

# Provider Newsletter



# Amerigroup

An Anthem Company

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

December 2019

## Table of Contents

### Medicaid:

Amerigroup now offers telehealth services	Page 2
Coding spotlight — provider's guide to coding behavioral and emotional disorders	Page 3
Coding spotlight — provider's guide to coding respiratory diseases	Page 3
Medical drug <i>Clinical Criteria</i> updates	Page 3
Authorization process update for identified HCBS procedure codes	Page 4
Electronic submission is preferred method for requesting pharmacy prior authorization	Page 4
Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal	Page 5
<i>Medical Policies and Clinical Utilization Management Guidelines</i> update	Page 6
Prior authorization requirements	Page 7

### Medicare-Medicaid Plan (MMP):

CMS reminder: expedited/urgent requests	Page 8
Reminder to Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) providers	Page 9
Rehabilitative services prior authorization review update	Page 9
Help protect your patients by providing medical ID protection — best practices	Page 10
Prior authorization requirements	Page 11

### Medicare Advantage:

Medicare preferred continuous glucose monitor	Page 12
Provider training series	Page 13
2020 Medicare Advantage benefit updates	Page 14
2019 Enhanced Personal Health Care Program releases myFHR	Page 14
<i>Medical Policies and Clinical Utilization Management Guidelines</i> update	Page 15
Prior authorization requirements	Page 16

# Medicaid

## Amerigroup now offers telehealth services

Amerigroup now offers LiveHealth Online, a telemedicine tool, for Medicaid and CHIP members. LiveHealth Online provides members with a convenient way to have live video visits with board-certified doctors, psychologists or psychiatrists. Members can access LiveHealth Online by registering via the mobile app or [website](#). Dual eligible members and pregnant women covered under CHIP Perinate are not eligible for these services.

Providers are available through the LiveHealth Online tool 24 hours a day, 7 days a week, 365 days a year (including holidays). LiveHealth Online visits are for nonemergency physical health conditions such as coughs, colds, cuts, bruises, sprains/strains, etc. Visits can also be used to get quality care for nonemergency behavioral health conditions. Prescriptions and/or prescription refills can be provided, if needed.\*

Providers who have visits with members via LiveHealth Online can send prescriptions directly to a member's pharmacy of choice, if needed. A summary of each visit is created and can be forwarded to the member's PCP with member permission. This valuable ability supports continuity of care and collaboration among providers.

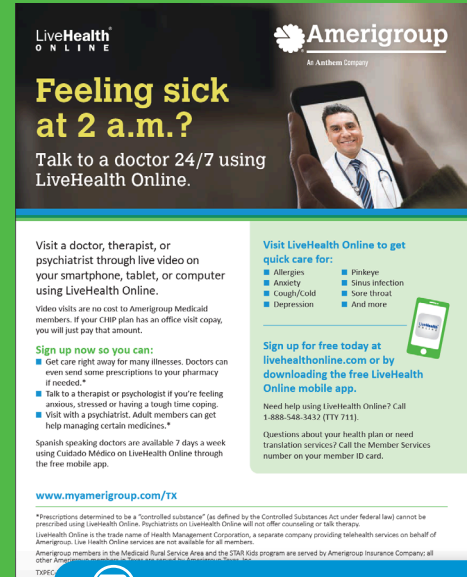
While LiveHealth Online is a useful tool, members should also understand the importance of the relationship with their PCP, and they should make sure to follow up with their PCP after LiveHealth Online visits. LiveHealth Online is not intended to, nor can it, take the place of the member's PCP relationship and/or the services provided by their PCP.

\* Prescription availability is defined by physician judgment and state regulations. Visit the home page of <https://livehealthonline.com> to view the service map by state.

*LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Amerigroup.*

TX-NL-0193-19

### Take a look at the LiveHealth Online fliers for our members:



**LiveHealth ONLINE** Amerigroup An Anthem Company

**Feeling sick at 2 a.m.?**

Talk to a doctor 24/7 using LiveHealth Online.

Visit a doctor, therapist, or psychiatrist through live video on your smartphone, tablet, or computer using LiveHealth Online.

