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 http://www.unicare.com/medicalpolicies/search.html.

Medical Policies
On March 22, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies applicable to UniCare Health Plan of West Virginia, Inc. (UniCare).

<table>
<thead>
<tr>
<th>Publish date</th>
<th>Medical Policy number</th>
<th>Medical Policy title</th>
<th>New or revised</th>
</tr>
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<tbody>
<tr>
<td>3/29/2018</td>
<td>MED.00120</td>
<td>Voretigene neparvovec-rzyl (Luxturna™)</td>
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<tr>
<td>4/25/2018</td>
<td>SURG.00151</td>
<td>Balloon Dilation of Eustachian Tube</td>
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<tr>
<td>4/25/2018</td>
<td>DME.00009</td>
<td>Vacuum-Assisted Wound Therapy in the Outpatient Setting</td>
<td>Revised</td>
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<tr>
<td>3/29/2018</td>
<td>GENE.00028</td>
<td>Genetic Testing for Colorectal Cancer Susceptibility</td>
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<tr>
<td>4/25/2018</td>
<td>RAD.00029</td>
<td>CT Colonography (Virtual Colonoscopy) for Colorectal Cancer</td>
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<td>4/25/2018</td>
<td>SURG.00033</td>
<td>Cardioverter Defibrillators</td>
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<tr>
<td>4/25/2018</td>
<td>SURG.00098</td>
<td>Mechanical Embolectomy for Treatment of Acute Stroke</td>
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<td>4/25/2018</td>
<td>SURG.00121</td>
<td>Transcatheter Heart Valve Procedures</td>
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Clinical UM Guidelines
On March 22, 2018, the MPTAC approved the following Clinical UM Guidelines applicable to UniCare. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on April 19, 2018.

<table>
<thead>
<tr>
<th>Publish date</th>
<th>Clinical UM Guideline number</th>
<th>Clinical UM Guideline title</th>
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<tbody>
<tr>
<td>6/22/2018</td>
<td>CG-DRUG-89</td>
<td>Implantable and Extended-Release Buprenorphine-Containing Products</td>
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<td>6/28/2018</td>
<td>CG-DRUG-90</td>
<td>Intravitreal Treatment for Retinal Vascular Conditions</td>
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<tr>
<td>6/28/2018</td>
<td>CG-DRUG-91</td>
<td>Intravitreal Corticosteroid Implants</td>
<td>New</td>
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<tr>
<td>6/28/2018</td>
<td>CG-DRUG-92</td>
<td>Alpha-1 Proteinase Inhibitor Therapy</td>
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<td>6/28/2018</td>
<td>CG-DRUG-93</td>
<td>Sarilumab (Kevzara®)</td>
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<td>6/28/2018</td>
<td>CG-MED-69</td>
<td>Inhaled Nitric Oxide</td>
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<td>6/28/2018</td>
<td>CG-MED-70</td>
<td>Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule</td>
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<td>6/28/2018</td>
<td>CG-SURG-73</td>
<td>Balloon Sinus Ostial Dilation</td>
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<td>6/28/2018</td>
<td>CG-SURG-74</td>
<td>Total Ankle Replacement</td>
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<td>6/28/2018</td>
<td>CG-SURG-75</td>
<td>Transanal Endoscopic Microsurgical Excision of Rectal Lesions</td>
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<td>6/28/2018</td>
<td>CG-THER-RAD-07</td>
<td>Intravascular Brachytherapy (Coronary and Noncoronary)</td>
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<td>4/25/2018</td>
<td>CG-SURG-31</td>
<td>Treatment of Keloids and Scar Revision</td>
<td>Revised</td>
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<td>4/25/2018</td>
<td>CG-SURG-49</td>
<td>Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities</td>
<td>Revised</td>
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