

Provider Newsletter



District of Columbia

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

October 2019



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Remind your patients about renewal dates

Your patients could be at risk of becoming disenrolled from their Medicaid health plan and may lose you as their provider if they forget to renew their benefits.



We want to ensure our members continue to receive the care they need. Be sure to remind your patients to contact DC Health Link to check their renewal date.

There are several easy ways to help your patients get in touch with DC Health Link:

- 1. Online:** Your patients can log in to their account on the DC Health Link website at www.dchealthlink.com and renew online.
- 2. By phone:** Call 1-855-532-5465 (TTY 711) to renew by phone.
- 3. In person:**
 - Your patients can renew in person at their local Economic Security Administration Service Center.
 - Your patients can receive assistance in person at our wellness center located at 609 H St. NE, Washington, DC 20002.

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

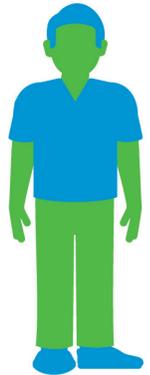
DC-NL-0181-19

Member outreach support

We recognize the importance in keeping members engaged in their primary and specialty care services. If you are interested in increasing patient engagement and health care service utilization, please contact our Health Promotion Outreach department for support. Listed below are a few options available to decrease the number of appointment no-shows and improve your HEDIS® scores.

Clinic days

We'll work together to schedule a block of time exclusively for small groups of Amerigroup District of Columbia, Inc. members. Our outreach team will schedule appointments for your patients due or overdue for services within the time allotted. Clinic days are intended to be fun and educational. After members complete their physical and/or screening, they are offered light refreshments, health education, a gift card and the opportunity to participate in a variety of fun activities.



Onsite outreach

We can work with you by deploying one of our outreach care specialists to perform outreach to Amerigroup members due for care onsite at your clinical office location(s). Our associate will work with the office staff to develop strategies for outreach success.

Bidirectional data sharing

Send us your list of appointment no-shows and allow us to locate and engage your difficult-to-reach patients. Once we locate your patient, we will assist in scheduling their missed appointment and send you their updated contact information.

For more information, please email our Quality Manager Latricia Hall at la-tricia.hall@amerigroup.com. We look forward to partnering with you to provide the highest quality care to our members, your patients.

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

DC-NL-0180-19

Home-delivered meals aim to reduce risks and hospital readmissions

Beginning January 1, 2019, Amerigroup District of Columbia, Inc. teamed up with local nonprofit Food & Friends to deliver specialized meals to high-risk patients in the District. By providing home-delivered meals to consumers who may not otherwise have access to healthy food options, the program is designed to lower hospital readmission rates and reduce risks related to nutrition, food insecurity and social isolation.

“At Amerigroup, we understand that a person’s overall health is impacted by a wide variety of physical, mental and emotional components, and it’s imperative that all of these aspects be addressed in order to enhance the health care of our members,” said Dr. Linda Elam, MPH, Amerigroup D.C. Medicaid plan president. “By partnering with Food & Friends, we’re able to offer an innovative approach to improving whole-body health that increases access to nutritional food and cultivates a happier, healthier community.”

Pilot program

The pilot program, which was recently launched, has already served over 30 members in the District. We have identified three patient types as potentially benefitting from the meal deliveries:

1. Recently discharged patients affected by nutrition, food insecurity and social isolation
2. Women with high-risk pregnancies (including gestational diabetes)
3. Patients with a high risk of readmission due to multiple co-existing conditions

“Research increasingly shows what we’ve seen for years — that medically tailored home-delivered meals improve health outcomes and reduce health care costs,” said Carrie Stoltzfus, MPH, executive director of Food & Friends. “We believe that strategic partnerships between insurance providers and on-the-ground community organizations like ourselves offer unique health benefits. We’re excited to partner with Amerigroup to improve the lives of those with serious health issues in our area.”

About Food & Friends

Food & Friends has 30 years of experience preparing and delivering specialized meals to individuals with serious and chronic illnesses. As part of the program, recipients can also request meals for caretakers and dependents in the household, ensuring the entire family is supported during the treatment and recovery process.

“Food & Friends has worked to support members of our community by addressing complex health problems through home-delivered meals and nutrition counseling for over three decades. This program serves a particularly high-need population within our community and is a natural continuation of Food & Friends’ mission,” said Stoltzfus.

Established in 1988, Food & Friends is a non-profit organization based in the District that provides nutritionally tailored, home-delivered meals to people facing a life-challenging health crisis. Food & Friends believes that food heals, and each year, they prepare and deliver nearly 1 million meals across 5,300 square miles to their neighbors at no charge. They help their clients feel better, connect them to their community and empower them to manage their illnesses. Over 8,500 volunteers touch more than 3,000 lives annually. Food & Friends is driven by a simple premise — Anyone can get sick, and everyone can help. Visit the Food & Friends website at <https://foodandfriends.org>.

