

Provider Newsletter



District of Columbia

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

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Verifying and updating your provider information

Maintaining accurate provider information is critically important to ensure that our enrollees have timely and accurate access to care. Additionally, Amerigroup District of Columbia, Inc. is required by Centers for Medicare & Medicaid Services (CMS) to include accurate information in provider directories for certain key provider data elements. To remain compliant with federal and state requirements, changes must be communicated within 30 days in advance of a change or as soon as possible.



Key data elements include physician name, address, phone number, accepting new patient status, hospital affiliations and medical group affiliations.

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-0263-19

Improving the patient experience

Are you looking for innovative ways to improve your patients' health care experiences?



Numerous studies have shown a patient's primary health care experience and, to some extent, their health care outcomes, are largely dependent upon health care provider and patient interactions. That's why Amerigroup District of Columbia, Inc.

has an online learning site called *My Diverse Patients* that offers insight on how to communicate with your diverse patient population, including a course titled: [What Matters Most: Improving the Patient Experience](#). Learn more by visiting the course link or on the *My Diverse Patients* site at www.mydiversepatients.com.

DC-NL-0239-19

Reminder: Mid-level practitioners are required to file using their NPI

Amerigroup District of Columbia, Inc. provides benefits for covered services rendered by nurse practitioners (NPs) and physician assistants (PAs) when operating within the scope of their license. Our policy states that these mid-level practitioners are required to file claims using their specific NPI number — not that of the medical doctor.

We will continue to monitor this area of concern through medical chart review and data analysis. Billing noncompliance can be considered a contract breach.

Amerigroup recognizes the quality of care delivered to our enrollees can be improved by the proper use of NPs and PAs. This notice is in no way intended to discourage their proper use, but rather to clearly define how services should be appropriately billed.

DC-NL-0248-19

InterQual 2019.1 update

Effective January 17, 2020, Amerigroup District of Columbia, Inc. providers should use InterQual® 2019.1 criteria.

DC-NL-0266-19

Behavioral Health Areas of Expertise Profile survey

We are committed to finding the best ways possible to support our enrollees and providers, and we need your help. Please take a moment to complete the *Behavioral Health Areas of Expertise*



Profile (BHAEP) online survey, designed to capture supplemental data to enhance our online provider directory and help enrollees find the right behavioral health (BH) provider for their unique needs.

Completion of this survey does not impact your credentialing materials, status or provider contract. Any representation of a clinical area of interest is based on your self-disclosure and professional judgment. Please only select those items that fall within the scope of your state-issued license, clinical experience and any certifications.

All BH practitioners contracted with Amerigroup District of Columbia, Inc. will be asked to complete a survey. Any changes or amendments to your provider contract or credentialing must be requested through your Provider Relations department.

You can access the online survey at
<http://tinyurl.com/2019-DC-BHAEP>.

Please complete the survey as soon as possible. Your response is critical in helping us match the services you offer with our enrollees' needs. If you have questions about completing the survey or would like a paper copy of a survey, please contact your local Provider Relations department.

We appreciate your continued support.

DC-NL-0279-19

Medical drug *Clinical Criteria* updates

September 2019 update

On September 19, 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-0264-19

The *Clinical Criteria* is publicly available on our [provider website](#). Visit [Clinical Criteria](#) to search for specific policies.

Please submit your questions to [email](#).

Revision to evaluation and management services — over-coded services postponed

Amerigroup District of Columbia, Inc. previously communicated that as of October 27, 2019, we would assess selected claims for evaluation and management (E&M) services using an automated analytic solution to ensure payments are aligned with national industry coding standards. The target effective date has been delayed.



Amerigroup will send out a follow-up article to inform providers of the revised effective date and any additional details for the changes made. The update that was posted here entitled *Evaluation and Management Services — Over-Coded Services* has been removed.

DC-NL-0282-19

Resources to support your diverse patient panel

As patient panels grow more diverse and needs become more complex, providers and office staff need more support to help address patients' needs. Amerigroup District of Columbia, Inc. wants to help.

Cultural competency resources

We have cultural competency resources available on our provider website. Leveraging content created by the Industry Collaboration Effort (ICE) Cultural and Linguistic Workgroup, the *Cultural Competency Training* and the *Caring for Diverse Populations Toolkit* have enhanced content.

Cultural Competency Training includes:	Caring for Diverse Populations Toolkit includes:
<ul style="list-style-type: none">■ Enhanced content regarding culture including language and the impact on health care.■ A cultural competency continuum that can help providers assess their level of cultural competency.■ Guidance on working effectively with interpreters.■ Comprehensive content on serving patients with disabilities.	<ul style="list-style-type: none">■ Comprehensive information on working with diverse patients and effectively supporting culture, language and disabilities in health care delivery.■ Tools and resources to help mitigate barriers including materials that can be printed and made available for patients in your office.■ Guidance on regulations and standards for cultural and linguistic services.

Enrollees want to know that their provider can meet their cultural needs. This information is available to enrollees in the *Amerigroup Provider Directory*. To update your information in directory, please review the *Cultural Competency and Patient Engagement* training located at https://providers.amerigroup.com/ProviderDocuments/DCDC_CulturalCompetencyPresentation.pdf and fax the attestation form at the end of the training to 1-855-875-3629.

In addition, providers can access <https://mydiversepatients.com> for tools and resources that are accessible from any smartphone, tablet or desktop. Providers will find free continuing medical education courses that cover topics relevant to providing culturally competent care and services for diverse individuals.

