

Provider Newsletter



District of Columbia

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

June 2020



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

Amerigroup DC 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 DC will continue to follow DHCF guidance policies. Please refer to the [DHCF's announcement](#).

For additional information, reference the *COVID-19 News and Resources* section on the homepage of our [website](#).

DCPEC-1428-20



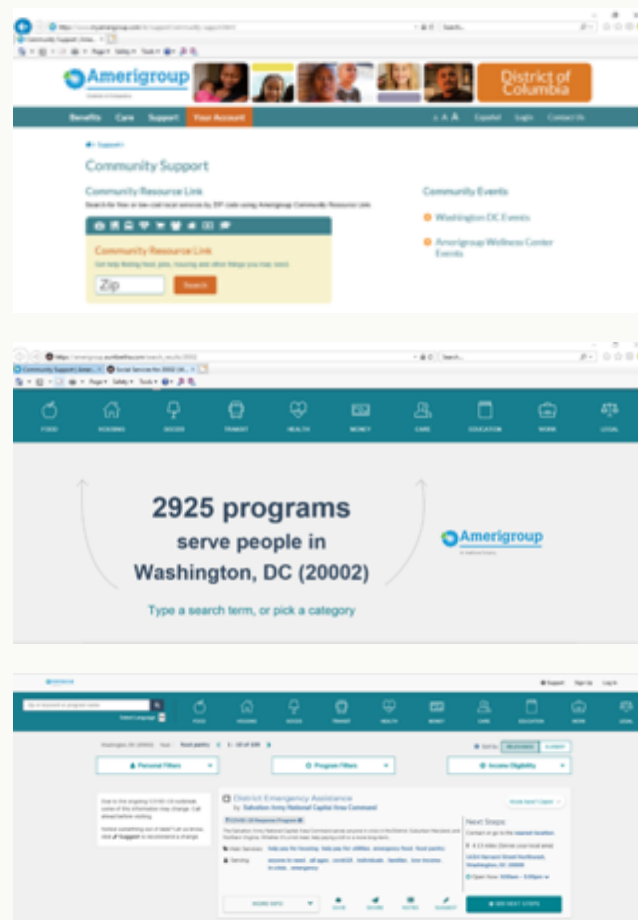
Resources to support our community during the COVID-19 pandemic

During these uncertain times, you might know someone who needs help finding extra assistance with food, tutoring, transportation or jobs. Check out this website to locate organizations that provide assistance with these items and more:

<https://www.myamerigroup.com/dc/support/community-support.html>.

Follow the link above and enter the relevant ZIP code. You will then see different categories of food, health care, housing, transportation, etc. Select the category you are interested in viewing, and a list of available organizations will appear. Since many offices are impacted by COVID-19, please give them a call to make sure they are open.

This website is open to all to use.



DC-NL-0322-20

Acquisition of Beacon Health Options

We completed its acquisition of Beacon Health Options (Beacon),* a large behavioral health organization that serves more than 36 million people across the country. Bringing together our existing solid behavioral health business with Beacon's successful model and support services creates one of the most comprehensive behavioral health networks in the country. It's also an opportunity to offer best-in-class behavioral health capabilities and whole-person care solutions in new and meaningful ways to help people live their best lives.

From the standpoint of our customers and providers at this time, it's business as usual:

- Enrollees should continue to call the Member Services number on the back of their membership card or access their health plan's website for online self-service.
- Providers should continue to use the Provider Services contact number, websites and online self-service websites as part of their agreement with either Amerigroup, District of Columbia, Inc. or Beacon.
- There will be no immediate changes to the way Amerigroup DC or Beacon manage their respective provider networks, contracts and fee arrangements. Amerigroup DC and Beacon provider networks, contracts and fee arrangements will remain separate at this time.

We know our providers continue to expect more of their health care partner, and at Amerigroup DC we aim to deliver more in return.

For more details, please see the [press release](#); additional details will be shared in future communications.

** Anthem, Inc. completed its acquisition of Beacon Health Options (Beacon). Beacon will operate as a wholly owned subsidiary of Anthem. Amerigroup, District of Columbia, Inc. is a wholly owned subsidiary of Amerigroup Corporation. Amerigroup Corporation is a wholly owned subsidiary of Anthem, Inc.*

DC-NL-0303-20

Behavioral Health Areas of Expertise Profile survey — action requested

We are committed to finding the best ways possible to support our enrollees and providers, and we need your help!