As the program continues to grow, Amerigroup and Food & Friends are monitoring outcomes closely and have high expectations for significantly improved outcomes. From those currently participating, the feedback so far has been resoundingly positive.

An increasing number of health plans are addressing social determinants of health, including food insecurity, to improve health outcomes and reduce health care costs. Similar partnerships have been instituted elsewhere in the country with encouraging results.

DC-NL-0160-19

Medical drug *Clinical Criteria* updates

Quarter one

On February 22, 2019, and March 14, 2019, the Pharmacy and Therapeutic (P&T) Committee approved changes to *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 will be reflected in the [Clinical Criteria Q1 web posting](#).

DC-NL-0173-19

Quarter two

On March 29, 2019, April 12, 2019, and May 1, 2019, the Pharmacy and Therapeutic (P&T) Committee approved changes to *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 will be reflected in the [Clinical Criteria Q2 web posting](#).

DC-NL-0172-19

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

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

InterQual 2019 update

The effective date for Amerigroup District of Columbia, Inc. to use InterQual® 2019 criteria has been updated from May 1, 2019, to September 17, 2019. On this effective date, Amerigroup providers should begin using InterQual 2019 criteria and can access the criteria by logging into the provider portal.

DC-NL-0177-19

New clinical guideline: pneumatic compression devices, effective December 1, 2019

Amerigroup District of Columbia, Inc. will implement the following clinical guideline effective December 1, 2019, to support the review of outpatient pneumatic compression devices (PCDs) after outpatient orthopedic procedures.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

CG-DME-46 Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs

This document addresses the use of PCDs for the prevention of deep vein thrombosis (DVT) of the lower limbs. This therapy involves the use of an inflatable garment and an electrical pneumatic pump. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices. PCDs are used in clinics, or can be purchased or rented for home use for prevention and treatment of a number of conditions. This document only addresses the home use of PCDs for post-outpatient orthopedic procedures.

Note: This document addresses devices for the prevention of DVT only. Pneumatic devices used in the treatment or prevention of lymphedema, venous insufficiency or therapy for musculoskeletal injuries are not addressed in this document, nor are devices for prevention of DVT post-major surgical procedures.

Not medically necessary

The use of PCDs for prevention of thromboembolism of the lower-limbs following outpatient orthopedic surgery is considered not medically necessary for all indications.

DC-NL-0182-19

Evaluation and management services — over-coded services

In an ongoing effort to ensure accurate claims processing and payment, Amerigroup District of Columbia, Inc. is taking additional steps to verify the accuracy of payments made to providers. Beginning on October 27, 2019, Amerigroup will 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.



Providers should report E&M services in accordance with the American Medical Association CPT manual and CMS guidelines for billing E&M service codes ([Documentation Guidelines for Evaluation and Management](#)).

The level of service for E&M service codes is based primarily on the documented medical history, examination and medical decision-making. Counseling, coordination of care, the nature of the presenting problem and face-to-face interaction are considered contributing factors. The appropriate E&M level code should reflect and not exceed what is needed to manage the member's condition(s).

Claims will be selected from providers who, based on a risk adjusted analysis, code higher level E&M services compared to their peers with similar risk-adjusted members. Individual claims will be identified as over-coded based on a claim specific risk adjusted analysis. If a claim is determined to be over coded, it will be reimbursed at the fee schedule rate for the appropriate level of E&M for the condition(s) identified. Providers whose coding patterns improve are eligible to be removed from the program.

If providers have medical record documentation to support reimbursement for the originally submitted E&M service, those medical records should be submitted for consideration.

DC-NL-0156-19

MCG Care Guidelines update and customizations

The upgrade to the 23rd edition of the MCG Care Guidelines for Amerigroup District of Columbia, Inc. has changed from May 24, 2019, to September 5, 2019. In addition, Amerigroup has customized some of the MCG criteria.

Customizations to the 23rd Edition of the MCG Care Guidelines

Effective September 5, 2019, the following customizations will be implemented:



- Left Atrial Appendage Closure, Percutaneous (W0157) — customized to refer to SURG.00032 Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- Spine, Scoliosis, Posterior Instrumentation, Pediatric (W0156) — customized to refer to Musculoskeletal Program Clinical Appropriateness Guidelines, Level of Care Guidelines and Preoperative Admission Guidelines

Effective November 1, 2019, customizations will be implemented for Chemotherapy and Inpatient & Surgical Care (W0162) for adult patients. The customizations provide specific criteria and guidance on the following:

- Clinical indications for admission; examples will also be added for:
 - Aggressive hydration needs that cannot be managed in an infusion center
 - Prolonged marrow suppression
- Regimens that cannot be managed outpatient; examples will also be added

Providers can view a summary of the 23rd edition of the MCG Care Guidelines customizations [online](#) by selecting **Customizations to MCG Care Guidelines 23rd Edition (Publish date November 1, 2019)**.