Video visits are no cost to Amerigroup Medicaid members. If your CHIP plan has an office visit copay, you will just pay that amount.

Sign up now so you can:

- Get care right away for many illnesses. Doctors can even send some prescriptions to your pharmacy if needed.\*
- Talk to a therapist or psychologist if you're feeling anxious, stressed or having a tough time coping.
- Visit with a psychiatrist. Adult members can get help managing certain medicines.\*

Spanish speaking doctors are available 7 days a week using Cuidado Médico on LiveHealth Online through the free mobile app.

Visit LiveHealth Online to get quick care for:

- Allergies
- Anxiety
- Cough/cold
- Depression
- Pink eye
- Sore throat
- Sore throat
- And more

Sign up for free today at [livehealthonline.com](https://livehealthonline.com) or by downloading the free LiveHealth Online mobile app.

Need help using LiveHealth Online? Call 1-888-548-3432 (TTY 711).


Questions about your health plan or need translation services? Call the Member Services number on your member ID card.

[www.mylivehealthonline.com/tx](https://www.mylivehealthonline.com/tx)

\*Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Physicians on LiveHealth Online will not offer counseling or talk therapy. LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Amerigroup. Live Health Online services are not available for all members. 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.



Read more online.



**LiveHealth Online Psychiatry** Amerigroup An Anthem Company

Visit with a psychiatrist from the comfort and privacy of home

As an Amerigroup member, you can use LiveHealth Online to visit with a board-certified psychiatrist through live video. All you need is your smartphone, tablet, or computer with a webcam.

When talking with your therapist alone isn't enough, a psychiatrist can help you manage medications for things like:

- Anxiety
- Stress
- Depression
- Panic attacks
- Relationship or family issues
- Stress from coping with a sickness and more

How much does it cost to use LiveHealth Online Psychiatry?

Amerigroup Medicaid members can use LiveHealth Online Psychiatry at no cost. If your CHIP plan has an office visit copay, you will just pay that amount.

How do I schedule a LiveHealth Online Psychiatry visit?

After you sign up or log in, select LiveHealth Online Psychiatry to choose a psychiatrist. Then, you can schedule an appointment online or by calling 1-888-548-3432. We offer flexible daytime, evening, and weekend appointments.

How do I know if a psychiatrist is in my plan?

When you log in to LiveHealth Online, the psychiatrists you see on the website are part of your plan.

It's easy to get started. Sign up for free today at [livehealthonline.com](https://livehealthonline.com) or by downloading the free LiveHealth Online mobile app.

Need help using LiveHealth Online Psychiatry? Call 1-888-548-3432 (TTY 711).

Questions about your health plan or need translation services? Call the Member Services number on your member ID card.

**LiveHealth ONLINE**

Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Physicians on LiveHealth Online will not offer counseling or talk therapy. LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Amerigroup. LiveHealth Online services are not available for all members. 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.



Read more online.

## Coding spotlight — provider's guide to coding behavioral and emotional disorders

### ICD-10-CM coding

Codes within categories F90-F98 represent behavioral and emotional disorders with onset usually occurring in childhood and adolescence and may be used regardless of the age of the patient.



Attention deficit hyperactivity disorder (ADHD) is among these common childhood disorders. While ADHD is not a learning disability, it can impact the ability to learn. This disorder is characterized by classic symptoms of inattention, hyperactivity and impulsivity.

The following subtypes of ADHD have been identified:

- Hyperactive/impulsive type — The patient does not show significant inattention.
- Inattentive type — The patient does not show significant hyperactive-impulsive behavior.
- Combined type — Patient displays both inattentive and hyperactive-impulsive symptoms.
- Hyperactive/impulsive type — The patient does not show significant inattention.
- Inattentive type — The patient does not show significant hyperactive-impulsive behavior.
- Combined type — Patient displays both inattentive and hyperactive-impulsive symptoms.



