Provider Newsletter

Amerigroup
An Anthem Company

https://providers.amerigroup.com/tx

August 2018

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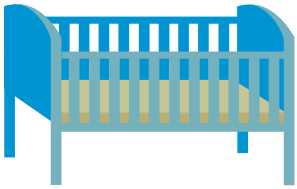
Normal newborn diagnosis-related group claims processing update

Effective November 1, 2018, Amerigroup will update the claims processing system to ensure accurate payment of newborn claims in accordance with Texas normal newborn diagnosis-related group (DRG) requirements and our inpatient authorization requirements.



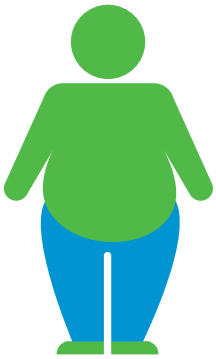
All newborn inpatient stays must have sufficient documentation provided to support an admission to an area beyond the newborn nursery, such as a neonatal intensive care unit (NICU) or for the higher level of care associated with the more complex newborn DRG. Documentation to support the higher level admission includes authorization or medical records.

Failure to provide the appropriate documentation will result in the claim being processed based on the normal newborn rate. Please note that current authorization guidelines for normal newborn and higher level of care baby inpatient stays will be applied.

For more information, reference the full provider update.

TX-NL-0105-18

Coding Spotlight — Obesity



The obesity epidemic is a serious issue in the United States. The obesity rate is rising. Obesity has significant health consequences, contributing to increased rates in several diseases, including metabolic syndrome, high blood pressure, diabetes, heart disease, high blood cholesterol, sleep disorders and cancers.

For detail information on obesity HEDIS® measurements and coding, please view the full update on our provider website.

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

TX-NL-0129-18

Clinical Practice Guidelines and *Preventive Health Guidelines*

Clinical Practice Guidelines (CPGs) and *Preventive Health Guidelines (PHGs)* are nationally recognized, scientific, evidence-based standards of care. Amerigroup works with providers to develop clinical policies and guidelines for member care. Updated *CPGs* and *PHGs* are located on our website at https://providers.amerigroup.com/TX.

For copies of these guidelines, print them from our website or call Provider Services at 1-800-454-3730 to receive a printed copy.

TX-NL-0127-18

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids Program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

Amerigroup fights opioid addiction: Extension for Community Healthcare Outcomes and Quality Medication-Assisted Therapy

Extension for Community Healthcare Outcomes (ECHO)

People are dying of opioid addiction. With the ECHO opioid addiction treatment, you can help save lives! Join one of several video tele-consultative ECHO learning communities nationwide and participate with other clinicians learning about medication-assisted treatment for individuals with opioid disorders. For more information, visit the ECHO website.

Benefits of participating include:

- Addiction treatment training.
- Free continuing education credits.
- Opportunity to receive expert input on your (de-identified) patient cases.
- Access to a virtual learning community for treatment guidelines, tools and patient resources.
- Opportunity to ask questions and get a variety of support from specialists.

Quality Medication-Assisted Therapy (MAT)

To help ensure members have access to comprehensive evidence-based care, Amerigroup is committed to helping its providers double the number of members who receive behavioral health services as part of MAT for opioid addiction.

When treating patients with opioid use disorder, it is considered best practice to offer and arrange evidence-based treatment. This usually consists of MAT with buprenorphine or, in some plans, methadone maintenance treatment in combination with behavioral therapies. Behavioral therapies focused on medication adherence and relapse prevention can improve MAT outcomes and improve other social determinants of health, including development of an enhanced social support network in recovery.

For more information

For more information about what is considered best practice for medication-assisted treatment, please read the American Society of Addiction Medicine's *National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use*.

You can also contact Jennifer Tripp by email at jennifer.tripp@anthem.com for more information about the ECHO and MAT programs.

TX-NL-0128-18

The Interactive Care Reviewer tool is available — Start using today!

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How can I learn more about ICR?

Learn more about ICR by attending one of the monthly webinars.

Who can I contact with questions?

For questions regarding our ICR tool, please contact your local Provider Network Relations representative or contact Provider Services at 1-800-454-3730.

For questions on accessing our tool via Availity, call Availity Client Services at 1-800-282-4548. Availity Client Services is available Monday-Friday from 8 a.m.-7 p.m. Eastern time (excluding holidays) to answer your questions.

Note: ICR is not currently available for requests involving transplant services or services administered by AIM Specialty Health® or OrthoNet LLC. For these requests, follow the same preauthorization process you use today.

