Provider Newsletter

Amerigroup
An Anthem Company

https://providers.amerigroup.com/TX

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Enhanced claim payment dispute process

This notification is to make you aware of some exciting new tools for electronic submission of claim payment disputes that will soon become available through the Availity Portal.

Beginning February 16, 2019, you will have the ability to submit claim payment disputes through the Availity Portal with more robust functionality. For you, this means an enhanced experience when:

- Filing a claim payment dispute.
- Sending supporting documentation.
- Checking the status of your claim payment dispute.
- Viewing your claim payment dispute history.

New Availity Portal functionality will include:

- Immediate acknowledgement at the time of submission.
- Notification when a dispute has been finalized.
- A worklist of open submissions to check the status of a dispute submitted through Availity.

With the new electronic functionality, when a claim payment dispute is submitted through the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claim payment dispute will receive notification that the review has been completed. If you are not satisfied with the outcome, the decision notification will include any next steps available.

Read more online.

Register for a scheduled Availity webinar or listen to a recording:

- Log in to the Availity Portal > select **Help & Training** > select **Get Trained**.
- From the Availity Learning Center, enroll using one of the following methods:
  - Select the **Dashboard** dropdown arrow > select **Catalog** > select **Sessions** > select the date of the webinar > select the **Appeal** webinar > select **Enroll**.
  - While in the *Catalog*, select the search button > enter **Appeal** > select **Enroll.**

TX-NL-0175-19

Introducing a new clinical criteria web page for injectable, infused or implanted drugs covered under the medical benefit

Beginning March 1, 2019, providers will be able to view the Clinical Criteria website to review clinical criteria for all injectable, infused or implanted prescription drugs.

This new website will provide the clinical criteria documents for all injectable, infused, or implanted prescription drugs and therapies covered under the medical benefit. These clinical criteria documents are not yet being used for clinical reviews, but are available to providers for familiarization of the new location and formatting.

Once finalized, providers will be notified prior to implementation of clinical criteria documents. Injectable oncology drug clinical criteria will not be posted on this website until mid-2019. Until implementation, providers should continue to access the clinical criteria for medications covered under the medical benefit through the standard process.

If you have questions or feedback, please email drug.list@amerigroup.com.

TX-NL-0171-18

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.

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/am_search.html.

Medical Policies

On September 13, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup. View the full update online for a list of the policies.

Clinical UM Guidelines

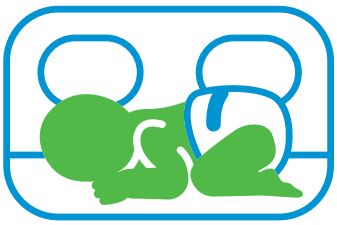
OnSeptember 13, 2018, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. View the full update online for a list of the guidelines adopted by the medical operations committee for the Government Business Division on August 31, 2018.

Read more online.

TX-NL-0160-18

Neonatal intensive care unit post-traumatic stress disorder program

On February 1, 2019, Amerigroup is launching a case management (CM) program for screening of post-traumatic stress disorder (PTSD) in parents of infants hospitalized in the neonatal intensive care unit (NICU). This CM program will support mothers and families at risk for PTSD due to the stressful experience of having a baby in the NICU.



What is the purpose of this program?

The NICU PTSD program seeks to improve outcomes for families of babies who are in the NICU by screening and facilitating referral to treatment for PTSD in parents.

How will it work?

Case managers will reach out by phone to parents of babies who have been in the NICU for 30 days or more. They will screen and facilitate referral for treatment of PTSD.

What is PTSD?

PTSD is an anxiety disorder that may develop after exposure to a terrifying event or ordeal. However, people who see another person experience a life-threatening event can also suffer from PTSD:

- PTSD is diagnosed when the stress symptoms persist for more than a month.
- Symptoms of PTSD include intrusive memories (e.g., flashbacks and upsetting dreams), attempts to avoid thinking or talking about the event, and hyperarousal (e.g., irritability or anger).
- Onset of symptoms of PTSD may be delayed for even a year after the initiating event.

