

## 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 the [Medical Policies and Clinical Utilization Management Guidelines page](#).

### Updates:

Updates marked with an asterisk (\*) denote 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

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Dell Children's Health Plan.

- **SURG.00112** — Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures):
  - Revised scope and Investigational and Not Medically Necessary indications
- **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 January 4, 2021. To view AIM guidelines, visit the **AIM Specialty Health page**:
  - Chest Imaging (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 Dell Children's Health Plan. These guidelines take effect 30 days from posting.

<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