

# Provider Newsletter



# Amerigroup

An Anthem Company

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

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## Important notice for Amerigroup providers regarding Fresenius dialysis facilities



**Fresenius dialysis facilities will no longer be participating Amerigroup providers as of September 1, 2017.**

Amerigroup members receiving care at a Fresenius dialysis facility will be notified of this network change. Providers are asked to support members' transitions of care to participating dialysis facilities. Continuation of care will be provided in accordance with state requirements.

All participating dialysis facility information may be found in the online directory. Visit <http://amerigroup.prismisp.com> or contact Provider Services at 1-800-454-3730 for more information. Amerigroup case managers are available to assist with the transition.

If you have questions or know of members who need assistance during this transition, please call Provider Services or an Amerigroup case manager at 1-800-325-0011. We will be happy to help. Thank you for the care you provide to our members!

TXPEC-2054-17

## Reminder: timely communication



To ensure our members receive quality care that is thorough and seamless, it is vital that timely communication occurs between the member's PCP/medical home and the specialists and/or ancillary providers the member receives care from.

TX-NL-0068-17

## Changes to the directory

If you have any changes to your organization/practice (e.g. address, phone number, panel or hospital affiliation), please contact your Amerigroup Provider Relations representative or call Provider Services at 1-800-454-3730.

TX-NL-0068-17

## Pharmacy

If you have any questions regarding updated pharmaceutical procedures, prescription limitations or quotas, exception requests, obtaining prior authorization, generic substitution, therapeutic interchange, step therapy protocol, or covered drugs, please contact the Express Scripts Pharmacy Help Desk at 1-844-367-6115 or refer to the Texas Vendor Drug Program website (<http://www.txvendordrug.com>). You can also locate pharmacy information on our provider website (<https://providers.amerigroup.com/TX> > Pharmacy).



TX-NL-0068-17

## Quality Improvement Program

The Amerigroup Quality Improvement Program (QIP) is one way we are committed to excellence in the quality of service and care our members receive as well as the satisfaction of our network providers. To learn more about our QIP, visit <https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quality Management.

To receive a copy of current QIP documents or if you would like more information about our QIP, please call Provider Services at 1-800-454-3730—we will be glad to send you QIP information.

TX-NL-0068-17



## Distribution of clinical practice and preventive health guidelines

*Clinical Practice Guidelines (CPGs)* are evidence-based guidelines known to be effective in improving health outcomes. CPGs are based on current research and national standards. Their effectiveness is determined through scientific evidence and/or expert opinion.

Amerigroup provides access to CPGs and preventive health guidelines on our website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Clinical Practice Guidelines).

TX-NL-0068-17

## Utilization management

### Availability of utilization management (UM) criteria

To request a copy of specific criteria/guidelines used for UM decisions, please call 1-800-454-3730.

### Affirmative statement about incentives

Amerigroup, as a corporation and as individuals involved in UM decisions, is governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Amerigroup does not reward practitioners or other individuals for issuing denial of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support denials of benefits.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.

TX-NL-0068-17

## Member rights and responsibilities

We want to keep you informed about our members' defined rights and responsibilities. These can be found in the Provider Manual and on our website, <https://providers.amerigroup.com/TX>. To receive a copy by mail, call Provider Services at 1-800-454-3730.

TX-NL-0068-17



## Access to Disease Management — helping you care for patients with chronic health care needs

Amerigroup Disease Management programs are designed to assist PCPs and specialists in managing the care of members with chronic health care needs. Members are provided with care management and education by a team of highly qualified disease management professionals whose goal is to create a system of coordinated health care interventions and communications for enrolled members.

Case managers provide support to members with:

- Behavioral health conditions.
- Diabetes.
- Heart conditions.
- HIV/AIDS.
- Pulmonary conditions.
- Substance use disorder.

Additionally, in order to improve condition-specific outcomes, case managers use motivational interviewing to identify and address health risks such as tobacco use and obesity.

Licensed nurse case managers are available Monday-Friday from 8:30 a.m.-5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week. To contact our Disease Management team, call 1-888-830-4300.

Additional information about our Disease Management programs can be found on our provider website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Disease Management Centralized Care Unit). Members can obtain information about our Disease Management programs by visiting [www.myamerigroup.com](http://www.myamerigroup.com).

TX-NL-0065-17

## Access to case management

In addition to disease management programs, Amerigroup offers a complex case management program for our high-risk members. Using claims and utilization data, we can identify diseases for which members are most at risk and most susceptible.



