

## **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.

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

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy title</b>	<b>New or revised</b>
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.

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New or Revised</b>
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