

Provider Newsletter



District of Columbia

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

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Prepayment clinical validation review process

Effective with dates of service on or after September 5, 2019, Amerigroup District of Columbia, Inc. will update our audit process for claims with modifiers used to bypass claim edits. Modifier reviews will be conducted through a prepayment clinical validation review process. Claims with modifiers such as -25, -59, -57, LT/RT and other anatomical modifiers will be part of this review process.



In accordance with published [reimbursement policies](#) that document proper usage and submission of modifiers, the clinical validation review process will evaluate the proper use of these modifiers in conjunction with the edits they are bypassing (such as NCCI). Clinical analysts who are registered nurses and certified coders will review claims pended for validation, along with any related services, to determine whether it is appropriate for the modifier to bypass the edit.

If you believe a claim denial should be reviewed, please follow the applicable provider appeal process (outlined with the denial notification) and include medical records that support the usage of the modifier applied when submitting your appeal.

DC-NL-0136-19

Unspecified diagnosis code update

Amerigroup District of Columbia, Inc. previously communicated that as of July 1, 2018, we now require unspecified diagnosis codes to be used only when an established diagnosis code does not exist to describe the diagnosis for our members. Our goal is to align with ICD-10-CM requirements, using more specific diagnosis codes when available and appropriate. This includes codes that ICD-10-CM provides with laterality specifying whether the condition occurs on the left, right or is bilateral. The target effective date has been delayed for implementing the corresponding code edit. However, providers are encouraged to ensure their billing staff is aware of the required specificity in reporting ICD-10-CM diagnosis codes to prevent future denials.

Amerigroup will be sending out a follow-up article to inform providers of when to expect this requirement to go-live and any additional details.

DC-NL-0137-19

AIM Specialty Health programs may require documentation

Currently, providers submit various pre-service requests to AIM Specialty Health® (AIM). As part of our ongoing quality improvement efforts for outpatient diagnostic imaging services, cardiac procedures and sleep studies, AIM may request documentation to support the clinical appropriateness of certain requests.



When requested, providers should verify information by submitting documentation from the medical record and/or participating in a pre-service consultation with an AIM physician reviewer. If medical necessity is not supported, the request may be denied as not medically necessary.

DC-NL-0148-19

Quarterly appointment and after-hours availability survey



On a quarterly basis and in accordance with contract requirements, Amerigroup District of Columbia, Inc. facilitates appointment and after-hours availability surveys conducted by SPH Analytics, an Amerigroup vendor. SPH Analytics will survey a sample of the provider network, including PCPs, pediatricians and specialists (such as OB/GYNs), via phone. They will then evaluate responses based on the following requirements:

Practitioner type	Appointment type	Appointment standard
PCPs and pediatricians	Routine and preventive care visits	Within 30 days of request
	Urgent visits	Within 24 hours of request
OB/GYNs	Initial assessment of pregnant and postpartum women or individuals requesting family planning services	Within 10 days of request
Pediatricians	Initial visit for newborn	Within 14 days of discharge from the hospital if no home visit
	Well-child assessments	Within 30 days of request
Specialty providers	Follow-up/referral appointments with specialists	Within 30 days as deemed necessary by the PCP; PCP office shall make the appointment directly with the specialist's office
	Urgent specialty visits	Within 24 hours of request
Behavioral health providers	Follow-up routine care	Within 30 days of request
	Non-life-threatening emergency	Within six hours of request

After-hours access requirements

To ensure our members receive access to quality care, PCPs and pediatricians must:

- Offer 24 hours a day, 7 days a week phone access for members. A 24-hour phone service may be used. The service may be answered by a designee, such as an on-call physician or a nurse practitioner, with physician backup.
- Use a recorded or automated message that gives the caller the option to speak to a live party or respond to member inquiries if using an answering system.
- Be available to provide medically necessary services themselves or from another physician.

DC-NL-0158-19

New service types added to Availability

Enhancements have been made to the Availability Portal that will now allow you to access more service types when using the Eligibility and Benefits Inquiry tool and will also allow us to share even more valuable information with you electronically.

You may have already noticed new additions to service types, including:

- Medically related transportation.
- Long-term care.
- Acupuncture.
- Respite care.
- Dermatology.
- Sleep study therapy (found under diagnostic medical).
- Allergy testing.