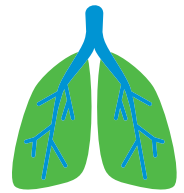
**Read more online.**

TX-NL-0241-19

## Coding spotlight — provider's guide to coding respiratory diseases

### ICD-10-CM coding

Respiratory diseases are classified in categories J00 through J99 in Chapter 10, "Diseases of the Respiratory System" of the *ICD-10-CM Official Guidelines for Coding and Reporting*.



### Pneumonia

Pneumonia is coded in several ways in ICD-10-CM. Combination codes that account for both pneumonia and the responsible organism are included in Chapter 1, "Certain Infectious and Parasitic Diseases" and Chapter 10, "Diseases of the Respiratory System." Examples of appropriate codes for pneumonia include:

- J15.0 — pneumonia due to *Klebsiella*
- J15.211 — pneumonia due to *Staphylococcus aureus*
- J11.08 + J12.9 — viral pneumonia with influenza.



**Read more online.**

TX-NL-0254-19

## Medical drug *Clinical Criteria* updates

On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates will be reflected in the [Clinical Criteria web posting](#).

TX-NL-0239-19

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

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

## Authorization process update for identified HCBS procedure codes

Amerigroup is modifying the authorization process for the following home- and community based services (HCBS) procedure codes:

- Agency and Consumer Directed Personal Care Services — S5125 and T1019
- Respite Services — S5151

### What is the scope and impact of this change?

Amerigroup will authorize the above services for up to a year at a time in monthly units (January, February, March, etc.). This change will no longer allow unused units from a previous month to be provided and paid without prior authorization approval.

No additional services will be affected by these changes at this time.

When Amerigroup enters the approved authorization with a monthly span, it will:

- Allow easier matching of claims to authorizations.
- Allow case managers to more efficiently track utilized services from month to month, identify gaps in care and more easily make revisions when a member has a change in condition that necessitates service changes.
- Reduce authorization impact when a service needs change. Authorizations can be revised for the impacted months only.
- Affect only authorizations for members whose annual service plan review is due on or after January 1, 2020.

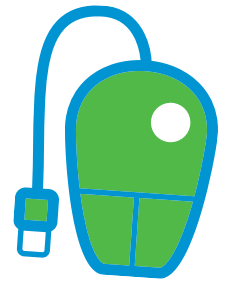
These changes will not:

- Affect how a provider currently requests authorizations or bills for services.
- Impact authorizations for members whose annual service plan review is due before January 1, 2020.

TX-NL-0238-19

## Electronic submission is preferred method for requesting pharmacy prior authorization

Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. The online process is faster and easier to complete, and the response is automatic, which helps patients get their medications sooner. You can complete this process through your current electronic health record/electronic medical record (EHR/EMR) system or via the following ePA sites:



- Surescripts®:  
<https://providerportal.surescripts.net/providerportal>
- CoverMyMeds®:  
<https://www.covermymeds.com/main>

Creating an account is free and takes just a few minutes. If you are experiencing any issues or have a question about how the systems operate:

- For questions or issues with accessing the Surescripts portal, call 1-866-797-3239.
- For questions or issues with accessing the CoverMyMeds portal, call 1-866-452-5017.

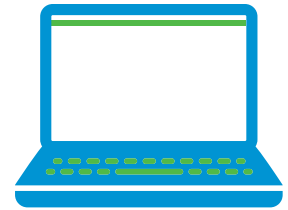
For questions regarding pharmacy benefits, please contact your IngenioRx call center the numbers listed below:

- Medicaid: 1-800-454-3730
- Medicare: 1-866-805-4589
- MMP: 1-855-878-1785

TX-NL-0240-19

## Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal

Amerigroup has an online tool that displays prior authorization guidelines to help you quickly determine whether certain services for Amerigroup members require a prior authorization.



You can access the Precertification Lookup Tool through the Availity Portal. The Precertification Lookup Tool will let you know if clinical edits apply, information such as the medical necessity criteria used in making the authorization decision and if a vendor is used — without the need to make a phone call.

