Provider Newsletter

Amerigroup
An **Anthem** Company

https://providers.amerigroup.com/TX

April 2019

Table of Contents

April 2019

Practitioners' rights during credentialing process

The credentialing process must be completed 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.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

TX-NL-0156-18/TX-NL-0185-19

Provider surveys

Each year we reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to continually improve our operations and strengthen our relationship with our providers.
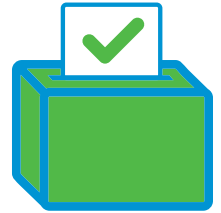
Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.

TX-NL-0156-18/TX-NL-0185-19

Clinical Criteria updates

On August 17, 2018, October 9, 2018, and November 16, 2018, the pharmacy and therapeutic (P&T) committee approved Clinical Criteria applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the Amerigroup provider website, and the effective dates are reflected in the *Clinical Criteria* updates notification. Visit the *Clinical Criteria* website to search for specific policies.

Email for questions or additional information.

TX-NL-0181-19

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Coding Spotlight: Cancer
A provider's guide to properly code cancers

Cancer is often coded inaccurately, and there are missed opportunities to show which patients are sicker and are at a higher risk and those that are no longer being treated for this chronic condition.

Documentation and coding of neoplasms has proven over time to be a source of many errors, including incorrect assignment of the morphology of the diagnosis and active cancer versus historical cancer. Neoplasms are classified in ICD-10-CM by anatomical location and morphology. It is essential to document the specific site of cancer and laterality. Words like "mass", "lump" and "tumor" should be avoided if more specific language is available. If known, the behavior of the neoplasm should be documented, such as benign, primary malignant, secondary malignant, in situ or uncertain.

"History of malignant neoplasm" or "no evidence of disease" should not be documented if the neoplasm is still being actively treated. Instead, the continuation of care should be documented, noting what has been done and what is left to do.

"History of" and "no evidence of disease" indicate an eradicated condition and a complete cure, according to coding guidelines, and would result in a history of malignant neoplasm code instead of an active malignant neoplasm code.

Read more online.

TX-NL-0167-18

Prenatal ultrasound policy clarification

Amerigroup policy covers all medically necessary prenatal ultrasounds. Following the first prenatal ultrasound, code each subsequent procedure appropriately to reflect a medically necessary diagnosis.

Please refer to *Clinical Utilization Management Guideline CG-MED-42: Maternity Ultrasound in the Outpatient Setting* for acceptable diagnosis codes. This clinical guideline follows the American Congress of Obstetricians and Gynecologists indications for sonography.

TX-NL-0172-19

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Help prevent preeclampsia with prenatal aspirin

Preeclampsia is one of four types of hypertensive disorders of pregnancy. It is defined as the development of hypertension with either proteinuria or end-organ dysfunction with onset after 20 weeks of gestation in a previously normotensive woman.
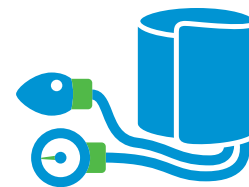
Preeclampsia facts:
- The exact incidence of preeclampsia is unknown.
- Preeclampsia is reported to affect 5-10 percent of pregnancies, with rates in the United States increasing (*ACOG Comm Op #638, September 2015*, Reaffirmed, 2017).
- Preeclampsia is one of the leading causes of maternal morbidity and mortality, accounting for 15.9 percent of the approximately 700 pregnancy-related deaths in the United States.
- Non-Hispanic Black women experience mortality rates 3-4 times that of non-Hispanic White women (*CDC Advancing the Health of Mothers in the 21st Century At A Glance*, 2016).

With the definitive etiology remaining unknown, the causation theory involves ischemic placental disease. After decades of research, daily low-dose aspirin has emerged as an effective prevention. Its anti-inflammatory and anti-platelet properties are key to counteracting the changes in platelet and vessel wall function that result in preeclampsia. Safety and efficacy of the use of aspirin in pregnancy has also been confirmed in the literature and supported by the U.S. Preventive Services Task Force in 2014.