The *Behavioral Health Areas of Expertise Profile (BHAEP)* survey is 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 <https://tinyurl.com/BHAEP-Survey>.

You may also access the survey link by visiting the [provider website](#).

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, please contact your local Provider Relations department.

We appreciate your continued support.

DC-NL-0309-20

Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our *Medical Policies* are available on our [provider website](#).

You can request a free copy of our UM criteria from Provider Services at **1-800-454-3730**. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the number listed below. To access UM criteria online, go to <https://providers.amerigroup.com/QuickTools/Pages/MedicalPolicies.aspx>.

We are staffed with clinical professionals who coordinate our enrollee's care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

You can submit precertification requests by:

- Faxing to:
 - Retail: **1-844-487-9292**
 - Medical injectables: **1-844-487-9294**
 - UM Authorizations: **1-800-964-3627**
 - PT/OT/ST Authorizations: **1-844-495-4421**
 - BH Authorizations: **1-877-434-7578**
- Calling Provider Services at **1-800-454-3730**
- Calling the UM staff at **1-202-548-6700, ext. 1061035287**
- The Availity Portal at <https://www.availity.com>*

Have questions about utilization decisions or the UM process?

Call our clinical team at **1-800-454-3730** Monday to Friday from 8 a.m. to 5:30 p.m. Eastern time and ask to be transferred to the Health Plan.

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

DC-NL-0317-20

2020 affirmative statement concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

DC-NL-0312-20

Complex Case Management program

Managing illness can be a daunting task for our enrollees. It is not always easy to understand test results, know how to obtain essential resources for treatment, or whom to contact with questions and concerns.



Amerigroup, District of Columbia, Inc. is available to offer assistance in these difficult moments with our Complex Care Management program. Our care managers are part of an interdisciplinary team of clinicians and other resource professionals there to support enrollees, families, primary care physicians and caregivers. The complex care management process uses the experience and expertise of the Care Coordination team to educate and empower our enrollees by increasing self-management skills. The complex care management process can help enrollees understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Enrollees or caregivers can refer themselves or family enrollees by calling the Customer Service number located on their ID card. They will be transferred to a team enrollee based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by phone at **1-202-548-6700** or by email at dl-oncallcmmanager@amerigroup.com. Case Management business hours are Monday to Friday from 8 a.m. to 5:30 p.m.

DC-NL-0316-20

Follow-Up After Hospitalization for Mental Illness

We understand providers are committed to providing our enrollees with quality care, including follow-up appointments after a behavioral health (BH) inpatient stay. Since regular monitoring, follow-up appointments and making necessary treatment recommendations or changes are all part of quality care, we would like to provide an overview of the related HEDIS® measure.

The Follow-Up After Hospitalization for Mental Illness (FUH) HEDIS measure evaluates enrollees 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.



Two areas of importance for this HEDIS measure are:

- The percentage of BH inpatient discharges for which the enrollee received follow-up within seven days after discharge.
- The percentage of BH inpatient discharges for which the enrollee received follow-up within 30 days after discharge.

On a regular basis, we continue to monitor if these two consecutive follow-up appointments are recommended and scheduled during the inpatient stay as part of discharge planning by the eligible BH facilities (such as psychiatric hospitals, freestanding mental health facilities and acute care hospitals with psychiatric units), as well as by practicing BH providers.



Read more online.

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

DC-NL-0315-20

New behavioral health discharge call-in line

We value the strong and collaborative relationships we have with the providers in our network. As we continuously work to improve our process, we have a new option for providers to communicate with us. Effective April 1, 2020, behavioral health providers have a new discharge call-in line.

What is the impact of this change?

If an enrollee is discharging from inpatient or residential treatment, providers may send the discharge information via the call-in line at **1-833-385-9055**. The call-in line is staffed from 8 a.m. to 8 p.m. ET, Monday through Friday. If all representatives are on calls, or if it's a weekend, the confidential voicemail will be initiated, allowing providers to leave discharge information.

