Provider Newsletter

Amerigroup
District of Columbia

https://providers.amerigroup.com/DC

April 2020

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Reimbursement Policy:

COVID-19 information from Amerigroup District of Columbia, Inc.

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our enrollees and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Department of Health Care Finance (DHCF) to help us determine what action is necessary on our part. Amerigroup will continue to follow DHCF guidance policies. Please refer to the DHCF's announcement.

For additional information, reference the *News & Announcements* section of our website.

DCPEC-1428-20

The online provider directory has a new look!

Amerigroup District of Columbia, Inc. enrollees have access to a newly enhanced Find a Doctor tool on the member website for both website and mobile app usage. The modern experience includes a newly designed search function that enables enrollees to search by:

- Provider name.
- Specific specialty.
- Facility name.
- Facility type (hospital, behavioral health, radiology).

Enrolles can also search by typing in a keyword like *urgent care* or *pharmacy*.

The homepage also includes identifiable Vision, Dental and Transportation buttons to redirect enrollees to these respective websites for additional information.

Striving to be *easy to do business with*

After results populate, enrollees can view details like address, phone number, office hours, whether the provider is accepting new patients and wheelchair accessibility. Users can further define their search using multiple filters (e.g., narrowing results based on language spoken). In addition, the enrollee is able to compare search results to identify the best option for their needs. The tool then includes a map option that allows the user to see where a provider is located and obtain directions and information about public transportation options. All features support appropriate readability and Spanish translation.

But we need your help!

Please ensure your office staff knows what is shown for your practice. This includes:

- Provider/group name, office addresses, office hours and phone numbers.
- Provider gender and languages spoken by provider/clinical staff.
- Specialties, hospital affiliations, board certifications, admitting privileges and areas of expertise.
- Whether or not you're accepting new Medicaid enrollees under Amerigroup and any age limitations.
- Notification of compliance with the *Americans with Disabilities Act* and individual accessibilities.
- Website URLs, cultural competency training and after-hours access.

If any information needs to be updated, please submit a completed *Practice Profile Update Form* (found at https://providers.amerigroup.com/DC > Forms) via fax to 1-855-875-3629 or email to dcproviderdata@amerigroup.com.

DC-NL-0298-20

Disease Management can help you care for patients with chronic health care needs

Disease Management programs are designed to assist PCPs and specialists in caring for patients with chronic health care needs. Amerigroup District of Columbia, Inc. provides enrollees with continuous education on self-management, assistance in connecting to community resources and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications.

Who is eligible?

Disease Management case managers provide support to members with:

- Behavioral health conditions such as depression, schizophrenia, bipolar disorder and substance use disorder.
- Diabetes.
- Heart conditions such as congestive heart failure, coronary artery disease and hypertension.
- HIV/AIDS.
- Pulmonary conditions such as asthma and chronic obstructive pulmonary disease.

Our case managers use enrollee-centric motivational interviewing to identify and address health risks such as tobacco use and obesity to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

We welcome your referrals. To refer an enrollee to Disease Management:

- Call 1-888-830-4300 to speak directly to one of our team members.
- Fill out the *Disease Management Referral Form* located on the provider website and fax it to 1-888-762-3199 or submit electronically via the Availity Portal.*

Your input and partnership is valued. Once your patient is enrolled, you will be notified by the Disease Management case manager assigned. You can also access your patient's Disease Management care plan, goals and progress at any time through the Availity Portal using Patient360. We are happy to answer any questions you might have. Our registered nurse case managers are available Monday-Friday from 8:30 a.m.-5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week.

** Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup District of Columbia, Inc.*

DC-NL-0286-20

Coding tip for psychological and neuropsychological testing

A change to CPT® codes for psychological and neuropsychological test administration and evaluation services was effective January 1, 2019.* The new codes do not crosswalk on a one-to-one basis with the deleted codes.

These coding changes separate test administration from test evaluation, psychological testing evaluation from neuropsychological testing evaluation and define the testing performed by a professional or technician. The information below clarifies coding for these services.

Please note: Prior authorization (PA) requirements have not changed. Please check the Precertification Look Up Tool for PA requirements for each code.

Read more online.

* American Psychological Association website: *2019 Psychological and Neuropsychological Testing Billing and Coding Guide*: https://www.apa.org

DC-NL-0267-19

Coding spotlight: HIV and AIDS

Code only confirmed cases

According to ICD-10-CM coding guidelines for Chapter One, code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline *Section II, H*. In this context, *confirmation* does not require documentation of positive serology or culture for HIV. The provider's diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.

Read more online.

DC-NL-0280-19

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after March 1, 2020, Amerigroup District of Columbia, Inc. will include the specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* noted below in our medical step therapy precertification review process.

The *Clinical Criteria* below have been updated to include the requirement of a preferred agent effective March 1, 2020:

Clinical Criteria	Preferred drug	Nonpreferred drug
ING-CC-0001	Retacrit (Q5106)	Procrit (J0885)
ING-CC-0002	Zarxio (Q5101)	Neupogen (J1442), Granix (J1447) and Nivestym (Q5110)

DC-NL-0278-19

Effective for dates of service on and after March 1, 2020, the following medical injectable drugs and corresponding codes will be included in our medical step therapy precertification review process:

Clinical Criteria	Preferred drug	Nonpreferred drug
ING-CC-0034	Haegarda (J0599)	Cinryze (J0598)
ING-CC-0034	Takhzyro (J3490, J3590, C9399)	Cinryze (J0598)

DC-NL-0176-19

Step therapy review applies upon precertification initiation or renewal in addition to the current medical necessity review (as is done currently).