Our case managers use evidence-based guidelines to coordinate care with members, their families, physicians and other health care providers. They work with everyone

involved in members' care to help implement a case management plan based on members' individual needs. We provide education and support to our members and their families to help our members improve their health and quality of life.

If you have a high-risk member you would like to refer to this program, please call us at 1-800 454-3730.

TX-NL-0068-17

## Wheelchair component or accessory, not otherwise specified to require prior authorization



Effective October 1, 2017, Amerigroup requires prior authorization (PA) for wheelchair components or accessories, not otherwise specified (NOS) — K0108. Federal and state law as well as state contract language 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.**

PA requirements will be added to the following code:

- K0108 — wheelchair component or accessory, NOS

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

- Phone: 1-800-454-3730
- Fax: 1-866-249-1271
- Web: Interactive Care Reviewer tool via <https://www.availity.com>

For detailed PA requirements, please refer to the provider website (<https://providers.amerigroup.com/TX> > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730.

TX-NL-0059-17

## Hemophilia factor injections to require prior authorization

Effective September 1, 2017, Amerigroup requires prior authorization (PA) for hemophilia factor injections. Federal and state law as well as state contract language 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.**

PA requirements will be added to the following codes:

- J7175 — injection of factor x (human), 1 international unit (IU)
- J7179 — injection of von willebrand factor (recombinant), vonvendi, 1 IU
- J7202 — injection of factor ix (albumin fusion protein, recombinant), idelvion, 1 IU
- J7207 — injection of factor viii, (antihemophilic factor, recombinant), pegylated, 1 IU
- J7209 — injection of factor viii, (antihemophilic factor, recombinant), nuwiiq, 1 IU

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

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Web: Interactive Care Reviewer tool via <https://www.availity.com>

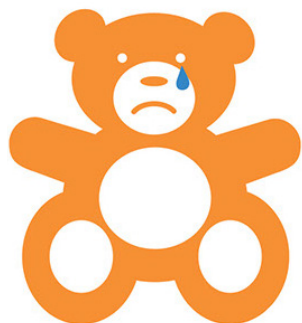
For detailed PA requirements, please refer to the provider website (<https://providers.amerigroup.com/TX> > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730.

TX-NL-0064-17

## Substance use disorders in pregnancy and neonatal abstinence syndrome

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/ neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly
- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco



### Caring for babies born with NAS

While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior. Reduction in any exposure to opioids should be the goal for the fetus and newborn.

Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).

Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

### Caring for women with SUD

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. Providers have a unique opportunity to help break the pattern of opioid misuse and, thus, reduce health consequences for both mother and child.

Collaboration with community resources, behavioral health providers, addiction treatment centers and OB providers is imperative to designing programs that engage families at risk for SUDs. Women of childbearing age who are not pregnant and who do not wish to become pregnant should receive family planning counseling. Women who are already pregnant benefit from parenting education as early as possible in their pregnancies so they can be prepared to understand and care for their babies who might experience symptoms of NAS and who often require prolonged hospitalizations after birth. As these infants may remain symptomatic for several months after hospital discharge, they are at higher risk for abuse and maltreatment; therefore, close follow up with ongoing support is imperative.



## Substance use disorders in pregnancy and neonatal abstinence syndrome (cont.)

Guidelines and programs which have been shown to improve the care of women at risk of SUDs in pregnancy and their infants include the following:

- **Center for Addiction in Pregnancy:** [www.hopkinsmedicine.org/psychiatry/bayview](http://www.hopkinsmedicine.org/psychiatry/bayview) > Clinical Services > Addiction and Substance Abuse > Center for Addiction and Pregnancy (CAP)
- **Fir Square Combined Care Unit:** [www.bcwomens.ca](http://www.bcwomens.ca) > Our Services > Pregnancy & Prenatal Care > Pregnancy, Drugs & Alcohol
- **Improving Outcomes for Infants and Families Affected by NAS — A Universal Training Program:** <https://public.vtoxford.org> > Quality & Education > NAS Universal Training Program
- **Protecting Our Infants Act: Final Strategy:** <https://www.samhsa.gov> > Topics > Specific Populations > Age- and Gender-Based Populations > Pregnant Women and Infants > Protecting Our Infants Act: Final Strategy
- **Public Health Strategies to prevent Neonatal Abstinence Syndrome:** Ko JY, Wolicki S, Barfield WD, et al. "CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome," *MMWR Morb Mortal Wkly Rep* 2017 66: 242-245. doi: <http://dx.doi.org/10.15585/mmwr.mm6609a2>.
- **Rooming In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost:** Volpe Holmes, A, et al. "Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost," *Pediatrics* 137 (2016): 6. doi: 10.1542/peds.2015-2929
- **Sheway: A Community Program for Women and Children:** <http://sheway.vcn.bc.ca>
- **Snuggle ME webinar series:** [www.mainequalitycounts.org](http://www.mainequalitycounts.org) > Programs > Snuggle ME Webinar Series

### Support

We are here to support you, our pregnant members and their little ones on the way. If you would like more information about our OB Case Management Program or if you have a member who needs behavioral health case management, contact Provider Services at 1-800-454-3730.

