Provider Newsletter

Amerigroup
An Anthem Company

https://providers.amerigroup.com/tx

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Practitioners' rights during credentialing process

The credentialing process must be complete before a practitioner begins seeing members and enters into a contractual relationship with a health care insurer. As part of our credentialing process, practitioners have certain rights as briefly outlined below.

Practitioners can request to:

- Review information submitted to support their credentialing application.
- Correct erroneous information regarding a credentialing application.
- Be notified of the status of credentialing or recredentialing applications.

The Council for Affordable Quality Healthcare (CAQH®) universal credentialing process is used for individual providers who contract with Amerigroup. To apply for credentialing with Amerigroup, go to the CAQH website and select **CAQH ProView™**. There is no application fee.

We encourage practitioners to begin the credentialing process as soon as possible when new physicians join a practice. Doing so will help minimize any disruptions to the practice and members' claims.

TX-NL-0154-18

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 Provider Services department at 1-800-454-3730.

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

TX-NL-0154-18

Electronic data interchange gateway update

Amerigroup has designated Availity as a no-cost option to operate and service your electronic data interchange (EDI) entry point (or EDI gateway). This designation will ensure greater consistency and efficiency in EDI submission.

Who is Availity?

Availity is well known as a web portal and claims clearinghouse, but they are much more. Availity also functions as an EDI gateway for multiple payers and serves as the single EDI connection.

Your organization can submit and receive the following transactions through Availity's EDI gateway:

- 837 — institutional claims
- 837 — professional claims
- 837 — dental claims
- 835 — electronic remittance advice (ERA)
- 276/277 — claim status
- 270/271 — eligibility request

Availity payer IDs

You can access the *Availity Payer List* here.

Electronic funds transfer (EFT) registration

To register or manage account changes for EFT only, use the EnrollHub™, a CAQH Solutions™ enrollment tool, a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows you to register with multiple payers at one time.

If you were previously registered to receive EFT only, you must register using EnrollHub to manage account changes. No other action is needed.

ERA registration

Use Availity to register and manage account changes for ERA. If you were previously registered to receive ERA, you must register using Availity to manage account changes.

Manage your paper remittance vouchers suppression (turn off) here.

TX-NL-0157-18

Get started with Availity:

- If you wish to submit directly to Availity, setup is easy. Go to the Availity Welcome Application and begin the process of connecting to the Availity EDI Gateway for your EDI transmissions.
- If you wish to use another clearinghouse or billing company, please work with them to ensure connectivity.

Need assistance?

The *Availity Quick Start Guide* will assist you with any EDI connection questions.

Contacting Availity

If you have any questions, call Availity Client Services at 1-800-AVAILITY (1-800-282-4548) Monday-Friday from 7 a.m.-6:30 p.m. Central time.

Medical Policies and *Clinical Utilization Management Guidelines* updates

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed 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. Note, not all of the services and codes referenced within these guidelines are reimbursed under Medicaid. Please refer to Medicaid guidelines for coverage and reimbursement information.

Note:

- Effective November 1, 2018, AIM Specialty Health® (AIM) *Musculoskeletal Level of Care Guidelines, Sleep Study Guidelines* and *Radiology Guidelines* are now used for clinical reviews.
- When requesting services for a patient (including medical procedures and medications), the Precertification Look-Up Tool may indicate that precertification is not required, but this does not guarantee payment for services rendered; a *Medical Policy* or *Clinical UM Guideline* may deem the service investigational or not medically necessary. In order to determine if services will qualify for payment, please ensure applicable clinical criteria is reviewed prior to rendering services.

Please share this notice with other members of your practice and office staff.

To search for specific policies or guidelines, visit https://medicalpolicies.amerigroup.com/search.

Medical Policies

On July 26, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup.

Clinical UM Guidelines

On July 26, 2018, the MPTAC approved the following *Clinical UM Guidelines* applicable to Amerigroup. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on August 31, 2018.

View the list of newly approved *Medical Policies* and *Clinical UM Guidelines* in the July 2018 update.

TX-NL-0153-18

Prior authorization (PA) requirements

Subcutaneous Implantable Defibrillator system

Effective February 1, 2019, PA requirements will change for the Subcutaneous Implantable Defibrillator system to be covered by Amerigroup.

PA requirements will be added to the following:

- Subcutaneous Implantable Defibrillator system — Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation (33270)

TX-NL-0152-18

Sublocade

Effective February 1, 2019, PA requirements will change for the injectable/infusible drug Sublocade to be covered by Amerigroup.

PA requirements will be added to the following:

- Sublocade (Buprenorphine) — implant (J0570)
- Sublocade — injectable (Q9991, Q9992)

TX-NL-0151-18

UPDATE: PA requirements for high-level, definitive drug testing delayed

In the last edition of the newsletter, Amerigroup communicated that the prior authorization for high-level, definitive drug testing(s) was changing for STAR members.

There is a delay in implementing this change and a new effective date has yet to be determined.

If you have questions about this communication, please contact your Provider Relations representative.

TX-NL-0161-18

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 and noncontracted providers on our provider website (https://providers.amerigroup.com/TX > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-800-454-3730 for PA requirements.

Short- and long-acting narcotics regulatory changes and limits to days' supplies

In the *Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter* issued in April 2018, CMS included guidance related to opioid analgesics to help improve patient safety and reduce the misuse and abuse of opioid analgesics.

Beginning January 1, 2019, all short- and long-acting opioids will reject at the point of sale if they are prescribed for more than seven days. This edit applies to members who do not have a prescription in the previous 60 days. The edit excludes members with cancer and members in hospice.

