

Provider Newsletter

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



An Anthem Company

October 2018



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Medicaid

New pharmacy prior authorization fax numbers

Amerigroup is streamlining its pharmacy intake and prior authorization (PA) process for its Texas Medicaid members. Effective November 4, 2018, please use the below fax number to submit all Amerigroup pharmacy retail PA requests:



**PA for prescription drugs:
1-844-474-3341**

To ensure a seamless transition, please update your records immediately and discontinue the use of all previous pharmacy retail PA fax numbers.

For more information, call Amerigroup Provider Services at 1-800-454-3730.

TXPEC-2337-18

Drug screen benefit detail update

Effective October 15, 2018, Amerigroup is updating the [drug screen benefit detail](#) to ensure alignment with state and company requirements. The codes below will be configured to ensure benefit limitations are in place. **Please share this information with office staff and other providers in your practice.**

Note: Up to 14 definitive tests may be allowed in one week, based on medical necessity. Medical records may be requested for review.

TXPEC-2694-18



What Matters Most: Improving the Patient Experience CME

Are you looking for innovative ways to improve your patients' experiences?

Numerous studies have shown that a patient's primary health care experience and, to some extent their health care outcomes, are largely dependent upon health care provider and patient interactions. Recently, Amerigroup announced the launch of a new online learning course — *What Matters Most: Improving the Patient Experience* — to address gaps in and offer approaches to communication with patients. This curriculum is available at no cost to providers and their clinical staff nationwide.



For more information on *What Matters Most: Improving the Patient Experience*, check out the [full Provider Update](#) on our website.

TX-NL-0147-18

New pharmacy electronic prior authorization request tool effective November 4, 2018

Amerigroup has partnered with CoverMyMeds to offer an electronic prior authorization (ePA) request tool that simplifies the process for requesting medications and checking the status of your submissions.

Features

These new features help simplify the prior authorization process. You will be able to:

- Submit requests for general pharmacy medications (medications dispensed directly to a member from a retail pharmacy [or shipped from a specialty pharmacy]).
- Check ePA status.
- Upload supporting documents and review appeal status.

Availability

The tool will be available beginning November 4, 2018.

Accessing the tool

- Visit <https://www.covermymeds.com>.
- Locate the existing link within your electronic medical records tool if available.

Support with ePA through CoverMyMeds

- For the Support Center, visit <https://www.covermymeds.com/main/help>.
- For support via chat, locate and activate the chat window in the bottom right of the webpage.
- For support via phone, call 1-866-452-5017.

Amerigroup is focused on providing new tools to help make your job a little easier. We appreciate the compassion and dedication with which you care for your patients and our members.

TXPEC-2695-18



Vaginal birth after cesarean shared decision-making aid available

As part of our commitment to provide you with the latest clinical information, we have posted a vaginal birth after cesarean (VBAC) shared decision making aid to our provider site. This tool has been reviewed and certified by the Washington Health Care Authority* and is available to aid in discussions with your patients regarding their treatment options.

** The Washington Health Care Authority is recognized as a certifying body by NCQA.*

TX-NL-0139-18

EDI Gateway migration

Amerigroup has partnered with Availity to become our designated EDI Gateway effective January 1, 2019.

What does this mean to you as a provider?

All EDI submissions currently received are now available on Availity. Please note, there is no impact to provider participation statuses and no impact on how claims adjudicate.

Next steps

Contact your clearinghouse to validate their transition dates to Availity. 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!

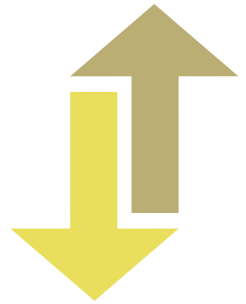
Register with Availity

If you wish to submit directly through Availity for your 837 (claim), 835 (electronic remittance advice) and 27X (claim status and eligibility) transactions, please visit <https://www.availity.com> to register.

We look forward to delivering a smooth transition to the Availity EDI Gateway.

If you have any questions please contact Availity Client Services at 1-800-282-4548, Monday through Friday, 8 a.m.-7:30 p.m. Eastern time.

TX-NL-0146-18



Coding Spotlight: Substance Use Disorders and Smoking



Drug addiction or substance use disorder affects a person's brain and in turn their behavior. Substance addiction can start with the experimental use of a drug in a social situation or with exposure to prescribed medications. Eventually it leads to an inability to control the use of the legal or illegal drug or medication. When a patient is diagnosed with an alcohol- or drug-related disorder, the diagnosis is often more complex, as such conditions are susceptible to both psychological and physiological signs, symptoms, manifestations and comorbidities. This article aims to equip you with

the information you need to provide high-quality care to patients struggling with substance use as well as how to code for the services provided to them.

For detailed information on substance use disorders and smoking including health risks, diagnosis and treatment, HEDIS® quality measures related to substance use, and coding information, please view the full update on our [provider website](#).

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

TX-NL-0143-18

Medical Policies and Clinical Utilization Management Guidelines updates

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

Note:

- Effective November 1, 2018, MCG Care Guidelines will be used for reviews, to include the use of customizations to certain guidelines and:
 - *Inpatient and Surgical Care Guidelines.*
 - *General Recovery Care Guidelines.*
 - *Recovery Facility Care Guidelines.*
 - *Chronic Care Guidelines.*
 - *Behavioral Health Care Guidelines (NEW).*
- Additionally, effective November 1, 2018, AIM Specialty Health® Proton Beam Therapy will be used for clinical reviews.

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 May 3, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup.