The U.S. Preventive Services Task Force has recently recommended the use of daily aspirin in pregnant women with certain risk factors. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine have endorsed the recommendation of a daily 81 mg aspirin for women at high risk of developing preeclampsia starting at 12-28 weeks of pregnancy (*ACOG Comm Op #743*, July 2018).

Close surveillance of blood pressure in pregnancy through in-office and at-home monitoring, plus decreasing stress are other potentially effective interventions.

Amerigroup recognizes the opportunity to collaborate with our obstetrical care providers to improve women's health and pregnancy outcomes by these interventions. We hope all obstetrical care providers will join us in promoting early identification of at-risk pregnant women, close surveillance of blood pressure, reduction of stress, and administration of prenatal aspirin in eligible candidates.

Tips for providers:
- Prenatal aspirin and home blood pressure monitors are covered benefits for our members.
- Prescriptions for aspirin avoid out-of-pocket costs for members.
- Prescriptions for automatic, digital, home-use blood pressure monitors (with appropriately sized cuffs), along with proper instruction encourage members to identify preeclampsia early.
- Education on normal blood pressure range during pregnancy empowers members to partner with you in their prenatal care.

What if I need assistance?
If you have any questions about this information or our obstetrical case management program, please contact your Provider Relations representative or Provider Services at 1-800-454-3730.

TX-NL-0169-18

Latest updates to Electronic Data Interchange Gateway migration

Amerigroup designated Availity to operate and serve as the electronic data interchange (EDI) entry point — also called the EDI Gateway. The EDI Gateway is a no-cost option for providers who choose to submit their own EDI claims to Amerigroup. Those who prefer to use a clearinghouse or billing company should work with them to ensure connectivity.

Note, it is required that all trading partners who currently submit directly to the Amerigroup EDI Gateway transition to the Availity EDI Gateway.

Do you already have an Availity user ID and login?
You can use the same login for your EDI transactions with Amerigroup.

Becoming a trading partner with Availity
If you wish to become a direct trading partner with Availity, the setup is easy. Use the Availity Welcome Application to begin the process of connecting to the Availity EDI Gateway for your EDI transmissions with Amerigroup.

835 Electronic Remittance Advices (ERA)
Use Availity to register and manage account changes for *ERA*. If you previously registered to receive *ERA*, you must register using Availity to manage account changes. To enroll for *835 ERA* delivery, log in to Availity and select My Providers > Enrollments Center > ERA Enrollment.

Electronic funds transfers (EFT)
To register or manage account changes for EFT, use the EnrollHub™ — a CAQH Solutions™ enrollment tool and 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.

Need assistance?
- To access live and on-demand resources created just for our providers, log in to Availity and select **Help & Training | Get Trained**. In the *Availity Learning Center*, search for **song** in the *Catalog*.
- The Availity Quick Start Guide can assist you with any EDI connection questions you may have.
- If you have additional questions, contact Availity Client Services at 1-800-AVAILITY (1-800-282-4548) Monday-Friday between 8 a.m. and 7:30 p.m. ET.

TX-NL-0187-19

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Medical Policies and *Clinical Utilization Management Guidelines* update
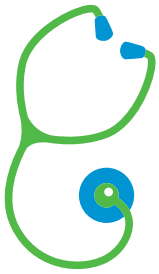
The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only. 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.

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

Updates:

- CG-BEH-01 — Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome was revised to add tests for metabolic markers in the blood, urine, tissue or other biologic materials (also known as metabolomics), including but not limited to Amino Acid Dysregulation Metabotype testing as not medically necessary.
- The following AIM Specialty Health® updates took effect on November 21, 2018:
  - Musculoskeletal interventional pain management
  - Spine surgery
  - Radiology
- The following customizations to MCG Care Guidelines (22nd Edition) went into effect on January 16, 2019:
  - *Behavioral Health Level of Care Guidelines*
  - *Inpatient and Surgical Care Guidelines* — neonatology, orthopedics, thoracic surgery and pulmonary disease
- Customizations to the MCG Care Guidelines (23rd Edition) take effect on May 24, 2019.