Note, although there is an extensive list of available benefit types available when submitting an eligibility and benefits request, these types do vary by payer.

Here are some important points to remember when selecting service types:

- The benefit/service type field is populated with the last benefit type you selected. If you don't see a specific benefit in the results, submit a new request and select the specific benefit type/service code.
- You have the ability to inquire about 50 patients at one time using the Add Multiple Patients feature.

DC-NL-0142-19

Review of information on file for your practice

To better communicate with providers and improve member access to providers, Amerigroup District of Columbia, Inc. maintains an up-to-date, accurate and complete provider directory. **Please take a moment to review the information we have on file for your practice.** If information is incorrect or outdated, please update your practice profile.



You will be able to review and update the following information:

- Office details (e.g., address, billing address or office hours)
- Provider location details
- Provider details (e.g., provider specialty or accepting new patients)
- Cultural Competency Training participation
- Web address
- *Americans with Disabilities Act* compliance

To review your directory profile information, please go to <http://survey7.sphanalytics.com/AmerigroupDCProviderData>.

You will be able to sign in and access your practice profile using your TIN. Once signed in, you will be able to review your practice's profile information and make any necessary changes or updates.

What if I need assistance?

If you have any questions about this initiative, please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730. If you have problems accessing the website above or entering information, email AmerigroupDCproviderdata@sphanalytics.com. SPH Analytics, Inc. is an independent research firm that is helping us collect accurate information.

Thank you for your continued support in keeping provider records up to date and accurate for our members.

DC-NL-0151-19

Use the *Practice Profile Update Form* to update your information



We continually update our provider directories to ensure that your current practice information is available to our members. At least 30 days prior to making any changes to your practice — including updating your address and/or phone number, adding or deleting a physician from your practice, closing your practice to new patients, etc. — please notify us by completing the *Practice Profile Update Form* available at

<https://providers.amerigroup.com/DC> > Forms. Thank you for your help and continued efforts in keeping our records up to date.

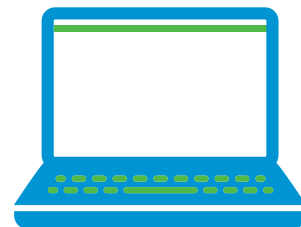
DC-NL-0152-19

Coming soon: electronic attachments

As we prepare for the potential regulatory-proposed standards for electronic attachments, Amerigroup District of Columbia, Inc. will be implementing X12 275 electronic attachment transactions (version 5010) for claims.

Standard electronic attachments will bring value to you by eliminating the need for mailing paper records and reducing processing time overall.

Amerigroup and Availity will pilot electronic data interchange batch electronic attachments with previously selected providers. Both solicited and unsolicited attachments will be included in our pilots.



Attachment types

Solicited attachments:

The provider sends a claim, and the payer determines there is not enough information to process the claim. The payer will then send the provider a request for additional information (currently done via letter). The provider can then send the solicited attachment transaction, with the documentation requested, to process the claim.

Unsolicited attachment:

When the provider knows that the payer requires additional information to process the claim, the provider will then send the X12 837 claim with the Paper Work Included segment tracking number. Then, the provider will send the X12 275 attachment transaction with the additional information and include the tracking number that was sent on the claim for matching.

What you can do

As we prepare for this change, you can help now by having conversations with your clearinghouse and/or electronic health care records vendor to determine their ability to set up the X12 275 attachment transaction capabilities.

In addition, you should be on the lookout for additional information and details about working with Amerigroup and Availity to send attachments via electronic batch.

DC-NL-0150-19

Back-to-school screenings



DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS) need your help to make sure they have the necessary information to meet the health needs of students in the District of Columbia.

The District's *Universal Health Certificate (UHC)* is the primary mode of communicating a child's health status to their school and is the primary document used by schools to document that a child has received all of the necessary services. All public school children in the District must submit a completed UHC each year as part of school enrollment. Find the District's UHC at <http://tiny.cc/j6l67y>.

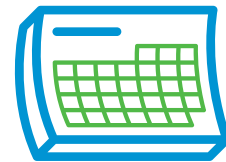
The most important way medical professionals can assist is by ensuring they are following the *DC Medicaid HealthCheck Periodicity Schedule* and completing all fields on the *UHC*, including the Health Concerns section that notes any specific health or developmental concerns.