### Where is the Precertification Lookup Tool located on Availity?

Navigate to the Precertification Lookup Tool on the Availity Portal by selecting either 1) Payer Spaces or 2) Patient Registration from [Availity's homepage](#). You can also reach Availity via phone at 1-800-AVAILITY (1-800-282-4548). Access to the information does not require an Availity role assignment, tax ID or NPI.

#### Through Availity Payer Spaces:

- Select Amerigroup from the *Payer Spaces* menu.
- Select the **Applications** tab.
- Select the **Precertification Lookup Tool**.

#### From the Patient Registration menu:

- Select **Authorizations and Referrals**.
- Select the **Precertification Lookup Tool** link located under *Additional Authorizations & Referrals*.

Once you have accessed the Precertification Lookup Tool, choose a line of business from the menu selection offered, then type the CPT®/HCPCS code or a code description to determine if a prior authorization is required.

### Other ways to access:

If you are currently accessing the Precertification Lookup Tool either through your health plan's public or secure provider portal, those options are still available for you.

TX-NL-0246-19

## 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. Note, not all of the services and codes referenced within these guidelines are reimbursed under Medicaid or CHIP. Please refer to Medicaid or CHIP guidelines for coverage and reimbursement information.

To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### August 2019 update

#### Notes/updates:

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

- \*GENE.00023 — Gene Expression Profiling of Melanomas
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- \*GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations
- \*MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
  - Revised title
  - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- \*SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
  - Revised title
  - Combined the three INV&NMN statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- \*TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- \*CG-ANC-07 — Inpatient Interfacility Transfers
  - Added NMN statements regarding admission and subsequent care at the receiving facility
- \*CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
  - Revised title
  - Expanded Scope
  - Revised MN statement to include upper extremities
- The following AIM Specialty Health® updates were approved:
  - \*Spine Surgery
  - \*Radiation Oncology-Brachytherapy
    - Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
  - Sleep Disorder Management Diagnostic & Treatment Guidelines
  - Advanced Imaging
    - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
    - \*Imaging of the Abdomen and Pelvis
- MCG Customization for Repair of Pelvic Organ Prolapse (W0163) — Updated Coding Section



## Medical Policies and Clinical UM Guidelines update (cont.)

### Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup. These guidelines take effect December 22, 2019. View the update online for a list of the policies.



**Read more online.**

### Clinical UM Guidelines

On August 22, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on September 26, 2019. These guidelines take effect December 22, 2019. View the update online for a list of the guidelines.

TX-NL-0252-19

## Prior authorization (PA) requirements

### Global 3M19 Medical Policy and Technology Assessment Committee PA requirement updates

Effective February 1, 2020, PA requirements will change for several services covered by Amerigroup for our members.

TX-NL-0248-19



**Read more online.**

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



## Medical drug *Clinical Criteria* updates

View the [article](#) in the Medicaid section.

TX-NL-0239-19

## Electronic submission is preferred method for requesting pharmacy prior authorization

View the [article](#) in the Medicaid section.

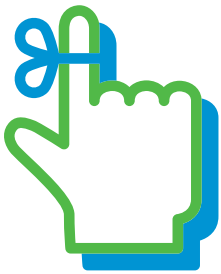
TX-NL-0240-19

## Prior authorization requirements

View the [article](#) in the Medicaid section.

TX-NL-0226-19

## CMS reminder: expedited/urgent requests



CMS defines an expedited/urgent request as “an expedited/urgent request for a determination is a request in which waiting for a decision under the standard time frame could place the member’s life, health or ability to regain maximum function in seriously jeopardy.” Contracted providers should submit requests in accordance with CMS guidelines to allow for organization determinations within the standard turnaround time, unless the member urgently needs care based on the CMS definition of an expedited/urgent request.

TXD-NL-0159-19



## Reminder to Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) providers

As a reminder, PCPs may only refer Amerigroup STAR+PLUS MMP members to in-network providers.

Amerigroup STAR+PLUS MMP has contracted with specialists to ensure adequate care of our members. The use of contracted network specialists will ensure continuity of appropriate clinical background data and coordination of care with the PCP.