Providers can also continue to submit information via fax or the [Availity Portal](#).*

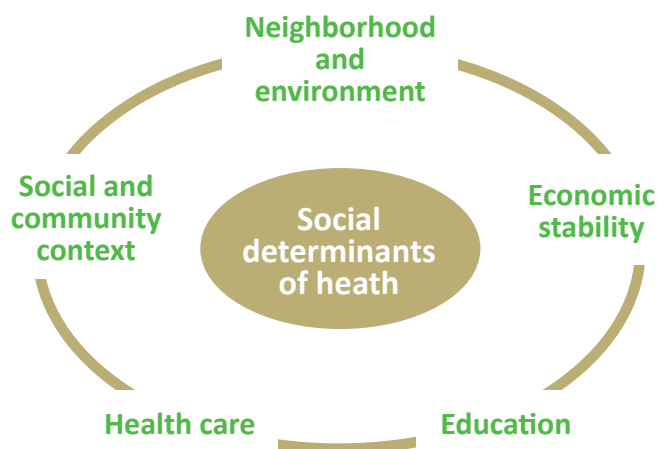
** Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup, District of Columbia, Inc.*

DC-NL-0320-20

Coding spotlight — provider's guide to code social determinants of health

What are social determinants of health (SDOH)?

The World Health Organization (WHO) defines SDOH as “conditions in which people are born, grow, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequalities.” Capturing SDOH is becoming a necessary element of documentation.



Read more online.

DC-NL-0313-20

Modifier use reminders

Billing for patient treatment can be complex, particularly when determining whether modifiers are required for proper payment. Amerigroup, District of Columbia, Inc. reimbursement policies and correct coding guidelines explain the appropriate use of coding modifiers. We would like to highlight the appropriate use of some commonly used modifiers.

Things to remember

- Review the *CPT® Surgical Package Definition* found in the current year's *CPT Professional Edition*. Use modifiers such as 25 and 59 only when the services are not included in the surgical package.
- Review the current *CPT Professional Edition Appendix A — Modifiers* for the appropriate use of modifiers 25, 57 and 59.
- When an evaluation and management (E&M) code is reported on the same date of service as a procedure, the use of the modifier 25 should be limited to situations where the E&M service is “above and beyond” or “separate and significant” from any procedures performed the same day.
- When appropriate, assign anatomical modifiers (Level II HCPCS modifiers) to identify different areas of the body that were treated. Proper application of the anatomical modifiers helps ensure the highest level of specificity on the claim and show that different anatomic sites received treatment.
- Use modifier 59 to indicate that a procedure or service was distinct or independent of other non-E&M services performed on the same date of service. The modifier 59 represents services not normally performed together, but which may be reported together under the circumstances.



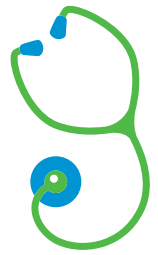
If you feel that you have received a denial after appropriately applying a modifier under correct coding guidelines, please follow the normal claims dispute process and include medical records that support the use of the modifier(s) when submitting claims for consideration.

Amerigroup DC will publish additional articles on correct coding in provider communications

DC-NL-0299-20

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 (*) denote 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 and Clinical UM Guidelines update (cont.)

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.



Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup DC. These guidelines were adopted by the medical operations committee for Amerigroup DC enrollees 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 medical reviews on behalf of Amerigroup, District of Columbia, Inc.**

DC-NL-0319-20

Enrollee's Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment participating practitioners and enrollees in our system, Amerigroup, District of Columbia, Inc. has adopted an *Enrollee's Rights and Responsibilities Statement*, which is located within the provider manual.

If you need a physical copy of the statement, call Provider Services at **1-800-454-3730**.

DC-NL-0318-20

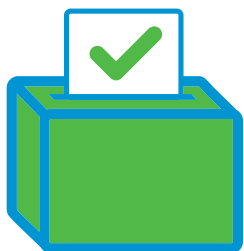
MCG Care Guidelines — 24th edition

Effective August 1, 2020, Amerigroup, District of Columbia, Inc. will upgrade to the 24th edition of MCG Care Guidelines for the following modules: Inpatient Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC) and Behavioral Health Care (BHC). The tables highlight new guidelines and changes that may be considered more restrictive.



DC-NL-0310-20

Provider survey feedback



Have you recently had a meeting, email, telephone conversation or any other interaction with your Amerigroup, District of Columbia, Inc. Provider Relations representative? We want to hear from you! Please complete a quick survey giving us your feedback based on the customer service experience you received. We use your feedback to strengthen our provider visit strategy and the kind of interactions that work best for you and your team! Go to the following link to take the survey:

https://www.anthemlistens.com/jfe/form/SV_6o0TKbITb5JlsQI

DC-NL-0329-20