

Medical criteria update

This update is for your information only — No immediate action is necessary.

Background: Amerigroup Kansas, Inc. uses *Clinical Utilization Management (UM) Guidelines* and *Medical Policies* to serve as guidelines for coverage decisions. Amerigroup annually reviews all UM criteria and the procedures for applying these criteria against current clinical and medical evidence. Updates are applied to the criteria as needed.

How will this impact me?

InterQual® recently released a 2018 version of the criteria. InterQual criteria are used to guide decisions on inpatient (nonbehavioral health) hospitalizations, outpatient physical health rehabilitation and home health care services. A summary of those changes is as follows:

- Care planning and durable medical equipment criteria:
 - Revisions to criteria for orthoses, lower extremity, knee
 - Numerous revisions to medical codes
- Care planning and imaging criteria:
 - Revisions to criteria for:
 - Abdomen and pelvis
 - Chest and heart
 - General for breast imaging
 - Revisions to medical codes
- Procedures criteria:
 - Revisions to criteria for:
 - Biopsy, breast, needle care
 - Pediatric, cleft lip or palate repair
 - Endovascular repair, abdominal aortic aneurysm (AAA)
 - Resection and graft, AAA
 - Resection and graft, thoracic or thoraco-abdominal aortic aneurysm
 - Numerous revisions to medical codes
- Guidelines for surgery and procedures performed in the inpatient setting:
 - Revisions to criteria for:
 - Pediatric cleft lip or palate repair
 - Vascular resection and graft, thoracic or thoraco-abdominal aortic aneurysm
- Acute adult criteria:
 - Revisions to criteria for:
 - Acute coronary syndrome episode days
 - General trauma episode days
 - Hyperosmolar hypoglycemic state, revisions to criteria
 - Infection, general initial review and episode day one criteria

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- Gastrointestinal, genitourinary or gynecological infection, revisions to criterial global for episode days
- Labor and delivery, revisions to fetus gestation time frames
- Pancreatitis, revisions to criteria for episode days
- Stroke, initial review and episode days, revisions to criteria
- Acute pediatric criteria:
 - Revisions to criteria for:
 - Infection, general episode days
 - Genitourinary or gynecological infection, global and episode days, revisions to criteria
 - Labor and delivery, revisions to fetus gestation time frames
 - Pancreatitis, episode days, revisions to criteria

Refer to our provider website at <https://providers.amerigroup.com/KS> for additional details about the 2018 changes. Criteria are always available upon request. If you would like a hard copy of individual *Clinical UM Guidelines, Medical Policies* or InterQual guidelines, please visit our website at <https://providers.amerigroup.com/KS>. You may also call Provider Services at 1-800-454-3730 or write/fax to:

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Amerigroup Kansas, Inc.
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Building 32, Suite 400
Overland Park, KS 66210
Fax: 1-800-964-3627

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.