Why screen for PTSD in parents of long-term NICU patients?

- Admittance of infants to a NICU in the United States is one in 10.
- Incidence of parental NICU-related PTSD varies from 20-41 percent.
- Treatment of PTSD is possible if identified.
- Lack of treatment can affect the health of the parent and the child.
- Risk for children cared for by mothers with PTSD is significantly higher for psychological aggression, child abuse and neglect.
- Impacts on children with parents having PTSD can be adverse and long-term (e.g., lower cognitive performance and conduct disorders).

TX-NL-0165-18

Coding spotlight: diabetes — provider guide to coding the diagnosis and treatment of diabetes

Diabetes mellitus is a chronic disorder caused by either an absolute decrease in the amount of insulin secreted by the pancreas or a reduction in the biologic effectiveness of the insulin secreted.

Read more online.

Facts

- According to the 2017 *Diabetes Report Card*, the rates of new cases of diabetes among adults living in the U.S. has decreased, and the rates of new cases among children and adolescents has increased.[1]
- Diabetes is the seventh leading cause of death in the United States.[2]

1 *Diabetes Report Card.* CDC. https://www.cdc.gov/diabetes/library/reports/reportcard.html
2 *Diabetes: What is it?* https://www.cdc.gov/diabetes/diabetesatwork/pdfs/DiabetesWhatIsIt.pdf

TX-NL-0158-18

Medical necessity review for appropriate level of care

Effective March 1, 2019, certain service requests for members enrolled with Amerigroup will require medical necessity review for level of care. This includes requests for certain procedures currently reimbursed in the inpatient setting (e.g., services corresponding to codes found on the *CMS Inpatient Only [IPO] List*).

Certain services that have historically been authorized in the acute inpatient setting may be clinically appropriate for an alternate level of care. For example, while codes for services are listed on the *CMS IPO List* (a list developed for use in Medicare and not Medicaid managed care), the corresponding services may be appropriate for an alternate level of care. When a request is submitted for a service that may be appropriate for a level of care other than acute inpatient, Amerigroup will review the procedure for medical necessity and apply medical necessity criteria to determine if inpatient level of care is medically necessary.

To review for appropriate level of care, Amerigroup will use the applicable MCG® Care Guidelines (which may include customizations specific to Amerigroup), applicable Amerigroup *Clinical Utilization Management (UM) Guidelines* or AIM Specialty Health® (AIM) guidelines. If medically necessary criteria for the procedure are met, the procedure will be approved. If inpatient level of care is requested but medical necessity criteria for acute inpatient care are not met, the request for inpatient level of care will be denied. A modified approval/denial letter will be issued accordingly.

For further clarification regarding whether a specific code or service requires PA, access the Precertification Lookup Tool.

The list of services requiring PA will be updated as needed

Regardless of whether PA is required, Amerigroup must cover benefits required under contract and TMPPM. Even if PA is not required, to avoid a claim denial based upon medical necessity, we encourage providers to review the corresponding medical necessity criteria prior to rendering nonemergent services.

Amerigroup *Clinical UM Guidelines* and *Medical Policies* can be found on the provider website. The specific MCG Care Guidelines used to make a determination can be provided upon request. You may also view AIM guidelines using the AIM (Diagnostic and Imaging Service Authorizations) link on the provider site.

Providers are responsible for verifying eligibility and benefits for members before providing services. Excluding emergencies, failure to obtain PA for the services and level of care requiring PA may result in a denial of reimbursement.

Read more online.

TX-NL-0135-18

My Diverse Patients — a website to support your diverse patients

While there's no single, easy answer to the issue of health care disparities, the vision of My Diverse Patients is to harness the power of data and identify ways to bridge gaps often experienced by diverse populations.

