

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.

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.

Updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- **MED.00134** — Non-invasive Heart Failure and Arrhythmia Management and Monitoring System:
 - Revised Investigational and Not Medically Necessary indications
- **SURG.00156** — Implanted Artificial Iris Devices:
 - Revised Investigational and Not Medically Necessary indications
- **SURG.00157** — Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
 - Revised Investigational and Not Medically Necessary indications
- **CG-DME-07** — Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output:
 - Revised Medically Necessary and Not Medically Necessary indications
- **GENE.00052** — Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:
 - Revised Medically Necessary indications
- **SURG.00077** — Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques:
 - Expanded scope and revised Investigational and Not Medically Necessary indications
- **SURG.00112** — Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures):
 - Revised scope and Investigational and Not Medically Necessary indications

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup.

Coverage provided by Amerigroup Inc.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

- **CG-REHAB-12** — Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
 - A new **Clinical UM Guideline** was created from content contained in CG-REHAB-04, CG-REHAB-05 and CG-REHAB-06.
 - There are no changes to the guideline content.
 - Publish date is scheduled for December 8, 2020.
- The following **AIM Specialty Health* Clinical® Appropriateness Guidelines** have been revised and will be effective on February 25, 2021. To view AIM guidelines, visit the [AIM Specialty Health® page](#):
 - Interventional Pain Management (See August 16 2020 version.)*
 - Chest Imaging (See August 16 2020 version.)*
 - Oncologic Imaging (See August 16 2020 version.)*
 - *Sleep Clinical Guidelines* (See August 16 2020 version.)*

Medical Policies

On August 13, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup. These guidelines take effect February 25, 2021.

| Publish date | Medical Policy # | Medical Policy title | New or revised |
|--------------|------------------|--|----------------|
| 10/7/2020 | *MED.00134 | <i>Non-invasive Heart Failure and Arrhythmia Management and Monitoring System</i> | New |
| 10/7/2020 | *SURG.00156 | <i>Implanted Artificial Iris Devices</i> | New |
| 10/7/2020 | *SURG.00157 | <i>Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis</i> | New |
| 9/1/2020 | *GENE.00052 | <i>Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling</i> | Revised |
| 10/7/2020 | *SURG.00077 | <i>Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques</i> | Revised |
| 10/1/2020 | *SURG.00112 | <i>Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)</i> | Revised |

Clinical UM Guidelines

On August 13, 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 September 24, 2020. These guidelines take effect February 25, 2021.

| Publish Date | Clinical UM Guideline # | Clinical UM Guideline Title | New or Revised |
|---------------------|--------------------------------|---|-----------------------|
| 10/7/2020 | *CG-DME-07 | Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output | Revised |
| 10/7/2020 | CG-DME-25 | Seat Lift Mechanisms | Revised |
| 8/20/2020 | CG-GENE-03 | BRAF Mutation Analysis | Revised |
| 8/20/2020 | CG-SURG-83 | Bariatric Surgery and Other Treatments for Clinically Severe Obesity | Revised |