DC-NL-0167-19

Clinical Laboratory Improvement Amendments

Claims that are submitted for laboratory services subject to the *Clinical Laboratory Improvement Amendments of 1988 (CLIA)* statute and regulations require additional information to be considered for payment.

To be considered for reimbursement of clinical laboratory services, a valid *CLIA* certificate identification number must be reported on a *1500 Health Insurance Claim Form (CMS-1500)* or its electronic equivalent beginning November 1, 2019. The *CLIA* certificate identification number must be submitted in one of the following manners:

Claim format and elements	CLIA number location options	Referring provider name and NPI number location options	Servicing laboratory physical location
CMS-1500 (formerly HCFA-1500)	Must be represented in field 23	Submit the referring provider name and NPI number in fields 17 and 17b, respectively.	Submit the servicing provider name, full physical address and NPI number in fields 32 and 32A, respectively, if the address is not equal to the billing provider address. The servicing provider address must match the address associated with the <i>CLIA</i> ID entered in field 23.
HIPAA 5010 837 Professional	Must be represented in the 2300 loop, REF02 element, with qualifier of X4 in REF01	Submit the referring provider name and NPI number in the 2310A loop, NM1 segment.	Physical address of servicing provider must be represented in the 2310C loop if not equal to the billing provider address and must match the address associated with the <i>CLIA</i> ID submitted in the 2300 loop, REF02.

Providers who have obtained a *CLIA Waiver* or *Provider Performed Microscopy Procedure* accreditation must include the QW modifier when any *CLIA* waived laboratory service is reported on a *CMS-1500* claim form in order for the procedure to be evaluated to determine eligibility for benefit coverage.

Laboratory procedures are only covered and, therefore, payable if rendered by an appropriately licensed or certified laboratory having the appropriate level of *CLIA* accreditation for the particular test performed. Thus, any claim that does not contain the *CLIA* ID, has an invalid ID, has a lab accreditation level that does not support the billed service code and/or does not have complete servicing provider demographic information will be considered incomplete and rejected or denied.

DC-NL-0183-19

Prior authorization requirements

Effective November 1, 2019, prior authorization (PA) requirements will change for 31 services. These services will require PA by Amerigroup District of Columbia, Inc. for Medicaid members.



Read more online.

DC-NL-0169-19

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.**

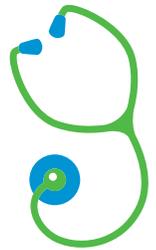
To request PA, you may use one of the following methods:

- 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.

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* 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.

March 2019 update

Updates:

- CG-DME-44 — Electric Tumor Treatment Field (TTF) was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.
- CG-MED-72 — Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- CG-SURG-09 — Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- CG-SURG-30 — Tonsillectomy for Children with or without Adenoidectomy was revised to:
 - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
 - Clarify criterion addressing parapharyngeal abscess (B4) to say two or more.
 - Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b).
- The following AIM Specialty Health® updates took effect on September 28, 2019:
 - Advanced Imaging
 - Imaging of the Brain
 - Imaging of the Extremities
 - Imaging of the Spine

Medical Policies

On March 21, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup District of Columbia, Inc. These guidelines take effect October 10, 2019. View the full update online for a list of the policies.

Clinical UM Guidelines

On March 21, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on May 7, 2019. These guidelines take effect November 1, 2019. View the full update online for a list of the guidelines.



[Read more online.](#)

DC-NL-0170-19

June 2019 update

Updates:

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

- *DME.00037 — Added devices that combine cooling and vibration to the Investigational (INV) & not medically necessary (NMN) statement
- *LAB.00027 — Added Mediator Release Test to INV&NMN statement.
- *LAB.00033 — Clarified INV&NMN statement to include 4Kscore and AR-V7
- *OR-PR.00003:
 - Clarified medically necessary (MN) position statement criteria 2 to 4
 - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications
- *SURG.00011:
 - Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
 - Added new products to INV&NMN statement.
- *SURG.00045:
 - Added erectile dysfunction, Peyronie’s disease and wound repair to the INV&NMN statement
 - Revised title
- *SURG.00121 — Added INV&NMN statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following AIM Specialty Health® updates were approved on June 6, 2019:
 - Advanced Imaging:
 - Imaging of the Heart
 - Oncologic Imaging
 - Vascular Imaging
 - Proton Beam Therapy
 - Rehabilitative Therapies — Physical Therapy, Occupational Therapy and Speech Therapy (New)

Medical Policies

On June 6, 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 June 6, 2019, 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 July 5, 2019. These guidelines take effect November 1, 2019. View the full update online for a list of the guidelines.



DC-NL-0178-19

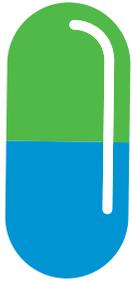
Reimbursement Policies

New Policy

Drug Screen Testing

(Policy 19-001, effective 11/01/19)

The effective date of this policy has been updated from 10/1/19.



Effective November 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-A

Policy Update

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) (Effective 11/01/19)

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 November 1, 2019, 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