Should there be a need to refer the member outside the contracted network, contact Provider Services at 1-855-878-1785 for prior authorization (PA). Referring an Amerigroup STAR+PLUS MMP member out-of-network, who does not have out-of-network benefits, could result in claim denials with member liability unless the service is urgent, emergent, out-of-area dialysis or if PA was approved by the plan.

As a reminder to all providers, the referring physician name and NPI must be reported on the claim when the PCP does not provide the service rendered. This will reduce the number of rejections issued during initial claim processing.

TXD-NL-0168-19

## Rehabilitative services prior authorization review update

As previously communicated, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) planned to transition vendors to AIM Specialty Health® (AIM) for reviews of rehabilitative services for our members to include outpatient physical therapy (PT), occupational therapy (OT) and speech language pathology (SLP). However, Amerigroup STAR+PLUS MMP decided to delay this transition.

We recognize the great work you do managing our members' care. As a result, we decided prior authorization is not required for PT, OT and SLP through March 2020. During this time, in addition to all other rights Amerigroup STAR+PLUS MMP has under our contract and the law, Amerigroup STAR+PLUS MMP and AIM will monitor claims history and utilization trends. Amerigroup STAR+PLUS MMP and AIM will also validate provider and member information.



AIM will facilitate training sessions to provide an overview of the program and demonstrate features of the AIM **ProviderPortal**<sub>SM</sub>. Visit the [AIM ProviderPortal](#) to register for an upcoming session.

We are dedicated to providing an efficient portal experience so providers can focus on delivering effective therapy and help members avoid invasive surgical procedures, which can impact quality and cost of care. There are many [resources](#) available to you. Please use these resources to prepare your offices for the transition in 2020. For questions or issues, call AIM Specialty Health at 1-800-252-2021 or email [rehabprogram@aimspecialtyhealth.com](mailto:rehabprogram@aimspecialtyhealth.com).

TXD-NL-0162-19

## Help protect your patients by providing medical ID protection — best practices

### Overview

Many of our members have reported that they received unsolicited calls (or emails) from an individual or company offering to provide durable equipment devices, such as back or leg braces, or items such as topical creams at little or no cost. While it may be tempting to want to receive something for free, members should know that there is a cost.

Although our members may not receive a bill for these devices or medications, the items are billed to the insurance companies, costing hundreds or even thousands of dollars each.

### How does this impact members?

Members should also know that the cost may be more than monetary. Allergic reactions may occur when using medications that are not properly prescribed. Ill-fitting leg or back braces, or equipment that is not specifically intended for the pain experienced by the member, could do more harm than good.

This problem is prevalent throughout the country, so all of our members should be aware. Billions of unsolicited telemarketing calls are made each year, many of which are promoting health care services. Calls often spoof local phone numbers or numbers that appear familiar to trick the recipient into accepting the call.

### How can I help protect my patients?

While the ultimate purpose of these telemarketing calls is to sell these items, the immediate goal of the person or company placing the call is to obtain valuable personally identifiable information (PII) from the member. Without this personal information, such as a Social Security number or insurance identification number, selling these devices and medications is much more difficult. Share this information with you patients to help them learn how to protect their PII.



**You can help protect your patients and their personally identifiable information from scams by reminding them of the following:**

- Don't fall prey to scams!
- Take a few moments to review your *Explanation of Benefits (EOB)* and the services listed.
- When receiving robotic (robo) or telemarketing calls:
  - Simply hang up the phone.
  - Beware of threatening or urgent language used by the caller.
  - Do not provide any personally identifiable information such as your Social Security number or insurance identification number. The caller may imply that they have your information and ask you to provide it to confirm that they have the correct information. Do not provide the information or confirm it if they do happen to have any identification information.
- When receiving emails:
  - Do **not** open email attachments you weren't expecting.
  - Check for spelling mistakes and poor grammar.
  - Do not click on the links you are sent. You can type the link into a new browser.
  - Online scams can come from anywhere. Take a few moments to review your *EOB* and confirm that you received the services listed on the *EOB*.
- Additional ways to protect yourself:
  - Shred or destroy obsolete documents that contain medical claims information or *EOBs*.
  - Do not use social media to share medical treatment information.