TX-NL-0118-18

Provider orientation training schedule

Would you like to learn more about checking eligibility, authorizations or claim status?

Provider orientation webinar schedule
All sessions are from noon-1 p.m. Central time.
Wednesday, August 29, 2018
Call line: 1-888-808-6929 • Code: 9048847 Webinar link • Event password: August29
Wednesday, September 26, 2018
Call line: 1-888-808-6929 • Code: 904-8847 Webinar link • Event password: September26
Wednesday, October 31, 2018
Call line: 1-888-808-6929 • Code: 904-8847 Webinar link • Event password: October31
Wednesday, November 28, 2018
Call line: 1-888-808-6929 • Code: 904-8847 Webinar link • Event password: November28
Wednesday, December 19, 2018
Call line: 1-888-808-6929 • Code: 904-8847 Webinar link • Event password: December19

TXPEC-2620-18

Do you have questions regarding Texas Health Steps?

Texas Health Steps webinar schedule
Online sessions will include an overview of the Texas Health Steps program, billing guidelines and related programs such as Case Management for Children and Pregnant Women and Medicaid Transportation Program (MTP). All sessions will be held from noon-1 p.m. Central time.
Wednesday, August 22, 2018
Call line: 1-888-808-6929 • Code: 904-8847 Webinar link • Event password: August22
Wednesday, September 19, 2018
Call line: 1-866-308-0254 • Code: 323-915-4801 Webinar link • Event password: September19
Wednesday, October 17, 2018
Call line: 1-888-808-6929 • Code: 904-8847 Webinar link • Event password: October17
Wednesday, November 14, 2018
Call line: 1-888-808-6929 • Code: 904-8847 Webinar link • Event password: November14
Wednesday, December 12, 2018
Call line: 1-888-808-6929 • Code: 904-8847 Webinar link • Event password: December12

TX-NL-0130-18

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/TX > Provider Resources & Documents > Quick Tools > Medical Policies.

We are staffed with clinical professionals who coordinate our members' care and are available 24 hours a day, 7 days a week 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:

- Calling us at 1-800-454-3730.
- 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.

TX-NL-0136-18

Electronic Data Interchange migration to Availity

Recently, Amerigroup partnered with Availity as our designated Electronic Data Interchange (EDI) gateway and E-Solutions Service Desk, and Amerigroup will not renew existing contracts with clearinghouse vendors. As a result, beginning January 1, 2019, Availity will manage all EDI trading partner relationships on behalf of Amerigroup. This new partnership will not interrupt your current services.

Transmitting 837 claims

If you currently transmit 837 claims using a clearinghouse, you should contact your clearinghouse as soon as possible to confirm your EDI submission path for Amerigroup transactions has not changed. If your clearinghouse notifies you of changes regarding connectivity, workflow or the financial cost of EDI transactions, there is a no-cost option available to you – You can submit claims directly through Availity.

Direct submitters can also use Availity for their 837 transmissions.

Registering with Availity

If you choose to submit directly through Availity but are not yet a registered user, go to https://www.availity.com and select **REGISTER**. The registration wizard will lead you through the enrollment process. Once complete, you will receive an email with your login credentials and next steps for getting started. If you have any questions or concerns please contact Availity at 1-800-AVAILITY (1-800-282-4548).

It is our priority to deliver a smooth transition to Availity for our EDI services. If you have questions, please contact your Provider Relations representative or Provider Services at 1-800-454-3730.

TXPEC-2589-18

Remittance Inquiry tool available September 1, 2018

We've made it easy for you to access remittance advices online for all Amerigroup members using the new Remittance Inquiry tool on the Availity Portal.

Here's how to access the remittance inquiry tool:

- Log in to the Availity Portal.
- From the Availity home page, select **Payer Spaces**.
- Select **Amerigroup** from the list of payer options.
- Select **Applications** and then **Remittance Inquiry**.

Here's how it works:

After selecting the organization, select the tax ID number from the drop-down menu. Then, select the provider under the Express Entry drop-down or enter the NPI (typically the group NPI). You have the option to sort your results by provider name, issue date, check/EFT number and check/EFT amount.

Do you need an imaged copy of the remittance for your files?

Select the **View Remittance** link associated with each remit and print or save.

Don't see this valuable tool when you log in to the Availity Portal?

Contact your administrator to request **claims status access**, which includes the Remittance Inquiry tool. If you do not know who the administrator for your organization is, log in to Availity, go to your account and select **My Administrators**.

