

Provider Update



Medical policies update

Summary: On August 6, 2015, the Amerigroup Kansas, Inc. Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies. These medical 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 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: The drug policies in this notification do not apply to the state of Kansas and are informational only for Kansas.

| Medical policy effective date | Medical policy number | Medical policy | Medical policy (new/revised) |
|-------------------------------|-----------------------|--|------------------------------|
| 10/06/15 | DRUG.00077 | Secukinumab (Cosentyx™) | New |
| 08/10/15 | DRUG.00078 | Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors | New |
| 10/06/15 | SURG.00141 | Doppler-Guided Transanal Hemorrhoidal Dearterialization | New |
| 08/10/15 | DRUG.00046 | Ipilimumab (Yervoy™) | Revised |
| 08/10/15 | DRUG.00075 | Nivolumab (Opdivo®) | Revised |
| 08/10/15 | GENE.00010 | Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status | Revised |
| 08/10/15 | GENE.00026 | Cell-Free Fetal DNA-Based Prenatal Screening for Fetal Aneuploidy | Revised |
| 10/06/15 | MED.00064 | Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation) | Revised |
| 08/10/15 | SURG.00055 | Cervical Total Disc Arthroplasty | Revised |
| 08/10/15 | SURG.00098 | Mechanical Embolectomy for Treatment of Acute Stroke | Revised |

Clinical Utilization Management Guidelines update

Summary: On August 6, 2015 the Amerigroup MPTAC approved the following Clinical Utilization Management (UM) Guidelines. 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 below listing. This list represents the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on August 18, 2015.

On August 6, 2015, the clinical guidelines were made publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines subsidiary website. Visit 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.

| Effective date | Clinical UM guideline number | Clinical UM guideline title | Revised or new |
|----------------|------------------------------|---|----------------|
| 10/06/15 | CG-DRUG-47 | Level of Care: Specialty Pharmaceuticals | New |
| 10/06/15 | CG-MED-51 | Three-Dimensional (3-D) Rendering of Imaging Studies | New |
| 10/06/15 | CG-MED-52 | Allergy Immunotherapy (Subcutaneous) | New |
| 09/25/15 | CG-SURG-48 | Elective Percutaneous Coronary Interventions (PCI) | New |
| 09/25/15 | CG-SURG-49 | Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities | New |
| 10/06/15 | CG-SURG-50 | Assistant Surgeons | New |
| 10/06/15 | CG-SURG-51 | Outpatient Cystourethroscopy | New |
| 10/06/15 | CG-BEH-02 | Adaptive Behavioral Treatment for Autism Spectrum Disorder | Revised |
| 08/10/15 | CG-DME-36 | Pediatric Gait Trainers | Revised |
| 08/10/15 | CG-SURG-07 | Vertical Expandable Prosthetic Titanium Rib (VEPTR) | Revised |
| 08/10/15 | CG-SURG-12 | Penile Prosthesis Implantation | Revised |
| 10/06/15 | CG-SURG-27 | Gender Reassignment Surgery | Revised |
| 08/10/15 | CG-SURG-44 | Coronary Angiography and Cardiac Catheterization in the Outpatient Setting | Revised |
| 08/10/15 | CG-SURG-46 | Myringotomy and Tympanostomy Tube Insertion | Revised |
| 10/06/15 | CG-SURG-47 | Surgical Interventions for Scoliosis and Spinal Deformity | Revised |

What if I need assistance?

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