TX-NL-0001-17

## Medical Policies and Clinical Utilization Management Guidelines update

### Medical Policies update

On May 4, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on the Amerigroup provider website on the effective date listed below. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

**Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.**

Effective date	Medical Policy number	Medical Policy title	New or revised
5/18/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	New
5/18/2017	DRUG.00107	Avelumab (Bavencio®)	New
5/18/2017	DRUG.00109	Durvalumab (IMFINZI™)	New
6/28/2017	MED.00121	Implantable Interstitial Glucose Sensors	New
6/28/2017	MED.00122	Wilderness Programs	New
6/28/2017	SURG.00148	Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy	New
6/28/2017	SURG.00149	Percutaneous Ultrasonic Ablation of Soft Tissue	New
6/28/2017	SURG.00150	Leadless Pacemakers	New
5/18/2017	DME.00040	Automated Insulin Delivery Devices	Revised
5/18/2017	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
5/18/2017	DRUG.00038	Bevacizumab (Avastin®) for Non Ophthalmologic Indications	Revised
5/18/2017	DRUG.00041	Rituximab (Rituxan®) for Non Oncologic Indications	Revised
5/18/2017	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
6/28/2017	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
5/18/2017	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
5/18/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
5/18/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
5/18/2017	DRUG.00083	Elotuzumab (Empliciti™)	Revised
5/18/2017	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
5/18/2017	DRUG.00104	Nusinersen (SPINRAZA™)	Revised
5/18/2017	GENE.00032	Molecular Marker Evaluation of Thyroid Nodules	Revised
5/18/2017	GENE.00035	Genetic Testing for TP53 Mutations	Revised
6/28/2017	SURG.00121	Transcatheter Heart Valves	Revised
5/18/2017	THER-RAD.00004	External Beam Intraoperative Radiation Therapy	Revised
5/18/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised



## Medical Policies and Clinical Utilization Management Guidelines update (cont.)

### Clinical Utilization Management Guidelines update

On May 4, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on June 5, 2017.

On May 4, 2017, the clinical guidelines were made publicly available on the Amerigroup *Medical Policies and Clinical UM Guidelines* subsidiary website. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

**Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.**

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
6/28/2017	CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services	New
5/18/2017	CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®)	Revised
5/18/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
6/28/2017	CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	Revised
6/28/2017	CG-SURG-09	Temporomandibular Disorders	Revised
5/18/2017	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Revised
5/18/2017	CG-THER-RAD-01	Fractionation and Radiation Therapy in the Treatment of Specified Cancers	Revised

TXPEC-2073-17



## Important notice regarding Fresenius dialysis facilities

**Fresenius dialysis facilities will no longer be participating Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) providers as of September 1, 2017.**

Amerigroup STAR+PLUS MMP members receiving care at a Fresenius dialysis facility will be notified of this network change. Providers are asked to support members' transitions of care to participating dialysis facilities. Continuation of care will be provided in accordance with state requirements.

All participating dialysis facility information may be found in the online directory. Visit <http://amerigroup.prismisp.com> or contact Provider Services at 1-855-878-1785 for more information. Amerigroup STAR+PLUS MMP case managers are available to assist with the transition.

If you have questions or know of members needing assistance during this transition, please call Provider Services or an Amerigroup STAR+PLUS MMP case manager at 1-855-878-1784. We will be happy to help. Thank you for the care you provide to our members!

TXDPEC-0341-17

## Prior authorization requirements for Part B drugs

### Bavencio (avelumab)

On October 1, 2017, prior authorization (PA) requirements will change for the Part B injectable/infusible drug Bavencio (avelumab) covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following code which is billed with not otherwise classified (NOC) HCPCS J-code J9999:

- Bavencio (avelumab) — for the treatment of metastatic merkel cell carcinoma in adults and pediatric patients 12 years of age and older (J9999 — unlisted, J-code not established at this time)

Please note, this drug is currently billed under the NOC J-code J9999. Since this code includes 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.