If you have questions about the features on the Availity Portal or need additional registration assistance, contact Availity Client Services at 1-800-282-4548.

If you have questions about the tools and resources available within Payer Spaces or on the Amerigroup website, contact Provider Services at 1-800-454-3730 or your local Provider Relations representative.

TX-NL-0138-18

Accessing remittance inquiry beginning September 1, 2018

To access remittance inquiries, follow the steps below:

1. Log into the Availity Portal.
2. Access the Remittance Inquiry Tool via the **Payer Spaces** option from the top navigation.
3. Choose **Amerigroup** from the *Payer Spaces* drop-down box.
4. Select **Applications**, then select the **Remittance Inquiry** tile.
5. Choose your organization and tax ID from the drop-down box, and search by Check/EFT Number or Issue Date Range. After entering the appropriate information, select **Search**.
6. To search by Issue Date Range: Either select the provider from the Express Entry drop down or enter the NPI, indicate the date range, and then select **Search**.
7. From the *Remittance Inquiry Results* page, the results can be sorted by provider name, issue date, check/electronic funds transfer (EFT) number or check/EFT amount.

To view these instructions along with screen shots, use the following link:

Accessing remittance inquiry

Additional information:

- Remit images are available for all Amerigroup members.
- Remits of over 50 pages will return the first 50 pages for viewing.
  - To view all pages, download or print the remit.
- Search in span of seven days and up to 15 months back.
- To conduct a remittance inquiry, access to "View Claims Status Inquiry" is needed.

TX-NL-0090-17/TX-NL-0137-18

Medical Policies and *Clinical Utilization Management Guidelines* updates

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* detailed in the bimonthly update 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. 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.

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 January 25, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup.

Please note:

- Starting July 1, 2018, AIM Specialty Health® *Cardiology and Radiation Oncology Guidelines* are utilized for clinical reviews.

Clinical UM Guidelines

On January 25, 2018, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. The update details the guidelines adopted by the medical operations committee for the Government Business Division on March 2, 2018.

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

TXPEC-2551-18

Medical Policies

On March 22, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup.

Clinical UM Guidelines

On March 22, 2018, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. The update details the guidelines adopted by the medical operations committee for the Government Business Division on April 19, 2018.

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

TXPEC-2585-18

Member'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 to participating practitioners and members in our system, Amerigroup has adopted a *Member's Rights and Responsibilities Statement*, which is located in your *Provider Manual*.

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

TX-NL-0131-18

Prior authorization (PA) requirements

Mepolizumab (Nucala) and reslizumab (Cinqair)

Effective September 1, 2018, PA requirements will change for injectable/infusible drugs mepolizumab (Nucala®) and reslizumab (Cinqair®).

PA requirements will be added to the following:

- Mepolizumab (Nucala) — injection, 1 mg (J2182)
- Reslizumab (Cinqair) — injection, 1 mg (J2786)

TX-NL-0117-18

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 > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-800-454-3730 for PA requirements.

Electronic Data Interchange migration to Availity

Recently, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) partnered with Availity as our designated Electronic Data Interchange (EDI) gateway and E-Solutions Service Desk, and Amerigroup STAR+PLUS MMP will not renew existing contracts with clearinghouse vendors. As a result, beginning January 1, 2019, Availity will manage all EDI trading partner relationships on behalf of Amerigroup STAR+PLUS MMP. This new partnership will not interrupt your current services.

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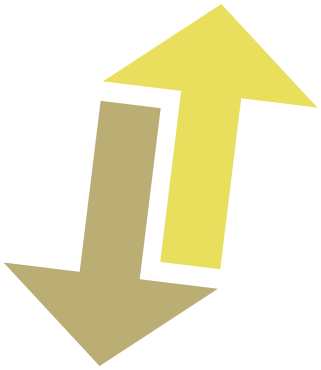

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It is our priority to deliver a smooth transition to Availity for our EDI services. If you have questions please contact your Provider Relations representative or Provider Services at 1-855-878-1785.

TXDPEC-0549-18

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

The Interactive Care Reviewer tool is available — Start using today!

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TXD-NL-0087-18

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TXD-NL-0098-18

Service coordination team meeting

Bringing key participants of a member's team together in order to stabilize medical conditions, maintain functional status, and review outstanding and/or projected needs is what service coordination teams are all about.

Service coordination team

The service coordination team is a team comprised of participants from different professional disciplines and/or services who work together to coordinate and/or deliver services focused on planning care, optimizing quality of life and supporting an individual and/or family. The team is led by the member's service coordinator who consults with the member to develop a comprehensive Individualized Care Plan addressing that person's specific needs.