The regulatory change and specific prescription drug edits are intended to:

- Lessen the risk of long-term use and addiction potential for those using the medication for acute pain.
- Promote regular review by prescribers to ensure therapy duration is appropriate for those using the medication for acute pain.
- Allow pain control for those with intractable pain in the case of cancer.
- Support and monitor access and remedy the unfortunate effects of overutilized opioids.

For more information, please read the CMS CY 2019 Final Call Letter.

TXD-NL-0099-18

Electronic data interchange gateway update

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) has designated Availity as a no-cost option to operate and service your electronic data interchange (EDI) entry point (or EDI gateway). This designation will ensure greater consistency and efficiency in EDI submission.

View the full Electronic data interchange gateway update article in the Medicaid section.

TX-NL-0157-18

Transition of back pain management and cardiology utilization management programs from OrthoNet to AIM

Effective February 1, 2019, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will transition its back pain management and cardiology utilization management programs from OrthoNet LLC to AIM Specialty Health® (AIM), a specialty health benefits company. Amerigroup STAR+PLUS MMP has an existing relationship with AIM in the administration of other medical management programs.

AIM will follow the Amerigroup STAR+PLUS MMP clinical hierarchy for medical necessity determination. Amerigroup STAR+PLUS MMP makes coverage determinations based on CMS National Coverage Determinations (NCD), Local Coverage Determinations (LCD), other coverage guidelines and instructions issued by CMS. Where the existing guidance provides insufficient clinical detail, AIM will make a determination of medical necessity using an objective, evidence-based process.

Prior authorization requirements are available to providers by accessing the Precertification Lookup Tool at https://providers.amerigroup.com/TX > Provider Resources & Documents > Quick Tools. Providers may also call Provider Services at 1-855-878-1785 for prior authorization requirements or additional questions as needed. The clinical guidelines that have been adopted by Amerigroup STAR+PLUS MMP to review for medical necessity are also located here: http://aimspecialtyhealth.com/CG-Musculoskeletal.html and http://aimspecialtyhealth.com/CG-Cardiology.html.

The back pain management program (now referred to as the Musculoskeletal program) includes a member engagement component to reinforce important information about the surgeries and treatments you recommend. This initiative is designed to reduce anxiety, drive adherence to care plans, motivate preventive action and improve appropriate use of care for our members. Members are contacted by AIM via email or telephone and are given a link to review educational multimedia programs based on the order requests you submit to AIM for the procedures and treatments noted. As they view these multimedia programs, members will have an opportunity to note and submit any questions and concerns. Member input will be sent to your practice, giving you the opportunity to follow up and provide any additional education and information required.

Read the entire Transition of back pain management and cardiology utilization management programs from OrthoNet to AIM article to find out more about prior authorization requirements, the Musculoskeletal program and the Expanded cardiology program.

TXD-NL-0105-18

Prior authorization (PA) requirements

Nivestym (filgrastim-aafi)

Effective January 1, 2019, PA requirements will change for Part B injectable/infusible drug Nivestym (filgrastim-aafi) to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following:

- Nivestym (filgrastim-aafi) — for treatment of febrile neutropenia, hematopoietic syndrome of acute radiation syndrome, mobilization of autologous peripheral blood progenitor cells (PBPCs) into the peripheral blood, and severe chronic neutropenia (J3590)

Please note, the drug noted above is currently billed under the not otherwise classified (NOC) HCPCS J-codes J3590. Since this code includes all drugs that are NOC, if the authorization is denied for medical necessity, the plan's denial will be for the drug and not the HCPCS code.

TXD-NL-0103-18

UPDATE: PA requirements for high-level, definitive drug testing delayed

In the last edition of the newsletter, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) communicated that the prior authorization for high-level, definitive drug testing(s) was changing for Amerigroup STAR+PLUS MMP members.

There is a delay in implementing this change and a new effective date has yet to be determined.

If you have questions about this communication, please contact your Provider Relations representative.

TXD-NL-0108-18

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: 1-888-235-8468
- Phone: 1-855-878-1785

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers on our provider website (https://providers.amerigroup.com/TX > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-855-878-1785 for PA requirements.

Medicare Advantage

Electronic data interchange gateway update

Amerigroup has designated Availity as a no-cost option to operate and service your electronic data interchange (EDI) entry point (or EDI gateway). This designation will ensure greater consistency and efficiency in EDI submission.

View the full Electronic data interchange gateway update article in the Medicaid section.

TX-NL-0157-18

Coverage provided by Amerigroup Inc.

Reimbursement Policies

Policy Update — Medicaid and Medicare Advantage Claims Requiring Additional Documentation

(Policy 06-031, effective 03/01/19)

Professional providers and facilities are required to submit additional documentation for adjudication of applicable types of claims. If the required documentation is not submitted, the claim may be denied. Amerigroup may request additional documentation or notify the provider or facility of additional documentation required for claims, subject to contractual obligations.

Effective March 1, 2019, if an itemized bill is requested and/or required, then it must include the appropriate revenue code for each individual charge.

For additional information, please review the Claims Requiring Additional Documentation reimbursement policy at https://providers.amerigroup.com > Quick Tools > Reimbursement Policies > Medicaid/Medicare > Reimbursement Administration – General.

TX-NL-0108-18

Policy Update — MMP Claims Requiring Additional Documentation

(Policy 06-031, effective 03/01/19)

Professional providers and facilities are required to submit additional documentation for adjudication of applicable types of claims. If the required documentation is not submitted, the claim may be denied. Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) may request additional documentation or notify the provider or facility of additional documentation required for claims, subject to contractual obligations.

Effective March 1, 2019, if an itemized bill is requested and/or required, then it must include the appropriate revenue code for each individual charge.

For additional information, please review the Claims Requiring Additional Documentation reimbursement policy at https://providers.amerigroup.com/TX > Quick Tools > Reimbursement Policies > TX MMP > Reimbursement Administration – General.

TXD-NL-0083-18