### How to report when you receive what you suspect is a scam call or email:

1. To file a complaint with the Federal Trade Commission, you can go to: <https://ftc.gov/complaint> or call 1-877-FTC-HELP.
2. Members may contact their plan's Member Services department.

TXD-NL-0167-19

## Prior authorization (PA) requirements

### Global 3M19 Medical Policy and Technology Assessment Committee PA requirement updates

Effective February 1, 2020, PA requirements will change for several services covered Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for our members.

#### MMP PA updates — set one



TXD-NL-0164-19

#### MMP PA updates — set two



TXD-NL-0165-19

### E0784, K0553 and K0554

Effective February 1, 2020, PA requirements will change for the following to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for our members.

#### PA requirements will be added to the following:

- E0784: ext amb infusn pump insulin
- K0553: supply allowance for therapeutic continuous glucose monitor, includes all supplies and accessories, one month supply = one unit of service
- K0554: receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

TXD-NL-0166-19

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

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



## Medical drug *Clinical Criteria* updates

View the [article](#) in the Medicaid section.

TX-NL-0239-19/AGPCRNL-0058-19

## Electronic submission is preferred method for requesting pharmacy prior authorization

View the [article](#) in the Medicaid section.

TX-NL-0240-19

## Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal

View the [article](#) in the Medicaid section.

TX-NL-0246-19

## CMS reminder: expedited/urgent requests

View the [article](#) in the Medicare-Medicaid Plan section.

TXD-NL-0159-19/AGPCRNL-0062-19

## Help protect your patients by providing medical ID protection — best practices

View the [article](#) in the Medicare-Medicaid Plan section.

TXD-NL-0167-19/AGPCRNL-0072-19

## Medicare preferred continuous glucose monitors



On January 1, 2020, Amerigroup Community Care will implement a preferred edit on Medicare-eligible continuous glucose monitors (CGMs). Currently, there are two CGM systems covered by CMS under the Medicare Advantage Part D (MAPD) benefit; these are Dexcom and Freestyle Libre. The preferred CGM for Medicare Advantage Part D individual members covered by Amerigroup will be Freestyle Libre. This edit will only affect members who are newly receiving a CGM system. Members will need to obtain their CGM system from a retail or mail order pharmacy – not a durable medical equipment (DME) facility. For Dexcom coverage requests, call 1-833-293-0661.

AGPCRNL-0057-19

## Provider training series

The Medicare Risk Adjustment Regulatory Compliance team at Amerigroup Community Care developed the following two provider training series titled:



### Medicare Risk Adjustment and Documentation Guidance (general)

- **When** — offered the first Wednesday of each month from 1-2 p.m. Eastern time
- **Learning objective** — Provide an overview of Medicare risk adjustment, including the risk adjustment factor and the hierarchical condition category (HCC) model, with guidance on medical record documentation and coding.
- **Credit** — This live activity, Medicare risk adjustment and documentation guidance, offered from December 5, 2018, through December 4, 2019, has been reviewed and is acceptable for up to 1.00 prescribed credit(s) by the American Academy of Family Physicians.

Those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process should [register](#) for one of the monthly training sessions.

### Medicare Risk Adjustment, Documentation and Coding Guidance (condition specific)

- **When** — offered bimonthly on the fourth Wednesday from noon to 1 p.m. (ET)
- **Learning objective** — Collaborative learning event with enhanced personal health care (EPHC) to provide in-depth disease information pertaining to specific conditions, including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.
- **Credit** — This live series activity, Medicare risk adjustment, documentation and coding guidance, from January 23, 2019, to November 27, 2019, has been reviewed and is acceptable for credit by the American Academy of Family Physicians.

