

Provider Update



Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

Summary: On February 2, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup Kansas, Inc. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on the Amerigroup provider website on the effective date listed below. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only. The drug policies listed do not apply to Kansas.

| Effective date | Medical Policy number | Medical Policy title | New or revised |
|-----------------------|------------------------------|---|-----------------------|
| 3/29/2017 | LAB.00034 | Serological Antibody Testing For Helicobacter Pylori | New |
| 2/16/2017 | DRUG.00068 | Vedolizumab (Entyvio®) | Revised |
| 2/16/2017 | SURG.00103 | Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir) | Revised |

The information in this update may be an update or change to your provider manual. Find the most current manual at: <https://providers.amerigroup.com/KS>.

Clinical Utilization Management Guidelines update

Summary: On February 2, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on March 21, 2017.

On February 2, 2017, the clinical guidelines were made publicly available on the Amerigroup *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

| Effective date | <i>Clinical UM Guideline number</i> | <i>Clinical UM Guideline title</i> | New or revised |
|-----------------------|--|--|-----------------------|
| 3/29/2017 | CG-MED-56 | Non-Obstetrical Transvaginal Ultrasonography | New |
| 2/16/2017 | CG-DRUG-28 | Alglucosidase alfa (Lumizyme®) | Revised |
| 2/16/2017 | CG-MED-42 | Maternity Ultrasound in the Outpatient Setting | Revised |
| 2/16/2017 | CG-SURG-43 | Knee Arthroscopy | Revised |