Oral health assessments are also required for every student, every year as part of enrollment. Please encourage families to make an appointment with a dentist if they have not already. If caregivers need help locating a dentist, they can call 1-844-876-7918.

DC-NL-0161-19

Remind your patients about renewal dates

Your patients are at risk of becoming disenrolled from their Medicaid health plan and may lose you as their provider. We want to ensure our members continue to receive the care they need. Remind your patients to contact DC Health Link to check their renewal date.



There are several easy ways to help your patients contact DC Health Link:

- **Online** — Your patients can log in to their account on the DC Health Link website at <https://www.dchealthlink.com> to renew online.
- **By phone** — Your patients can call 1-855-532-5465 (TTY 711) to renew by phone.
- **In person:**
 - Your patients can visit their local Economic Security Administration (ESA) service center to renew in person.
 - Your patients can visit our wellness center, located at 609 H St. NE, Washington, DC 20002, to renew in person.

To find out how Amerigroup District of Columbia, Inc. can provide support for your patients, call your local Provider Relations representative or call Provider Services at 1-800-454-3730.

DC-NL-0159-19

Member outreach support

We recognize the importance of keeping members engaged in their primary and specialty care services. If you are interested in increasing member engagement and health care service utilization, contact our Health Promotion Outreach department for support.



We can work with you by deploying one of our outreach care specialists to perform outreach to members due for onsite care at your clinical office location(s). Our Amerigroup District of Columbia, Inc. associate will work with the office staff to develop strategies for outreach success. For more information, email Latricia Hall, quality manager, at latricia.hall@amerigroup.com.

DC-NL-0164-19

Pharmacy management information



Need up-to-date pharmacy information?

Log in to our [provider website](#) to access our *Formulary*, *Prior Authorization* forms, *Preferred Drug List* and process information.

Have questions about the *Formulary* or need a paper copy?

Call our Pharmacy department at

1-800-454-3730. Pharmacy technicians are available Monday-Friday from 8 a.m.-6 p.m. Eastern time.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call 1-800-600-4411 (TTY 711).

DC-NL-0152-19

Amerigroup District of Columbia, Inc. wellness center updates

The Amerigroup wellness center is now open! This member-facing space at Amerigroup offers classes and health education to support members' wellness goals. It's an engaging space for fitness classes, cooking demonstrations, disease management groups, case management support and more. It is not a clinical space for patient care.



Important updates for wellness center programming

The wellness center is now complete and offering regular programming:

- **Fit Together** is the name of the group fitness classes offered at the wellness center:
 - Classes are offered weekdays from 6 p.m.-7 p.m. ET.
 - Call to confirm which exciting classes are on the schedule.
 - Members are required to RSVP.
- **Good Taste** is the name of the healthy cooking classes and demonstrations offered at the wellness center:
 - Classes are offered on Saturdays from 11:30 a.m.-1 p.m. ET.
 - Members are required to RSVP.
- **My Body, My Baby and Me** is the name of the perinatal education and events offered at the wellness center:
 - Members should contact the center for more information on upcoming events about pregnancy, labor, infant care, Safe Sleep, breastfeeding and more.
- **Smoking Cessation and Living Well with Chronic Conditions** classes promote healthy behaviors and provide support for disease self-management.
 - Call to confirm upcoming classes.

Remember:

- All classes are free to members.
- Wellness center activities are eligible for free transportation.
- For more information or to RSVP, email DCWellness@amerigroup.com or contact Jasmin Saville at 202-548-6700.

DC-NL-0162-19

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* 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. These guidelines take effect 30 days from posting.



To view a guideline, visit https://medicalpolicies.amerigroup.com/am_search.html.

