

Provider Newsletter



District of Columbia

<https://providers.amerigroup.com/dc>

April 2019



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Pharmacy benefit manager change to IngenioRx



Effective May 1, 2019, IngenioRx will become the pharmacy benefit manager (PBM) for prescription drugs, home delivery pharmacy* and specialty pharmacy for Amerigroup District of Columbia, Inc. members. Because Amerigroup and IngenioRx are both Anthem, Inc. companies, your patients gain fast, easy access to their health and prescription benefits in one place.

Transferring prescriptions

We will automatically transfer prescriptions to IngenioRx Home Delivery Pharmacy for patients currently using home delivery through Express Scripts Mail Order Pharmacy. For patients receiving specialty drugs as a pharmacy benefit from Accredo, we will automatically transfer prescriptions to IngenioRx Specialty Pharmacy. Patients filling prescriptions at a retail pharmacy can continue, in most cases, using their same retail pharmacy.

Prescriptions for controlled substances or compounded drugs currently being filled at Express Scripts Mail Order Pharmacy or other out of network mail order pharmacies, Accredo or other out of network specialty pharmacies cannot be transferred to another pharmacy under federal law. Patients currently receiving these medications will need a new prescription sent to IngenioRx Home Delivery Pharmacy or IngenioRx Specialty Pharmacy.

More information coming soon

Be on the lookout for additional information from Amerigroup regarding this transition to IngenioRx. If you have questions about this change, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

** Not available in all markets*

DC-NL-0125-19

Update: evaluation and management with Modifier 25

Amerigroup District of Columbia, Inc. has identified that providers often bill a duplicate evaluation and management (E&M) service on the same day as a procedure, even when the same provider (or a provider with the same specialty within the same group TIN) recently billed a service or procedure which included an E&M service for the same or similar diagnosis. The use of Modifier 25 to support separate payment of this duplicate service is not consistent with correct coding or Amerigroup policy on use of Modifier 25.

Beginning with claims processed on or after May 1, 2019, Amerigroup may deny the E&M service with a Modifier 25 billed on the day of a related procedure when there is a recent service or procedure for the same or similar diagnosis on record.

If you believe a claim should be reprocessed because there are medical records for related visits that demonstrate an unrelated, significant and separately identifiable E&M service, please submit those medical records for consideration.

DC-NL-0121-19



Practitioners' rights during credentialing process

The credentialing process must be completed before a practitioner begins seeing members and enters into a contractual relationship with a health care insurer. As part of our credentialing process, practitioners have certain rights, as briefly outlined below.

Practitioners can request to:

- Review information submitted to support their credentialing application.
- Correct erroneous information regarding a credentialing application.
- Be notified of the status of credentialing or recredentialing applications.



The Council for Affordable Quality Healthcare (CAQH®) universal credentialing process is used for individual providers who contract with Amerigroup District of Columbia, Inc. To apply for credentialing with Amerigroup, go to the [CAQH website](#) and select **CAQH ProView™**. There is no application fee.

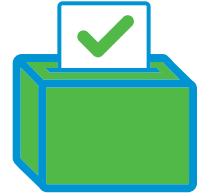
We encourage practitioners to begin the credentialing process as soon as possible when new physicians join a practice. Doing so will help minimize any disruptions to the practice and members' claims.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

DC-NL-0099-18 / DC-NL-0127-19

Provider surveys

Each year we reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to continually improve our operations and strengthen our relationship with our providers.



Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.

DC-NL-0099-18 / DC-NL-0127-19

Clinical Criteria updates

On August 17, 2018, October 9, 2018, and November 16, 2018, the pharmacy and therapeutic (P&T) committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup District of Columbia, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the Amerigroup provider website, and the effective dates are reflected in the [Clinical Criteria updates notification](#). Visit the [Clinical Criteria website](#) to search for specific policies.

[Email](#) for questions or additional information.

DC-NL-0122-19

Coding Spotlight: Cancer

A provider's guide to properly code cancers

Cancer is often coded inaccurately, and there are missed opportunities to show which patients are sicker and are at a higher risk and those that are no longer being treated for this chronic condition.

