genetic Testing for Inherited Peripheral Neuropathies</i>			X	X		X
GENE.00034	<i>SensiGene® Fetal RhD Genotyping Test</i>				X		X
GENE.00035	<i>Genetic Testing for TP53 Mutations</i>				X		X
GENE.00036	<i>Genetic Testing for Hereditary Pancreatitis</i>				X		X
GENE.00037	<i>Genetic Testing for Macular Degeneration</i>				X		X

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GENE.00038	<i>Genetic Testing for Statin-Induced Myopathy</i>				X		X
GENE.00039	<i>Genetic Testing for Frontotemporal Dementia</i>						X
GENE.00040	<i>Genetic Testing for CHARGE Syndrome</i>						X
GENE.00042	<i>Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy Syndrome</i>				X		X
GENE.00043	<i>Genetic Testing of an Individual's Genome for Inherited Diseases</i>			X	X	X	X
GENE.00044	<i>Analysis of PIK3CA Status in Tumor Cells</i>				X		X
GENE.00046	<i>Prothrombin G20210A (Factor II) Mutation Testing</i>			X	X		X
GENE.00047	<i>Methylenetetrahydrofolate Reductase Mutation Testing</i>				X		X
LAB.00003	<i>In-Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays</i>			X	X		
LAB.00011	<i>Analysis of Proteomic Patterns</i>			X	X		X
LAB.00015	<i>Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor for Cancer</i>			X			
LAB.00019	<i>Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease</i>			X	X		X
LAB.00025	<i>Topographic Genotyping</i>				X		X
LAB.00028	<i>Serum Biomarker Tests for Multiple Sclerosis</i>				X		X
LAB.00030	<i>Measurement of Serum Concentrations of Tumor Necrosis Factor Antagonist Drugs and Antibodies to Tumor Necrosis Factor Antagonist Drugs</i>				X		X
LAB.00033	<i>Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer</i>			X			
LAB.00034	<i>Serological Antibody Testing For Helicobacter Pylori</i>						
LAB.00035	<i>Multibiomarker Disease Activity Blood Tests for Rheumatoid Arthritis</i>						
MED.00002	<i>Selected Sleep Testing Services</i>			X	X		X

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MED.00085	<i>Antineoplaston Therapy</i>						X
MED.00106	<i>Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer</i>	II-144	X	X	X		X
MED.00117	<i>Autologous Cell Therapy for the Treatment of Damaged Myocardium</i>				X		X
MED.00120	<i>Voretigene neparvovec-rzyl (Luxturna™)</i>						X
RAD.00001	<i>Computed Tomography to Detect Coronary Artery Calcification</i>				X		X
RAD.00002	<i>Positron Emission Tomography and PET/CT Fusion</i>	V-27	X	X	X	X	X
RAD.00022	<i>Magnetic Resonance Spectroscopy</i>				X	X	
RAD.00023	<i>Single Photon Emission Computed Tomography (SPECT) Scans for Noncardiovascular Indications</i>			X	X		X
RAD.00036	<i>MRI of the Breast</i>	V-27	X		X		X
RAD.00037	<i>Whole Body Computed Tomography Scanning</i>				X		
RAD.00038	<i>Use of 3D, 4D or 5D Ultrasound in Maternity Care</i>				X		X
RAD.00040	<i>PET Scanning Using Gamma Cameras</i>			X			
RAD.00042	<i>SPECT/CT Fusion Imaging</i>			X			
RAD.00043	<i>Computed Tomography Scans for Lung Cancer Screening</i>				X		
RAD.00044	<i>Magnetic Resonance Neurography</i>						
RAD.00045	<i>Cerebral Perfusion Imaging Using Computed Tomography</i>			X			
RAD.00046	<i>Cerebral Perfusion Studies using Diffusion and Perfusion Magnetic Resonance Imaging</i>						
RAD.00049	<i>Low-Field and Conventional Magnetic Resonance Imaging for Screening, Diagnosing and Monitoring</i>			X	X		X
RAD.00051	<i>Functional Magnetic Resonance Imaging</i>			X	X		X
RAD.00052	<i>Positional MRI</i>						
RAD.00054	<i>MRI of the Bone Marrow</i>				X		X
RAD.00055	<i>Magnetic Resonance Angiography of the Spinal Canal</i>			X	X		X

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RAD.00063	<i>Magnetization-Prepared Rapid Acquisition Gradient Echo Magnetic Resonance Imaging</i>						
RAD.00064	<i>Myocardial Sympathetic Innervation Imaging with or without</i>			X			
RAD.00066	<i>Multiparametric Magnetic Resonance Imaging Fusion Targeted Prostate Biopsy</i>				X		X
SURG.00011	<i>Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting</i>			X	X		X
SURG.00033	<i>Cardioverter Defibrillators</i>			X	X		X
SURG.00051	<i>Hip Resurfacing</i>				X	X	
SURG.00052	<i>Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy, Percutaneous Intradiscal Radiofrequency Thermocoagulation and Intradiscal Biacuplasty)</i>				X	X	
SURG.00066	<i>Percutaneous Neurolysis for Chronic Neck and Back Pain</i>	IV-95	X		X		X
SURG.00067	<i>Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty</i>			X	X		X
SURG.00070	<i>Photocoagulation of Macular Drusen</i>			X	X		X
SURG.00071	<i>Percutaneous and Endoscopic Spinal Surgery</i>			X	X		X
SURG.00072	<i>Lysis of Epidural Adhesions</i>				X		X
SURG.00092	<i>Implanted Devices for Spinal Stenosis</i>			X			X
SURG.00111	<i>Axial Lumbar Interbody Fusion</i>			X			
SURG.00140	<i>Peripheral Nerve Blocks for Treatment of Neuropathic Pain</i>			X	X		X
SURG.00150	<i>Leadless Pacemaker</i>						
THER-RAD.000	<i>Proton Beam Radiation Therapy</i>				X	X	X
THER-RAD.000	<i>Neutron Beam Radiotherapy</i>			X			
TRANS.00025	<i>Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection</i>			X	X		X

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.