A member's service coordination team includes at a minimum: the member and/or their authorized representative, their PCP and their service coordinator, but may also include other medical disciplines or experts such as:

- Hospital discharge planners.
- Nursing facility representatives.
- Social workers.
- Behavioral health specialists.
- Specialty providers.
- Pharmacists.
- LTSS providers.

We want to ensure the member gets the right care at the right time.

If you have information that may impact a member with an admission, a change in condition, a barrier the member needs help with, medication compliance or any other issues, please reach out to us.

Each team participant plays an important role in coordinating the member's care.

A formal meeting is not always necessary, and the service coordinator can reach out to share information on a one-on-one basis and/or seek feedback from team participants via phone or email, and then coordinates the overall communication and outcomes to the team. If the member's needs are complex enough that a formal meeting is necessary, all of the service coordination team members will receive an invitation to attend.

We welcome your participation and attendance. Service coordination teams benefit the member by increasing the coordination of services, improving care, integrating health care for a wide variety of problems and empowering members to take an active role in their health care. When you receive an invitation to participate on a member's service coordination team, please attend if you are able or send someone to represent you.

If you have any questions, please contact Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) at 1-855-878-1785 (TTY 711).

TXD-NL-0094-18

Prior authorization (PA) requirements

Azedra (iobenguane I 131) and Poteligeo (mogamulizumab)

Effective November 1, 2018, PA requirements will change for Part B injectable/infusible drugs Azedra (iobenguane I 131) and Poteligeo (mogamulizumab) to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following:

- Azedra (iobenguane I 131) — for treatment of malignant pheochromocytoma and paraganglioma (J3490, J9999)
- Poteligeo (mogamulizumab) — for treatment of patients with cutaneous T-cell lymphoma (CTCL) who have received at least one prior systemic therapy (J3490, J9999)

Please note, the drugs noted above are currently billed under the not otherwise classified (NOC) HCPCS J-codes J3490, J9999; they are unlisted because no J code has been established at this time. Since these codes include 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-0095-18

Retacrit (epoetin alfa-epbx), Damoctocog and Ilumya (tildrakizumab)

Effective November 1, 2018, PA requirements will change for Part B injectable/infusible drugs Retacrit (epoetin alfa-epbx), Damoctocog and Ilumya (tildrakizumab) to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following:

- Retacrit (epoetin alfa-epbx) — for the treatment of anemia due to chronic kidney disease in patients on dialysis and not on dialysis, the effects of concomitant myelosuppressive chemotherapy or use of zidovudine in patients with HIV infection; also approved for the reduction of allogenic red blood cell transfusions in patients undergoing elective, noncardiac, nonvascular surgery (J3490, J3590)
- Damoctocog alpha pegol — for treatment of Hemophilia A (J3490, J3590)
- Ilumya (tildrakizumab-asmn) — for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy (J3490, J3590)

Please note, one or more of the drugs noted above are currently billed under the not otherwise classified (NOC) HCPCS J-codes J3490, J3590. Since these codes include 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 codes.

TXD-NL-0096-18

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

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SSO-PEC-1080-18

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SSO-NL-0046-18

Policy Update — Amerigroup STAR+PLUS MMP Medical Recalls

(Policy 06-111 — effective 11/01/2018)

In applicable circumstances, the appropriate modifier, condition code or value code (identified below) should be used to identify a medically recalled item. This will assist Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) in identifying medically recalled items and support correct coding guidelines.

Applicable condition codes are 49 and 50. Condition code 49 signifies products replaced within the product lifecycle due to the product not functioning properly, and condition code 50 is used for product replacement for known recall of a product.

When a credit or cost reduction is received by the provider for the replacement device, applicable modifiers are FB and FC. Modifier FB is used when items are provided without cost to the provider, supplier or practitioner, and modifier FC is used when a partial credit is received by the provider, supplier or practitioner for the replacement device.

Note: In circumstances where we have reimbursed the provider for repair or replacement of items or procedures related to items due to a medical recall, we are entitled to recoup or recover fees from the manufacturer and/or distributor as applicable. In circumstances where we have reimbursed the provider the full or partial cost of a replaced device and the provider received a full or partial credit for the device, we are entitled to recoup or recover fees from the provider.

Please refer to CMS and/or state guidelines, and the Medical Recalls reimbursement policy for additional details at https://providers.amerigroup.com/TX > Quick Tools > Reimbursement Policies > TX MMP.

TXD-NL-0079-18

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TX-NL-0102-18