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

1. **Red flag HCCs, part one** — [Register](#) for recording of live session. Training will cover HCCs most commonly reported in error as identified by CMS: chronic kidney disease (stage 5), ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, end-stage liver disease. Recording will play upon registration.
2. **Red Flag HCCs, part two** — [Register](#) for recording of live session. Training will cover HCCs most commonly reported in error as identified by CMS: atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, diabetes with ophthalmologic or unspecified manifestation. Recording will play upon registration
3. **Opioids and more: substance abuse and dependence** — Recording will play upon [registration](#).
4. **Acute, chronic and status conditions** — Recording will play upon [registration](#).
5. **Diabetes mellitus and other metabolic disorders** — Recording will play upon [registration](#).
6. **Behavioral health** — Recording will be available in early December and will play upon [registration](#).

AGPCARE-0229-19

## 2020 Medicare Advantage benefit updates

An overview of notable 2020 benefit changes is available on our website.

AGPCRN-0052-19/SABUCR-0020-19



**Read more online.**

## 2019 Enhanced Personal Health Care Program releases myFHR

Amerigroup Community Care has released myFHR™, a new smartphone-based application that we believe will truly lead to improved care for your patients. CMS approved the inclusion of the Blue Button 2.0 standard within the myFHR application. Blue Button 2.0 is a CMS standard that enables Medicare members to download up to four years of their personal health data to the application of their choice. We are excited to offer our Medicare Advantage members this service.

### There are multiple member advantages to the myFHR application:

- Provide our members with a consolidated view of their health history
- Empower members to access and control their own health data and use it to improve their health
- Enable members to get help managing and improving their health
- Allow members to easily share health information with doctors, caregivers or anyone they choose

Amerigroup believes that empowering consumers to improve their health by giving them easy access to their own private health information is the right thing to do. Additionally, there is value to all health care stakeholders in having a longitudinal view. Providers benefit by receiving actionable access to patient data, and the myFHR application will allow your patients to share their data in your electronic medical records system. We would encourage you to discuss this option with your patients.

To connect to their Medicare claims history (Blue Button 2.0), your patient will need to register for MyMedicare and connect myFHR to their Medicare account. This can be done at <https://www.mymedicare.gov/registration.aspx>.

If you have questions or would like more information on the myFHR application, you can reach out to your Value-Based team.

AGPCRN-0060-19



## 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. Note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.



To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### August 2019 update

#### Notes/updates:

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

- \*GENE.00023 — Gene Expression Profiling of Melanomas
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- \*GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations
- \*MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
  - Revised title
  - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- \*SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
  - Revised title
  - Combined the three INV&NMN statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- \*TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- \*CG-ANC-07 — Inpatient Interfacility Transfers
  - Added NMN statements regarding admission and subsequent care at the receiving facility
- \*CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
  - Revised title
  - Expanded Scope
  - Revised MN statement to include upper extremities
- The following AIM Specialty Health® updates were approved:
  - \*Spine Surgery
  - \*Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
  - Sleep Disorder Management Diagnostic & Treatment Guidelines
  - Advanced Imaging
    - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
    - \*Imaging of the Abdomen and Pelvis
- MCG Customization for Repair of Pelvic Organ Prolapse (W0163) — Updated Coding Section



### Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. View the update online for a list of the policies.



Read more online.

### Clinical UM Guidelines

On August 22, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on September 26, 2019. View the update online for a list of the guidelines.

AGPCRNL-0074-19

## Prior authorization (PA) requirements

### Global 3M19 Medical Policy and Technology Assessment Committee PA requirement updates

Effective February 1, 2020, PA requirements will change for several services covered by Amerigroup Community Care for Amerigroup Amerivantage (Medicare Advantage) members.



Read more online.

AGPCRNL-0070-19

### E0784, K0553 and K0554

Effective February 1, 2020, PA requirements will change for the following to be covered by Amerigroup Community Care for Amerigroup Amerivantage (Medicare Advantage) members.

#### PA requirements will be added to the following:

- E0784 — Ext Amb Infusn Pump Insulin
- K0553 — Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, one month supply = one unit of service
- K0554 — Receiver (monitor), dedicated for use with therapeutic glucose continuous monitor system

AGPCRNL-0076-19

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>

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool on the Availity Portal by going to <https://providers.amerigroup.com> > Login. Contracted and noncontracted providers unable to access Availity can call the Provider Services at 1-866-805-4589 for PA requirements.