Prevalent non-English languages (based on population data)

Like you, Amerigroup wants to effectively serve the needs of diverse patients. It's important for us all to be aware of the cultural and linguistic needs of our communities, so we are sharing recent data about the prevalent non-English languages spoken by five percent or 1,000 individuals in the District of Columbia. (Source: American Community Survey, 2016 American Community Survey 5-Year Estimates, Table B16001, generated 10/03/2018)

- Prevalent non-English language in DC: Spanish



Language support services

As a reminder, Amerigroup provides language support services for our enrollees with limited English proficiency or hearing, speech or visual impairments. Please see the provider manual at <https://providers.amerigroup.com/DC> for details on the available services and how to access them.

DC-NL-0260-19

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

Effective January 6, 2020, precertification *Clinical Criteria* changed 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 risk¹
 - 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 sex²
- Attestation for all of the following labs:^{1, 2}
 - Negative HIV status
 - Baseline renal function
 - Baseline bone density measurement

This change applies to Amerigroup District of Columbia, Inc. members 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 fumarate) 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.

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 or <https://providers.amerigroup.com/DC> > Quick Tools > Medical Policies > District of Columbia.

August 2019 update

Notes/updates:

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

- *GENE.00023 — Gene Expression Profiling of Melanomas
 - Expanded Scope to include testing for the diagnosis of melanoma
 - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- *GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
 - Revised title
 - Expanded scope and position statement to include all prothrombin (factor II) variations
- *MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
 - Revised title
 - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- *SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
 - Revised title
 - Combined the three INV&NMN statements into a single statement
 - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- *TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
 - Revised title
 - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- *CG-ANC-07 — Inpatient Interfacility Transfers
 - Added NMN statements regarding admission and subsequent care at the receiving facility
- *CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
 - Revised title
 - Expanded Scope
 - Revised MN statement to include upper extremities
- The following AIM Specialty Health® updates were approved:
 - *Spine Surgery
 - *Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
 - Sleep Disorder Management Diagnostic & Treatment Guidelines
 - Advanced Imaging
 - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
 - *Imaging of the Abdomen and Pelvis
- MCG Customization for Repair of Pelvic Organ Prolapse (W0163) — Updated Coding Section

Medical Policies and Clinical UM Guidelines update (cont.)

Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup District of Columbia, Inc. These guidelines take effect December 22, 2019. View the update online for a list of the policies.

Clinical UM Guidelines

On August 22, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on September 26, 2019. These guidelines take effect December 22, 2019. View the update online for a list of the guidelines.



Read more online.

DC-NL-0259-19

Reminder: Physical and occupational therapy reviews

Effective January 1, 2020, Amerigroup District of Columbia, Inc. transitioned the management of adult physical therapy (PT) and occupational therapy (OT) medical necessity reviews for members 21 years of age and over from OrthoNet LLC (OrthoNet) to the Utilization Management (UM) team at Amerigroup.

What this means to me

Amerigroup must review PT and OT treatment prior authorization (PA) requests for members aged 21 years and over. You may request PA by submitting complete clinical information to Amerigroup:

- By fax at 1-866-920-6180.
- By visiting <https://www.availity.com> to access the Interactive Care Reviewer tool.

Requests with incomplete clinical information may result in a denial. While initial PT and OT evaluation does not require PA, subsequent treatments will. Detailed PA requirements are available to contracted providers through the provider self-service tool at <https://www.availity.com>.

For services that are scheduled on or after January 1, 2020, physicians need to contact Amerigroup to obtain PA for services. Providers can contact Amerigroup now for PA for services taking place after December 31, 2019. We strongly encourage providers to verify that a PA has been obtained before scheduling or performing services.

Amerigroup will use our *Medical Policies* and *Clinical UM Guidelines* to determine medical necessity for the requested therapies. You may access these policies and guidelines at <https://medicalpolicies.amerigroup.com>.

Are there any other PA changes?

No, Amerigroup continues to require a freestanding office setting for PT and OT services unless there is special reason to provide the services in a hospital setting. For the most current list of participating freestanding PT and OT providers, use the referral directory at <https://providers.amerigroup.com/DC>.

Note: PA requests sent to OrthoNet after December 31, 2019, will delay the medical necessity determination.

DCPEC-0816-19

Reimbursement Policies

Policy Update Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (Effective 5/01/20)

Currently, Amerigroup District of Columbia, Inc. recognizes Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component services as separately reimbursable from preventive medicine evaluation and management (E&M) visits.

Effective May 1, 2020, the following EPSDT component service will be included in the reimbursement of the preventive medicine visit unless they are appended with Modifier 25 to indicate a significant, separately identifiable E&M service by the same physician on the same date of service:

- Developmental screening using a standardized screening tool

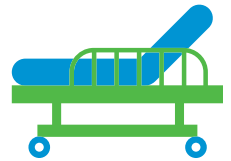
For additional information, refer to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) reimbursement policy at <https://providers.amerigroup.com/DC>. Information, materials and training are available at <https://www.dchealthcheck.net>.

DC-NL-0157-19



Policy Update Multiple and Bilateral Surgery: Professional and Facility Reimbursement (Policy 06-010, effective 5/01/20)

Currently, Amerigroup District of Columbia, Inc. allows reimbursement to professional providers and facilities for multiple and bilateral surgery. Reimbursement is based on multiple and bilateral procedure rules in accordance with contracts and/or state guidelines for applicable surgical procedures performed **at the same session by the same provider.**



Effective May 1, 2020, Amerigroup will allow reimbursement to professional providers and facilities for multiple and bilateral surgery based on multiple and bilateral procedure rules in accordance with contracts and/or state guidelines for applicable surgical procedures performed **on the same day by the same provider to the same patient.**

Visit <https://providers.amerigroup.com/DC> > Quick Tools > Reimbursement Policies > Coding to view the *Multiple and Bilateral Surgery: Professional and Facility Reimbursement* policy for additional information regarding percentages and reimbursement criteria.

DC-NL-0190-19