

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 (*) notate that the criteria may be perceived as more restrictive.

- **CG-DME-46** — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting
 - Expanded scope of document and revised Medically Necessary statement
- **CG-DME-47** — Noninvasive Home Ventilator Therapy for Respiratory Failure
 - Revised Medically Necessary and Discussion/General Information sections
- **CG-GENE-02** — Analysis of RAS Status
 - Clarified scope of document and revised the Not Medically Necessary and Coding sections
- **CG-MED-64** — Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)
 - Revised the Medically Necessary statement
- **CG-MED-68** — Therapeutic Apheresis
 - Revised Medically Necessary, Not Medically Necessary, Coding and Discussion/General Information sections
- **DME.00011** — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
 - Revised Investigational and Not Medically Necessary, Rationale and Coding sections
- **MED.00004** — Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)
 - Revised the Not Medically Necessary, Rationale and Coding sections

<https://providers.amerigroup.com>

Medical Policies

On November 7, 2019, February 20, 2020 and May 14, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup. These guidelines take effect September 12, 2020.

Publish date	Medical Policy #	Medical Policy Title	New or Revised
7/8/2020	*DME.00042	Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea	New
7/8/2020	*MED.00131	Electronic Home Visual Field Monitoring	New
7/1/2020	*MED.00132	Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures	New
7/8/2020	*MED.00133	Ingestion Event Monitors	New
7/8/2020	*THER-RAD.00012	Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radioablation	New
2/5/2020	*GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	New
4/15/2020	*DME.00041	Low Intensity Therapeutic Ultrasound for the Treatment of Pain	New
4/15/2020	*GENE.00053	Metagenomic Sequencing for Infectious Disease in the Outpatient Setting	New
4/15/2020	*GENE.00054	Paired DNA and Messenger RNA (mRNA) Genetic Testing to Detect, Diagnose and Manage Cancer	New
4/15/2020	*SURG.00154	Microsurgical Procedures for the Treatment of Lymphedema	New
2/27/2020	*SURG.00155	Cryoneurolysis for Treatment of Peripheral Nerve Pain	New
5/21/2020	DME.00009	Vacuum Assisted Wound Therapy in the Outpatient Setting	Revised
7/8/2020	*DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Revised
5/21/2020	DME.00034	Standing Frames	Revised
7/8/2020	*MED.00004	Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)	Revised
5/21/2020	SURG.00026	Deep Brain, Cortical, and Cerebellar Stimulation	Revised
5/21/2020	SURG.00047	Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis	Revised

Clinical UM Guidelines

On November 7, 2019, February 20, 2020 and May 14, 2020, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on November 28, 2019, April 23, 2020 and May 25, 2020. These guidelines take effect September 12, 2020.

Publish Date	Clinical UM Guideline #	Clinical UM Guideline Title	New or Revised
4/15/2020	*CG-ANC-08	Mobile Device-Based Health Management Applications	New
7/1/2020	*CG-SURG-107	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)	New
4/15/2020	*CG-SURG-108	Stereotactic Radiofrequency Pallidotomy	New
7/8/2020	*CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting	Revised
7/8/2020	*CG-GENE-02	Analysis of RAS Status	Revised
5/21/2020	CG-MED-44	Holter Monitors	Revised
7/8/2020	*CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Revised
7/8/2020	*CG-MED-68	Therapeutic Apheresis	Revised
5/21/2020	CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Revised
5/21/2020	CG-MED-77	SPECT/CT Fusion Imaging	Revised
5/21/2020	CG-SURG-98	Prostate Biopsy using MRI Fusion Techniques	Revised