TXD-NL-0051-17

### Herceptin (trastuzumab)

On October 1, 2017, prior authorization (PA) requirements will change for the Part B injectable/infusible drug Herceptin (trastuzumab) covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following code which is billed with not otherwise classified (NOC) HCPCS J-code J9355:

- Herceptin (trastuzumab) — for the treatment of human epidermal growth factor receptor two (HER2+) breast cancer and HER2+ gastric cancer (J9355)

Please note, this drug is currently billed under the NOC J-code J9355. Since this code includes 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.

TXD-NL-0052-17

## Prior authorization requirements for Part B drugs (cont.)

### Imfinzi (durvalumab)

On November 1, 2017, prior authorization (PA) requirements will change for the Part B injectable/infusible drug Imfinzi (durvalumab) covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following code, which is billed with not otherwise classified (NOC) HCPCS J-code J9999:

- Imfinzi (durvalumab) — for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy (J9999 —unlisted, no J-code established at this time)

Please note, this drug is currently billed under the NOC J-code J9999. Since this code includes 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.

TXD-NL-0055-17

### Yondelis (trabectedin)

On November 1, 2017, prior authorization (PA) requirements will change for the Part B injectable/infusible drug Yondelis (trabectedin) covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).

PA requirements will be added to the following code:

- Yondelis (trabectedin) — for the treatment of patients with unresectable or metastatic liposarcoma or leiomyosarcoma who received a prior anthracycline-containing regimen (J9352)

TXD-NL-0053-17



Federal and state law, as well as state contract language and CMS 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: Interactive Care Reviewer tool via <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 providers by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity can use the Precertification Lookup Tool on our website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-855-878-1785 for PA requirements.

## Prior authorization for genetic testing services

Effective for dates of service on or after November 1, 2017, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is transitioning medical necessity reviews for genetic testing services to AIM Specialty Health™. Additionally, this review will now take place as prior authorization.



Beginning November 1, 2017, please submit prior authorization requests for genetic testing services to AIM Specialty Health using one of the following methods:

- AIM ProviderPortal<sup>SM</sup> (<https://www.providerportal.com>) — Online access is available 24 hours a day, 7 days a week for real-time processing; this is the fastest and most convenient way to request prior authorization.
- Availity Portal (<https://www.availity.com>) — Access AIM Specialty Health through the Availity Portal.
- AIM Specialty Health Contact Center (1-800-714-0040) — Representatives are available Monday-Friday from 8:30 a.m.-7 p.m.

For questions regarding prior authorization requirements, please contact the Provider Services at 1-855-878-1785.

TXD-NL-0058-17

## Orthotics to require prior authorization

Effective December 1, 2017, orthotics will require prior authorization (PA). PA reviews will be performed primarily on back, knee, ankle and foot orthoses.

### What is the impact of this change?

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will require PA for orthotics beginning December 1, 2017. Please refer to the Provider Self-Service tool for detailed authorization requirements. Go to <https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool.

### Noncompliance with the new requirements may result in denied claims.

Please use one of the following methods to request PA:

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

Federal and state law, as well as state contract language including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

TXD-NL-0001-17

## Reminder: NPI numbers must be included on surgical procedure claims

Per CMS, when submitting a claim for an Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) member using a surgical procedure code in the range of 10021-69990 (excluding 10035, 10036, 15780-15783, 15786-15789, 15792, 15793, 20527, 20550-20553, 20555, 20612, 20615, 29581-29584, 36406, 36410, 36415, 36416, 44705, 47531, 47532, 50430, 50431, 59425, 59426, 59430, 62302-62305, 62320-62327, 62367-62370, 69209 and 69210) or using revenue code 036X\*, the operating provider's NPI number must be included in box 77 of the UB-04 (CMS 1450) Claim Form. If the NPI number is required and not included on the claim, it may be denied.

\* Note, revenue code 036X must be billed with a surgical procedure code.

TXD-NL-0057-17



# Amerivantage

## Include NPI on surgical procedure UB04 bills

Per CMS, when submitting a claim for an individual Amerigroup Amerivantage (Medicare Advantage) member using a surgical procedure code in the range of 10021-69990 (excluding 10035, 10036, 15780-15783, 15786-15789, 15792, 15793, 20527, 20550-20553, 20555, 20612, 20615, 29581-29584, 36406, 36410, 36415, 36416, 44705, 47531, 47532, 50430, 50431, 59425, 59426, 59430, 62302-62305, 62320-62327, 62367-62370, 69209, 69210) or using revenue code 036X,\* the operating provider's NPI number must be in box 77 on the facility *UB-04 (CMS-1450) Claim Form* for outpatient services. If the NPI is required and not included on the claim, it may be denied.