We've heard it all our lives: In order to be fair, you should treat everybody the same. But the challenge is that everybody is not the same — and these differences can lead to critical disparities not only in how patients access health care, but in their outcomes as well.

> **The challenge is that everybody is not the same — and these differences can lead to critical disparities not only in how patients access health care, but in their outcomes as well.**

The reality is that burden of illness, premature death and disability disproportionately affects certain populations.[1] My Diverse Patients features robust educational resources to help support you in addressing these disparities, such as:

- Continuing medical education about disparities, potential contributing factors and opportunities for you to enhance care.
- Real life stories about diverse patients and the unique challenges they face.
- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

Accelerate your journey to becoming your patients' trusted health care partner by visiting https://mydiversepatients.com today. You may also access the site with the QR code provided.

1 Centers for Disease Control and Prevention. (2013, Nov 22). CDC Health Disparities and Inequalities Report — United States, 2013. *Morbidity and Mortality Weekly Report*. Vol 62 (Suppl 3); p3.

TX-NL-0159-18

Medicare-Medicaid Plan

Enhanced claim payment dispute process

View the article in the Medicaid section.

TX-NL-0175-19

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.

Enhanced claim payment dispute process

View the article in the Medicaid section.

TX-NL-0175-19

Eye refraction and routine eye exam billing information

Refractions and routine eye exams are not covered under medical insurance for Amerigroup Amerivantage (Medicare Advantage) members. These benefits may be available through the member's supplemental insurance. These services must be billed to the supplemental vendor. Check your patient's Amerigroup ID card for the name of the vendor.

If you choose to perform the refraction or routine eye exam, please note that you are no longer required to call, email or fax Amerigroup to request an Integrated Denial Notice. Please follow the guidance below:

- **If you are a supplemental vendor provider:**
  - The refraction service and the routine eye exam must be billed to the supplemental vendor. Routine eye care (other than the mandated Original Medicare services) are not covered under the member's medical benefit.
- **If you are not a supplemental vendor provider:**
  - You must document in the chart that a verbal conversation took place with the member stating refractions/routine eye exams are not covered by Amerigroup unless the refraction or eye exam is performed by a provider who is in the supplemental benefit vendor network.
  - You must tell the member that they are financially responsible for the cost associated with the refraction and/or routine eye exam.
  - Should Amerigroup receive a complaint from the member concerning the coverage, Amerigroup will request the medical record and this communication are present in the member's records.
  - Should you wish to become a provider in the supplemental network, please contact Divya Patel at Divya.Patel@versanthealth.com or call 210-245-2112.

Do not use the Original Medicare *Advanced Beneficiary Notice of Non-Coverage*. The *ABN* applies only for Original Medicare beneficiaries and is not applicable to Amerigroup members. This information is published in our *Medicare Advantage Provider Manual.*

You may request an IDN for any service if you have questions about payment. You can call Provider Services at the number on the back of the member ID card to request the IDN. If you issue an *ABN* or any facsimile thereof, as a contracted provider, you will not be able to bill the member for the service.

When billing the refraction or the routine eye exam, be sure to use the GX modifier and the GY modifier. If the GY modifier is billed alone, this will cause the contracted provider to be liable for the services.

AGPCRNL-0001-18

Reminder — Medicare policies

Amerigroup is required to follow all clinical and reimbursement policies established by Original Medicare in the processing of claims and determining benefits. Amerigroup follows all Original Medicare local coverage determinations, national coverage determinations, Medicare rulings, code editing logic and the *Social Security Act*.

Amerigroup may offer additional benefits that are not covered under Original Medicare. Certain benefits are only covered when provided by a vendor selected by Amerigroup. More information can be found online. You may also contact Provider Services at the phone number shown on the back of the member's ID card.

AGPCRNL-0003-19

Medicare Advantage member *Explanation of Benefits* redesigned

Amerigroup recently introduced a redesigned monthly *Explanation of Benefits* (*EOB*) to Medicare Advantage members.

