

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed 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. Note, not all of the services and codes referenced within these guidelines are reimbursed under Medicaid. Please refer to Medicaid guidelines for coverage and reimbursement information.

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

To search for specific policies or guidelines, visit
<https://medicalpolicies.amerigroup.com/search>.

Medical Policies

On March 22, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup.

| Publish date | Medical Policy number | Medical Policy title | New or revised |
|---------------------|------------------------------|---|-----------------------|
| 3/29/2018 | MED.00120 | Voretigene neparvovec-rzyl (Luxturna™) | New |
| 4/25/2018 | SURG.00151 | Balloon Dilation of Eustachian Tube | New |
| 4/25/2018 | DME.00009 | Vacuum-Assisted Wound Therapy in the Outpatient Setting | Revised |
| 3/29/2018 | GENE.00028 | Genetic Testing for Colorectal Cancer Susceptibility | Revised |
| 4/25/2018 | RAD.00029 | CT Colonography (Virtual Colonoscopy) for Colorectal Cancer | Revised |
| 4/25/2018 | SURG.00033 | Cardioverter Defibrillators | Revised |
| 4/25/2018 | SURG.00098 | Mechanical Embolectomy for Treatment of Acute Stroke | Revised |
| 4/25/2018 | SURG.00121 | Transcatheter Heart Valve Procedures | Revised |

Clinical UM Guidelines

On March 22, 2018, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on April 19, 2018.

| Publish date | <i>Clinical UM Guideline number</i> | <i>Clinical UM Guideline title</i> | New or revised |
|---------------------|--|---|-----------------------|
| 6/28/2018 | CG-BEH-15 | Activity Therapy for Autism Spectrum Disorders and Rett Syndrome | New |
| 6/22/2018 | CG-DRUG-89 | Implantable and Extended-Release Buprenorphine-Containing Products | New |
| 6/28/2018 | CG-DRUG-90 | Intravitreal Treatment for Retinal Vascular Conditions | New |
| 6/28/2018 | CG-DRUG-91 | Intravitreal Corticosteroid Implants | New |
| 6/28/2018 | CG-DRUG-92 | Alpha-1 Proteinase Inhibitor Therapy | New |
| 6/28/2018 | CG-DRUG-93 | Sarilumab (Kevzara®) | New |
| 6/28/2018 | CG-LAB-13 | Skin Nerve Fiber Density Testing | New |
| 6/28/2018 | CG-MED-69 | Inhaled Nitric Oxide | New |
| 6/28/2018 | CG-MED-70 | Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule | New |
| 6/28/2018 | CG-SURG-73 | Balloon Sinus Ostial Dilation | New |
| 6/28/2018 | CG-SURG-74 | Total Ankle Replacement | New |
| 6/28/2018 | CG-SURG-75 | Transanal Endoscopic Microsurgical Excision of Rectal Lesions | New |
| 6/28/2018 | CG-THER-RAD-07 | Intravascular Brachytherapy (Coronary and Noncoronary) | New |
| 4/25/2018 | CG-SURG-31 | Treatment of Keloids and Scar Revision | Revised |
| 4/25/2018 | CG-SURG-49 | Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities | Revised |