Documentation and coding of neoplasms has proven over time to be a source of many errors, including incorrect assignment of the morphology of the diagnosis and active cancer versus historical cancer. Neoplasms are classified in ICD-10-CM by anatomical location and morphology. It is essential to document the specific site of cancer and laterality. Words like “mass”, “lump” and “tumor” should be avoided if more specific language is available. If known, the behavior of the neoplasm should be documented, such as benign, primary malignant, secondary malignant, in situ or uncertain.

“History of malignant neoplasm” or “no evidence of disease” should not be documented if the neoplasm is still being actively treated. Instead, the continuation of care should be documented, noting what has been done and what is left to do.

“History of” and “no evidence of disease” indicate an eradicated condition and a complete cure, according to coding guidelines, and would result in a history of malignant neoplasm code instead of an active malignant neoplasm code.



Read more online.

DC-NL-0112-18

Correction: cervical length measurement by transvaginal ultrasound



This is a correction to a newsletter article from October 2018. The correct codes (also listed below) are 76801, 76805 and 76811.

In our efforts to improve pregnancy outcomes, including the prevention of preterm birth, Amerigroup District of Columbia, Inc. previously communicated our endorsement of the American College of Obstetricians and Gynecologists (ACOG) and the

Society for Maternal Fetal Medicine (SMFM) guidelines on cervical length (CL) screening and progesterone treatment.

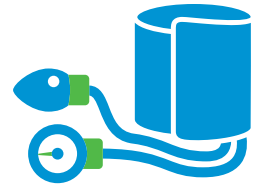
We continue to encourage you to obtain a CL measurement with your patient's routine prenatal anatomic evaluation ultrasound. For claims submitted on or after January 1, 2019, if a vaginal approach is necessary in addition to an abdominal scan to obtain this measurement, the transvaginal ultrasound will be considered for a multiple procedure reduction.

When a routine anatomic evaluation ultrasound (76801, 76805 and 76811) and a transvaginal ultrasound (76817) are billed on the same day by the same provider, the transvaginal ultrasound is considered a part of the multiple procedure payment reduction policy and will be paid at 50 percent of the applicable fee schedule, and the complete procedure will be paid at the full applicable fee schedule.

DC-NL-0123-19

Help prevent preeclampsia with prenatal aspirin

Preeclampsia is one of four types of hypertensive disorders of pregnancy. It is defined as the development of hypertension with either proteinuria or end-organ dysfunction with onset after 20 weeks of gestation in a previously normotensive woman.



Preeclampsia facts:

- The exact incidence of preeclampsia is unknown.
- Preeclampsia is reported to affect 5-10 percent of pregnancies, with rates in the United States increasing (*ACOG Comm Op #638*, September 2015, Reaffirmed, 2017).
- Preeclampsia is one of the leading causes of maternal morbidity and mortality, accounting for 15.9 percent of the approximately 700 pregnancy-related deaths in the United States.
- Non-Hispanic Black women experience mortality rates 3-4 times that of non-Hispanic White women (*CDC Advancing the Health of Mothers in the 21st Century At A Glance*, 2016).

With the definitive etiology remaining unknown, the causation theory involves ischemic placental disease. After decades of research, daily low-dose aspirin has emerged as an effective prevention. Its anti-inflammatory and anti-platelet properties are key to counteracting the changes in platelet and vessel wall function that result in preeclampsia. Safety and efficacy of the use of aspirin in pregnancy has also been confirmed in the literature and supported by the [U.S. Preventive Services Task Force](#) in 2014.

The U.S. Preventive Services Task Force has recently recommended the use of daily aspirin in pregnant women with certain risk factors. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine have endorsed the recommendation of a daily 81 mg aspirin for women at high risk of developing preeclampsia starting at 12-28 weeks of pregnancy (*ACOG Comm Op #743*, July 2018).

Close surveillance of blood pressure in pregnancy through in-office and at-home monitoring, plus decreasing stress are other potentially effective interventions.