Medical Policies

On November 21, 2018, the MPTAC approved several *Medical Policies* applicable to Amerigroup. These policies take effect April 6, 2019. View the full update online for a list of the policies.

Clinical UM Guidelines

On November 21, 2018, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for STAR members on January 3, 2019. These guidelines take effect April 6, 2019. View the full update online for a list of the guidelines.

Read more online.

TX-NL-0179-19

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Latest updates to Electronic Data Interchange Gateway migration

View the article in the Medicaid section.

TX-NL-0187-19

Update: evaluation and management with Modifier 25

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) has identified that providers often bill a duplicate evaluation and management (E&M) service on the same day as a procedure, even when the same provider (or a provider with the same specialty within the same group TIN) recently billed a service or procedure which included an E&M service for the same or similar diagnosis. The use of Modifier 25 to support separate payment of this duplicate service is not consistent with correct coding or Amerigroup STAR+PLUS MMP policy on use of Modifier 25. To view the Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service reimbursement policy, go to https://providers.amerigroup.com/TX > Provider Resources & Documents > Quick Tools > Reimbursement Policies Coding.

Beginning with claims processed on or after May 1, 2019, Amerigroup STAR+PLUS MMP may deny the E&M service with a Modifier 25 billed on the day of a related procedure when there is a recent service or procedure for the same or similar diagnosis on record.

If you believe a claim should be reprocessed because there are medical records for related visits that demonstrate an unrelated, significant and separately identifiable E&M service, please submit those medical records for consideration.

TXD-NL-0112-19

Latest updates to Electronic Data Interchange Gateway migration

View the article in the Medicaid section.

TX-NL-0187-19

New incentive program for reimbursement for select CPT Category II codes

CPT Category II codes are supplemental tracking codes used to support quality patient care and performance management.

CPT II codes are:
- Billed in the procedure code field in the same way as CPT Category I codes.
- Used to describe clinical components usually included in evaluation, management or clinical services.
- Billed with a $0 billable charge amount since they are not usually associated with any relative value.

Under this new incentive program, Amerigroup will reimburse contracted providers for submitting select HEDIS®-related CPT Category II codes for eligible members.

Using these CPT Category II codes for members will:
- Help providers address clinical care opportunities.
- Facilitate timely and accurate claims payments.

Detailed information about this program, including a list of applicable codes, will be sent to providers.

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

AGPCRNL-0005-19

Update: evaluation and management with Modifier 25

Amerigroup as identified that providers often bill a duplicate evaluation and management (E&M) service on the same day as a procedure, even when the same provider (or a provider with the same specialty within the same group TIN) recently billed a service or procedure which included an E&M service for the same or similar diagnosis. The use of Modifier 25 to support separate payment of this duplicate service is not consistent with correct coding or Amerigroup policy on use of Modifier 25.

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If you believe a claim should be reprocessed because there are medical records for related visits that demonstrate an unrelated, significant and separately identifiable E&M service, please submit those medical records for consideration.

AGPCRNL-0006-19

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Coverage provided by Amerigroup Inc.

Reimbursement Policy

Policy Update — Medicaid
Multiple Delivery Services
(Policy 06-044, effective 06/30/2019)

Effective June 30, 2019, Amerigroup allows reimbursement for only one delivery or cesarean section in a seven month period, including multiple births.

To view the Multiple Delivery Services reimbursement policy, please visit https://providers.amerigroup.com/TX > Provider Resources & Documents > Quick Tools > Reimbursement Policies > Surgery.

TX-NL-0178-19

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