Updates:

- **MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting** was revised to add bioengineered autologous skin-derived products (e.g., SkinTE) as investigational and not medically necessary.
- **MED.00126 — Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders** was revised to add Nasal Nitric Oxide as investigational and not medically necessary in the diagnosis and monitoring of asthma and other respiratory disorders.
- **SURG.00037 — Treatment of Varicose Veins (Lower Extremities)** was revised:
 - To replace “nonsurgical management” with “conservative therapy” in the medically necessary criteria
 - To add sclerotherapy used in conjunction with a balloon catheter (e.g., catheter-assisted vein sclerotherapy [KAVS] procedure) as investigational and not medically necessary
- **TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases** (previous title: Mesenchymal Stem Cell Therapy For Orthopedic Indications)
 - Includes the revised position statement: “Mesenchymal stem cell therapy is considered investigational and not medically necessary (INV&NMN) for the treatment of joint and ligament disorders caused by injury or degeneration as well as autoimmune, inflammatory and degenerative diseases.”
 - Expands the document’s scope to address non-FDA approved uses of mesenchymal stem cell therapy
- The following **AIM Specialty Health® updates** took effect on January 24, 2019:
 - Advanced Imaging
 - Imaging of the Heart
 - Imaging of the Head and Neck
 - Arterial Ultrasound
 - Joint Surgery
 - Sleep Disorder Management Diagnostic and Treatment

Medical Policies

On January 24, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup District of Columbia, Inc. View the full update online for a list of the policies.

Clinical UM Guidelines

On January 24, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on March 28, 2019. View the full update online for a list of the guidelines.



DC-NL-0149-19

Prior authorization requirements

Hyperbaric oxygen and supervision of hyperbaric oxygen therapy

Effective October 1, 2019, prior authorization (PA) requirements will change for hyperbaric oxygen and supervision of hyperbaric oxygen therapy to be covered by Amerigroup District of Columbia, Inc.

PA requirements will be added to the following:

- Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval (G0277)
- Physician attendance and supervision of hyperbaric oxygen therapy, per session (99183)

DC-NL-0153-19

Durable medical equipment

Effective December 1, 2019, prior authorization (PA) requirements will change for the codes listed below. The listed codes will require PA by Amerigroup District of Columbia, Inc. for District of Columbia Healthy Families Program members.

PA requirements will be added to the following:

- All lower extremity prosthesis — shank foot system with vertical loading pylon (L5987)
- Gait trainer, pediatric size — anterior support, includes all accessories and components (E8002)
- Wheelchair, pediatric size — tilt-in-space, folding, adjustable, without seating system (E1234)
- Wheelchair, pediatric size — tilt-in-space, rigid, adjustable, without seating system (E1233)
- Transport chair, pediatric size (E1037)
- Multi-positional patient transfer system with integrated seat, operated by care giver (E1035)
- Wheelchair accessory — ventilator tray, gimbaled (E1030)
- Water circulating heat pad with pump (E0217)

DC-NL-0155-19

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. Detailed PA requirements are available to contracted providers by accessing the Precertification Lookup Tool at <https://www.availity.com> via <https://providers.amerigroup.com/DC>. Contracted and noncontracted providers who are unable to access the Availity Portal can call Provider Services at 1-800-454-3730.

Provider Satisfaction Survey notice

Amerigroup District of Columbia, Inc. is conducting a survey to find out about your satisfaction with the provider services that we offer.

We need your help.

We will randomly select a number of providers to take part in this process. If you are selected, you will receive a questionnaire in the mail from SPH Analytics (an independent research firm).

When you receive the survey, we would greatly appreciate you taking the time to complete it. The survey should take about 15 minutes to complete, and your answers will help us improve the services we provide.

By participating in the survey, you will be providing us with valuable information about how well we are serving you and about areas in which our health plan needs improvement.



Thank you in advance for your help.

DC-NL-0165-19

Reimbursement Policy

New Policy

Drug Screen Testing

(Policy 19-001, effective 10/01/19)



Effective October 1, 2019, Amerigroup District of Columbia, Inc. will allow separate reimbursement for definitive drug testing of 1-7 drug classes. Definitive drug testing for eight or more drug classes will not be separately reimbursed when performed on the same date of service as presumptive testing.

Definitive drug testing may be done to confirm the results of a negative presumptive test or to identify substances when there is no presumptive test available. Provider's documentation and member's medical records should reflect that the test was properly ordered and support that the order was based on the result of the presumptive test.

In the event a reference lab (POS = 81) performs both presumptive and definitive tests on the same date of service, records should reflect that the ordering/treating provider issued a subsequent order for definitive testing based on the results of the presumptive tests.

For additional information, refer to the Drug Screen Testing reimbursement policy at <https://providers.amerigroup.com/DC>.

DC-NL-0134-19