Clinical Criteria is publicly available on our provider website. Visit the *Clinical Criteria* website to search for specific *Clinical Criteria*.

For questions or additional information, use this email.

Use of Imaging Studies for Low Back Pain (LBP)

The HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), analyzes the percentage of patients 18-50 years of age during the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is used to determine whether imaging studies are overused to evaluate enrollees with low back pain. The measure is an inverted rate. A higher score indicates appropriate treatment of low back pain.

Clinical guidelines for treating patients with acute low back pain recommend against the use of imaging in the absence of red flags (i.e., indications of a serious underlying pathology such as a fracture or tumor). Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.

Measure exclusions:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Helpful tips:

Hold off on doing imaging for low back pain within the first six weeks unless red flags are present.

Consider alternative treatment options prior to ordering diagnostic imaging studies, such as:

- Nonsteroidal anti-inflammatory drugs.
- Nonpharmacologic treatment, such as heat and massage.
- Exercise to strengthen the core and low back or physical therapy.

Other available resources:

- National Committee for Quality Assurance — NCQA.org
- Choosing Wisely — Choosingwisely.org
- American Academy of Family Physicians — AAFP.org

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

DCPEC-1362-19

Value-Added Benefits Grid

Amerigroup District of Columbia, Inc. has enhanced traditional enrollee benefits by developing value-added benefits specifically for our enrollees. These benefits were created to improve the health outcomes of our enrollees and address social determinants of health.

Read more online.

DC-NL-0283-19

Medical drug *Clinical Criteria* updates

November 2019 update

On November 15, 2019, the Pharmacy and Therapeutics (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.

Effective dates are reflected in the *Clinical Criteria* web posting.

DC-NL-0290-20

December 2019 update

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (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.

Effective dates are reflected in the *Clinical Criteria* web posting.

DC-NL-0300-20

The *Clinical Criteria* is publicly available on our provider website. Visit *Clinical Criteria* to search for specific policies.

Please submit your questions to email.

Precertification update for Truvada (emtricitabine/tenofovir disoproxil fumarate) and Descovy (emtricitabine/tenofovir alafenamide)

This notice is to update the previous PrEP (pre-exposure prophylaxis) criteria that went into effect on January 6, 2020.

Effective immediately, precertification clinical criteria will change for the following medications when indicated for pre-exposure prophylaxis (PrEP):

- Truvada® (emtricitabine/tenofovir disoproxil fumarate)
- Descovy® (emtricitabine/tenofovir alafenamide)

When indicated for PrEP, Truvada and Descovy are subject to precertification. Requests for Truvada or Descovy may be approved when all the following criteria are met:

- Appropriate indication/population for PrEP:
  - Truvada: indicated for PrEP to reduce the risk of sexually acquired HIV-1 in adults at high risk[1]
  - Descovy: indicated in at-risk adults and adolescents weighing at least 35 kg for PrEP to reduce the risk of HIV-1 infection from sexual acquisition, excluding individuals at risk from receptive vaginal sex[2]

This change applies to Amerigroup District of Columbia, Inc. enrollees enrolled in the District of Columbia Healthy Families Program, Alliance and the Immigrant Children's Program.

Our *Preferred Drug List* and searchable formulary are located on the provider website at https://providers.amerigroup.com/DC > Provider Resources & Documents > Pharmacy.

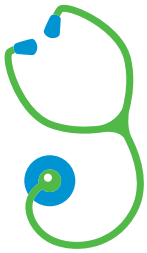
1 Gilead Sciences, Inc. Truvada (emtricitabine/tenofovir disoproxil fumerate) package insert. U.S. Food and Drug Administration website. https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021752s047lbl.pdf. Revised March 2016. Accessed Nov. 18, 2019.

2 Gilead Sciences, Inc. Descovy (emtricitabine/tenofovir alafenamide) package insert. U.S. Food and Drug Administration website. https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/208215s000lbl.pdf. Revised April 2016. Accessed Nov. 18, 2019.

DC-NL-0302-20

Medical Policies and *Clinical Utilization Management Guidelines* update

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/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 view a guideline, visit https://medicalpolicies.amerigroup.com/am_search.html.

Notes/updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- *SURG.00028 — Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL"
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- *SURG.00037 — Treatment of Varicose Veins (Lower Extremities)
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures
- *SURG.00047 — Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- *SURG.00097 — Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary
- *CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary
- *CG-MED-68 — Therapeutic Apheresis
  - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the AIM Specialty Health®** page:
  - *Joint Surgery
  - *Advanced Imaging—Vascular Imaging

Medical Policies

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup District of Columbia, Inc. These guidelines take effect 30 days from posting. View the update online for a list of the policies.

Read more online.

Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on November 25, 2019. These guidelines take effect 30 days from posting. View the update online for a list of the guidelines.

*** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup District of Columbia, Inc.*

DC-NL-0291-20

Prior authorization requirements

New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Amerigroup District of Columbia, Inc. enrollees.

Read more online.

DC-NL-0289-20

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, you may use one of the following methods:

- Web: https://www.availity.com
- Fax: 1-800-964-3627
- Phone: 1-800-454-3730

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at https://www.availity.com by visiting https://providers.amerigroup.com/DC > Login. Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at 1-800-454-3730 for PA requirements.

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Policy Update

Unlisted, Unspecified or Miscellaneous Codes

(Policy 06-004, effective 08/01/20)

Effective August 1, 2020, Amerigroup District of Columbia, Inc. will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes. Unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

For additional information, review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy here.

DC-NL-0265-19