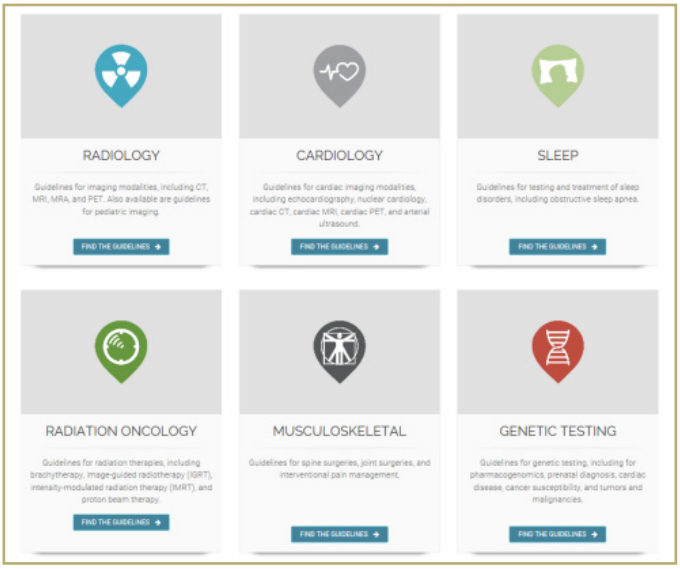
The new *EOB* includes:

- Personalized tips to help members save on health care expenses.
- A preventive care checklist — to point out opportunities for screenings or other care.
- Alerts when a claim needs immediate attention.

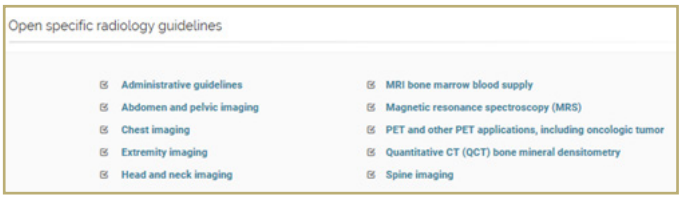
SSO-NL-0056-18

Use grouped CPT codes for AIM Specialty Health authorizations

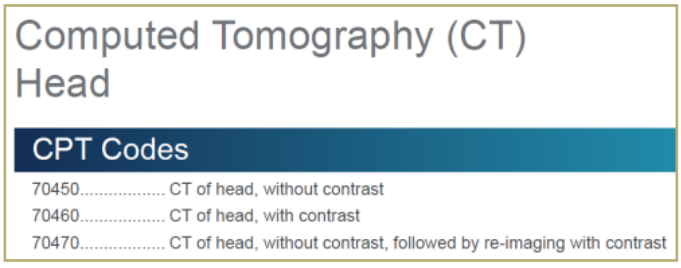
AIM Specialty Health® (AIM) groups CPT codes on authorizations so they can be reviewed together to support a procedure or therapy. Grouped codes are used for procedures such as radiology, cardiology, and sleep and radiation therapy programs. The groupings are listed on the AIM website under *AIM Clinical Appropriateness Guidelines and Cancer Treatment Pathways* as shown below.



Some of the programs will provide further explanation of the guidelines to make searching for a set of CPT codes easier.



After opening the guideline document, you will be able to view the name of the procedure with the grouped codes. For example, computed tomography (CT) of the head is displayed in the following way:



AGPCRNL-0002-19

Policy Update

Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

(Policy 06-003, effective 5/1/2019)

The Amerigroup Modifier 25 reimbursement policy provides the criteria for reimbursement for a significant, separately identifiable evaluation and management (E&M) service performed by the same provider on the same day of the original service or procedure. Effective May 1, 2019, Amerigroup does not allow separate reimbursement for E&Ms performed on the same day as a major surgery (90-day global period).

For additional information, refer to the Modifier 25 reimbursement policy at https://providers.amerigroup.com > Quick Tools > Reimbursement Policies > Medicaid/Medicare.

TX-NL-0086-17