

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. 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.

Effective date	Medical Policy number	Medical Policy title	New or revised
3/29/2017	LAB.00034	Serological Antibody Testing For Helicobacter Pylori	New
3/29/2017	SURG.00146	Extracorporeal Carbon Dioxide Removal	New
3/29/2017	SURG.00147	Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders	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>.

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

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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</i> <i>Guideline number</i>	<i>Clinical UM Guideline</i> title	New or revised
3/29/2017	CG-MED-56	Non-Obstetrical Transvaginal Ultrasonography	New
2/16/2017	CG-DME-38	Continuous Interstitial Glucose Monitoring	Revised
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-27	Sex Reassignment Surgery	Revised
2/16/2017	CG-SURG-43	Knee Arthroscopy	Revised