\* Note: Revenue code 036X must be billed with a surgical procedure code.

SSO-NL-0021-17

## Requesting expedited organization determinations

Expedited organization determinations (per the *CMS Manual* — Chapter 13, Section 50) can be requested by a provider or enrollee when the provider or enrollee believes that waiting for a determination under the standard organization determination timeframe (14 days) could place the enrollee's life or health in jeopardy. Expedited organization determinations are valid only before the service is performed.

Per section 50.3, if the health plan denies the request for expedited organization determination, the health plan will automatically apply the standard organization determination time frame with prompt oral notice to the enrolled for doing so. Additional information is available on the [CMS website](#).

SSO-NL-0022-17

## Home health services for Medicare Advantage members require prior authorization

Effective September 1, 2017, Amerigroup requires prior authorization for home health services for Amerigroup Amerivantage (Medicare Advantage) including:

- Skilled nursing
- Home health aide
- Therapies (physical therapy, occupational therapy and speech therapy)
- Medical social worker

Beginning August 21, 2017, prior authorizations for dates of service on or after September 1, 2017 can be obtained via fax, phone or the portal:

- Fax: 1-844-834-2908
- Phone: 1-844-411-9622
- Portal: <https://portal.mynexuscare.com>

A FAQ is available [online](#).

SSO-NL-0020-17



## Amerigroup follows CMS guidelines for clinical trial-related claims

While most clinical trial related claims are paid by original Medicare, Amerigroup Amerivantage (Medicare Advantage) plans are responsible to **pay for certain items and services associated with clinical trials designated by the CMS**. Per CMS guidelines, Amerigroup Amerivantage and Medicare-Medicaid Plans pay Clinical Trial related claims classified as **Coverage with Evidence Development (CED)/Investigational Device Exemption (IDE) Studies for Cat B/Data Collections**:

- **Coverage with Evidence Development** — In National Coverage Determinations (NCDs) requiring Coverage with Evidence Development (CED), original Medicare covers items and services in CMS-approved CED studies. **Medicare Advantage Organizations are responsible for payment of items and services in CMS-approved CED studies.** At this time there are [22 CEDs](#) that CMS requires MA plans to process.
- **Investigational Device Exemption** — **Medicare Advantage Organizations are responsible for payment of routine care items and services in CMS-approved Category A and Category B IDE Investigational Device Exemption (IDE) Studies**, however the MAO is only responsible for payment of the [CMS approved Category B devices](#). Institutional providers shall submit claims for the routine costs of a clinical trial involving a Category A IDE device billing to original Medicare since the Category A IDE device itself is considered experimental and, therefore is not eligible for payment. At this time there are [127 Approved Category B IDEs](#) that CMS requires MA plans to process.
- **Data Collection System** — Patients Enrolled in a CMS Qualifying Data Collection System registry. Providers shall use modifier Q0 to identify patients whose data is submitted to a data collection system.



SSO-NL-0001-17



# Reimbursement Policies

## Policy Reminder — Medicaid Global Surgical Package for Professional Providers (Policy 06-041)

Amerigroup would like to remind providers that included in the global surgical package are visits occurring during the postoperative period that are related to recovery from the surgery regardless of the location. The Global Surgical Package for Professional Providers reimbursement policy includes additional information on what is included in the global surgical package and what is separately reimbursable. For additional information, please refer to the reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

TX-NL-0066-17

## Policy Update — Medicaid and Amerivantage Modifier 62: Co-Surgeons (Policy 06-027, effective 12/15/2017)



Amerigroup allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62. Each surgeon must bill

the same procedure code(s) with Modifier 62. Reimbursement to each surgeon is based on 62.5 percent of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from **different specialties** and performing surgical services during the same operative session.

For more information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

TX-NL-0047-17

## Policy Update — Medicaid and Amerivantage Multiple Delivery Services (Policy 06-044, effective 03/01/2018)

Amerigroup allows reimbursement for multiple births by a same-delivery or combined-delivery method. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:

- **Vaginal Deliveries** — Vaginal deliveries involved in multiple births should be billed with Modifier 51. Multiple procedure guidelines will apply. Please see Multiple and Bilateral Surgery Reimbursement Policy for more information.
- **Cesarean Deliveries** — Cesarean deliveries involved in multiple births should be billed with Modifier 22. Multiple procedure guidelines will not apply. Please see Modifier 22 Reimbursement Policy for more information.

For market-specific information, refer to Multiple Delivery Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

TX-NL-0056-17