Clinical UM Guidelines

On May 3, 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 [May 2018 update](#).

TX-NL-0134-18

Prior authorization (PA) requirements

Interferon beta-1a

Effective December 1, 2018, PA requirements will change for injectable/infusible drug Interferon beta-1a to be covered by Amerigroup for Medicaid members.

PA requirements will be added to the following:

- Interferon beta-1a — injection, 30 mcg (J1826)

TX-NL-0141-18

Somatrem

Effective December 1, 2018, PA requirements will change for injectable/infusible drug Somatrem to be covered by Amerigroup for Medicaid members.

PA requirements will be added to the following:

- Somatrem — injection, 1 mg (J2940)

TX-NL-0142-18

PA requirements (cont.)

High-level, definitive drug testing

Effective December 1, 2018, PA requirements will change for high-level, definitive drug testing(s). The high-level, definitive drug testing(s) will require PA for Amerigroup members.

PA requirements will be added to the following:

- G0482 — Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, gas chromatography/mass spectrometry (GC/MS) (any type, single or tandem) and liquid chromatography/mass spectrometry (LC/MS) (any type, single or tandem and excluding immunoassays; e.g., immunoassays [IA]; enzyme immunoassay [EIA]; enzyme-linked immunosorbent assay [ELISA]; enzyme multiplied immunoassay technique [EMIT]; fluorescence polarization immunoassay [FPIA]; and enzymatic methods [e.g., alcohol dehydrogenase]); (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength); and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es) including metabolite(s) if performed.
- G0483 — Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays; e.g., IA; EIA; ELISA; EMIT; FPIA; and enzymatic methods [e.g., alcohol dehydrogenase]); (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength); and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es) including metabolite(s) if performed.

TXPEC-2656-18

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, you may use one of the following methods:

- Web: <https://www.availity.com>
- Fax: 1-800-964-3627
- Phone: 1-800-454-3730

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers on our provider website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-800-454-3730 for PA requirements.

Inpatient Readmissions reimbursement policy update

In an effort to identify clinically related readmissions to the same facility/network, licensed clinical staff with Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will review the clinical information submitted regarding the medical treatment and management of an admission that occurred within 2-30 days from a previous admission to the same facility/network. If the second admission is determined to be clinically related, Amerigroup STAR+PLUS MMP will not reimburse for an additional admission as this is considered a continuation of the episode of care. This process was implemented July 1, 2018.



Inpatient Readmissions update

Based on the information above, the Inpatient Readmissions reimbursement policy has been updated. Amerigroup STAR+PLUS MMP will utilize information indicating clinically related readmissions, clinical criteria and/or licensed clinical medical review for readmissions from day 2-day 30 for the second admission determination. Please refer to the Inpatient Readmissions reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > Texas MMP > Facilities > [Inpatient Readmissions](#) for additional information.

TXD-NL-0097-18

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

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

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

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

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

For more information, please read the CMS [CY 2019 Final Call Letter](#).

TXD-NL-0099-18

EDI Gateway migration

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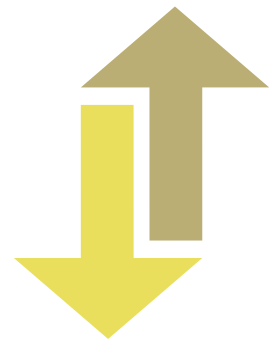
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TX-NL-0146-18



Prior authorization (PA) requirements

Part B drugs: Moxetumomab Pasudotox, Cemiplimab and Fulphila (pegfilgrastim-jmbd)

Effective December 1, 2018, PA requirements will change for Part B injectable/infusible drugs Moxetumomab Pasudotox, Cemiplimab and Fulphila (pegfilgrastim-jmbd) to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following:

- Moxetumomab pasudotox — for treatment of relapsed or refractory hairy cell leukemia in patients who have received at least two prior lines of therapy (J3590, J9999)
- Cemiplimab — PD-1 inhibitor for the treatment of patients with metastatic cutaneous squamous cell carcinoma (CSCC) or patients with locally advanced CSCC who are not eligible for surgery (J3590, J9999)
- Fulphila (pegfilgrastim-jmbd) — a biosimilar to Neulasta approved for febrile neutropenia in patients with chemotherapy in certain types of cancer (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 and J9999. 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-0100-18

PA requirements (cont.)

High-level, definitive drug testing

Effective December 1, 2018, PA requirements will change for high-level, definitive drug testing. Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will require PA for high-level, definitive drug testing for our members.

PA requirements will be added to the following:

- G0482 — Drug test(s), definitive, utilizing 1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gas chromatography/mass spectrometry (GC/MS) (any type, single or tandem) and liquid chromatography/mass spectrometry (LC/MS) (any type, single or tandem and excluding immunoassays; e.g., immunoassays [IA]; enzyme immunoassay [EIA]; enzyme-linked immunosorbent assay [ELISA]; enzyme multiplied immunoassay technique [EMIT]; fluorescence polarization immunoassay [FPIA]; and enzymatic methods [e.g., alcohol dehydrogenase]); 2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength); and 3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es) including metabolite(s) if performed
- G0483 — Drug test(s), definitive, utilizing 1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays; e.g., IA; EIA; ELISA; EMIT; FPIA; and enzymatic methods [e.g., alcohol dehydrogenase]); 2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength); and 3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es) including metabolite(s) if performed.

TXDPEC-1065-18

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, you may use one of the following methods:

- Web: <https://www.availity.com>
- Fax: 1-888-235-8468
- Phone: 1-855-878-1785

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

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TX-NL-0146-18

