New specialty Medicare Part B preferred device

Effective for dates of service on and after January 17, 2020, the following Medicare Part B devices from the current *Clinical Utilization Management* (*UM*) *Guideline* will be included in our preferred device precertification review process. Preferred device review will apply upon precertification initiation, in addition to the current medical necessity review of all Medicare Part B devices noted below (as is done currently).

Request for nonpreferred Part B devices may be approved if a member is actively receiving agents listed below, has had a trial and inadequate response or intolerance to one preferred agent, or the preferred agents are not acceptable due to contraindications including hypersensitivity/allergy.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

The *Clinical UM Guideline* is made publicly available on the Amerigroup provider website. Visit the Clinical Criteria page to search for specific guidelines.

Clinical UM Guideline	**Preferred Part B devices**	**Nonpreferred Part B devices**
ING-CC-0005	Euflexxa Supartz FX Durolane Gelsyn-3	Including, but not limited to: Gel-One GenVisc 850 Hymovis Monovisc Orthovisc Synvisc/Synvisc-One Trivisc Hyalgan/Visco-3