

## 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](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** — Noninvasive 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.

<https://providers.amerigroup.com>

- **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, 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 December 6, 2020. 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 December 6, 2020.

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

### **Clinical UM Guidelines**

On August 13, 2020, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. These guidelines adopted by the medical operations committee for Amerigroup Amerivantage (Medicare Advantage) members on September 24, 2020. These guidelines take effect December 6, 2020.

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