

Provider Update



Medical Policies update

On December 20, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* for 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. We made these *Medical Policies* publicly available on our website on the effective date listed below.

Visit <https://medicalpolicies.amerigroup.com> to search for specific policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

Medical Policy effective date	Medical Policy number	Medical Policy title	Revised or new?
9/27/17	MED.00124	Tisagenlecleucel (Kymriah™)	New
The following do not apply to the state of Kansas and are informational only for Kansas:			
9/27/17	DRUG.00110	Inotuzumab ozogamicin (Besponsa®)	New
9/27/17	DRUG.00043	Tocilizumab (Actemra®)	Revised

Clinical Utilization Management Guidelines update

On December 20, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* for Amerigroup. These guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing.

The *Clinical UM Guidelines* on this list represent those adopted by the Medical Operations Committee for the Government Business Division on October 19, 2017. We made these guidelines publicly available on the [Medical Policy and Clinical UM Guideline subsidiary website](#) on the effective date listed below.

Visit <https://medicalpolicies.amerigroup.com> to search for specific guidelines. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	Revised or new?
9/27/17	CG-LAB-11	Screening for Vitamin D Deficiency in Average Risk Individuals	New
9/27/17	CG-MED-59	Upper Gastrointestinal Endoscopy for Diagnosis, Screening or Surveillance	New
9/27/17	CG-SURG-59	Vena Cava Filter	New
9/27/17	CG-DME-31	Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)	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>.