Amerigroup District of Columbia, Inc. recognizes the opportunity to collaborate with our obstetrical care providers to improve women's health and pregnancy outcomes by these interventions. We hope all obstetrical care providers will join us in promoting early identification of at-risk pregnant women, close surveillance of blood pressure, reduction of stress, and administration of prenatal aspirin in eligible candidates.

Tips for providers:

- Prenatal aspirin and home blood pressure monitors are covered benefits for our members.
- Prescriptions for aspirin avoid out-of-pocket costs for members.
- Prescriptions for automatic, digital, home-use blood pressure monitors (with appropriately sized cuffs), along with proper instruction encourage members to identify preeclampsia early.
- Education on normal blood pressure range during pregnancy empowers members to partner with you in their prenatal care.

What if I need assistance?

If you have any questions about this information or our obstetrical case management program, please contact your Provider Relations representative or Provider Services at 1-800-454-3730.

DC-NL-0113-18

Wellness center

Amerigroup District of Columbia, Inc. has a new wellness center! Introducing a member-facing space at Amerigroup that will offer classes and health education to support members' and providers' wellness goals. It's an engaging space for fitness classes, cooking demos, disease management groups, case management support and more. It is **not** a clinical space for patient care.



Important updates for the wellness center opening:

- The wellness center is now complete.
- Classes will begin in late March 2019 with a smoking cessation program hosted by Breathe DC. Please contact Jasmin Saville at 202-548-6700 or email DCWellness@amerigroup.com for further details or to refer a member.
- The wellness center's grand opening is tentatively scheduled for Spring 2019. More details to come when available.

What will the wellness center offer?

- All Amerigroup members get free enrollment access to myStrength™. This is an app that offers safe and secure resources to help improve mood and resilience. You can refer members to <https://bh.mystrength.com/myamerigroupdc> for help with managing their mental wellness.
- Amerigroup still has a few remaining vouchers for GED testing fees. Please refer interested members to Jasmin Saville at 202-548-6700 or jasmin.saville@amerigroup.com as soon as possible. Vouchers expire May 2019.
- Amerigroup has partnered with Relias Learning, LLC, to offer free internet-based continuing education for our providers. We developed a customized training website to provide free mandated and professional growth training.

What if I need assistance?

For more information about programming at the new wellness center, managing the promotion and use of certain value-added benefits for members and providers, to register for a course, or this communication, please email jasmin.saville@amerigroup.com.

DC-NL-0124-19

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To search for specific policies or guidelines, visit https://medicalpolicies.amerigroup.com/am_search.html.

September 2018 update

Medical Policies

On September 13, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup District of Columbia, Inc. These policies take effect March 15, 2019. View the full update online for a list of the policies.

Clinical UM Guidelines

On September 13, 2018, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for District of Columbia Healthy Families Program members on January 3, 2019. These guidelines take effect March 15, 2019. View the full update online for a list of the guidelines.



Read more online.

DC-NL-0103-18

November 2018 update

Updates:

- CG-BEH-01 — Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome was revised to add tests for metabolic markers in the blood, urine, tissue or other biologic materials (also known as metabolomics), including but not limited to Amino Acid Dysregulation Metabotype testing as not medically necessary.
- The following AIM Specialty Health® updates took effect on November 21, 2018:
 - Musculoskeletal interventional pain management
 - Spine surgery
 - Radiology
- The following customizations to MCG Care Guidelines (22nd Edition) went into effect on January 16, 2019:
 - *Behavioral Health Level of Care Guidelines*
 - *Inpatient and Surgical Care Guidelines* — neonatology, orthopedics, thoracic surgery and pulmonary disease
- Customizations to the MCG Care Guidelines (23rd Edition) take effect on May 24, 2019.
- The InterQual 2019 version release takes effect on May 1, 2019.

Medical Policies

On November 21, 2018, the MPTAC approved several *Medical Policies* applicable to Amerigroup District of Columbia, Inc. These policies take effect April 6, 2019. View the full update online for a list of the policies.

Clinical UM Guidelines

On November 21, 2018, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for District of Columbia Healthy Families Program members on January 3, 2019. These guidelines take effect April 6, 2019. View the full update online for a list of the guidelines.



Read more online.

DC-NL-0119-19