

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/am_search.html.

Medical Policies

On September 13, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup.

| Publish date | <i>Medical Policy number</i> | <i>Medical Policy title</i> | New or revised |
|---------------------|-------------------------------------|---|-----------------------|
| 10/17/2018 | MED.00125 | Biofeedback and Neurofeedback | New |
| 10/17/2018 | SURG.00103 | Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir) | Revised |

Clinical UM Guidelines

On September 13, 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 September 27, 2018.

| Publish date | <i>Clinical UM Guideline number</i> | <i>Clinical UM Guideline title</i> | New or Revised |
|---------------------|--|---|-----------------------|
| 10/17/2018 | CG-DME-46 | Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs | New |
| 10/17/2018 | CG-SURG-90 | Mohs Micrographic Surgery | New |
| 9/20/2018 | CG-DRUG-94 | Rituximab (Rituxan®) for Non-Oncologic Indications | Revised |
| 10/17/2018 | CG-DRUG-107 | Pharmacotherapy for Hereditary Angioedema | Revised |
| 9/20/2018 | CG-SURG-40 | Cataract Removal Surgery for Adults | Revised |

<https://providers.amerigroup.com>

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.