March 2021
https://provider.amerigroup.com/wa
Provider Services:
Medicaid: **1-800-454-3730** • Medicare: **1-866-805-4589**

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Provider Newsletter

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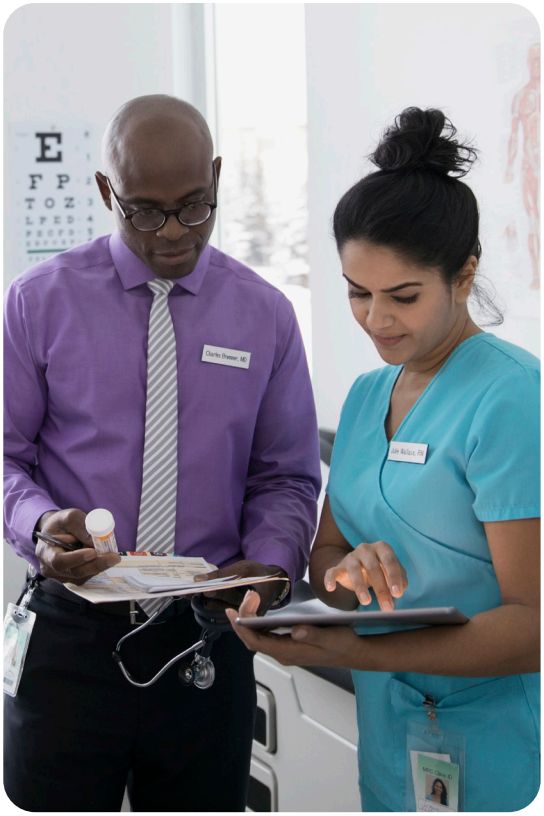
Access to more claim denial information is now self-service

Through predictive analytics, healthcare teams can now receive real-time solutions to claim denials.

Amerigroup Washington, Inc. is committed to providing digital first solutions. Healthcare teams can now use self-service tools to reduce the amount of time spent following up on claim denials. Through the application of predictive analytics, Amerigroup has the answers before you ask the questions. With an initial focus on claim-level insights, Amerigroup has streamlined claim denial inquiries by making the reasons for the claim denial digitally available. In addition to the reason for the denial, we supply you with the next steps needed to move the claim to payment. This eliminates the need to call for updates and experience any unnecessary delays waiting for the *EOP*.

Through the application of predictive analytics, Amerigroup has the answers before you ask the questions.

Access the *Claims Status Listing* on Payer Spaces from **https://provider.amerigroup.com/wa** by using the Log In button or through the secure provider portal via **Availity**.* We provide a complete list of claims, highlight those claims that have proactive insights, provide a reason for the denial, and the information needed to move the claim forward.



Claim resolution daily

Automated updates make it possible to refresh claims history daily. As you resolve claim denials, the claim status changes, other claims needing resolution are added, and claims are resolved faster.

Amerigroup made it easier to update and supply additional information, too. While logged into the secure provider portal, you have the ability to revise your claim, add attachments, or eliminate it if filed in error. Even if you did not file the claim digitally, you can access the proactive insights. Predictive analytics supplies the needed claim denial information online — all in one place.

Predictive proactive issue resolution and near real-time digital claim denial information is another example of how Amerigroup is using digital technology to improve the healthcare experience. If you have questions, please reach out to your Provider Relations representative.

** Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Washington, Inc.*

WA-NL-0478-20

Where to find the COVID-19 vaccine

To view the latest updates, visit **https://provider.amerigroup.com/washington-provider/covid-19-updates** > Medicaid updates.

The COVID-19 vaccine is here in Washington. Both vaccines authorized for emergency use by the FDA are currently being distributed across the state. COVID-19 vaccine locations within Washington state are listed on the **Washington State Department of Health website**.

Inventory varies daily, so please check the website regularly for updates on vaccine locations and additional sites being set up across the state to increase distribution.

Members can find out if they are eligible to receive the COVID-19 vaccine based on the state of Washington's COVID-19 vaccine phased distribution plan, by using the **Phase Finder tool**.

If a member is eligible, they should print or use a screen shot of the Phase Finder confirmation page. Members should be prepared to share that confirmation along with an identification card to the vaccine provider as proof of eligibility for the vaccine.

WA-NL-0506-21

Payment appeal timely filing limit updated

Amerigroup Washington, Inc. made the decision to extend the timely filing limit for claim payment appeals. Effective January 1, 2021, providers now have 60 calendar days from the date of the *Explanation of Payment* or reconsideration determination notice to appeal a claim decision. The original timely filing was 30 calendar days for claim payment appeals. We made this decision in our continuous efforts to ensure Amerigroup is easy to do business with.

WA-NL-0494-20

Coding spotlight: Overview of the 2021 evaluation and management changes

Why are these changes necessary?

Changes are meant to simplify code selection criteria, make coding more clinically relevant, and to reduce documentation overload for office-based evaluation and management (E/M) services, while continuing to differentiate payment based on complexity of care.

Key elements of major revisions for 2021:

- Physicians may choose their documentation based on medical decision making (MDM) or total time (including non-face-to-face services).
- History and exam are still important parts of the notes and may contribute to both time and MDM, but they will no longer be scored for determining the level of the E/M visit.
- MDM criteria has moved away from simply adding up tasks to, instead, focusing on tasks that affect the management of a patient's condition.
- Code 99201 was deleted.
- Codes 99202 to 99215 were revised.

Changes to time documentation

Time will now be defined as the total time spent by the provider (both face-to-face and time spent on non-face-to-face activities related to this patient's visit performed on the same day as the visit). This may include the services listed below, but should not include time spent on separately billable services (such as X-ray interpretation). Effective January 1, 2021:

- The total time spent must be documented clearly by the provider for the E/M level to be determined by time and does not include ancillary staff time.
- Time will no longer need to be dominated by counseling.
- All time used for leveling the E/M must be on the same day of the face-to-face visit.

Read more online.

WA-NL-0490-20

MCG Care Guidelines 24th edition customization

Effective June 1, 2021, the following new customizations will be implemented:

- **Gastrointestinal Bleeding, Upper (W0170, previously ORG M-180)** – Customized the Clinical Indications for admission to inpatient care by revising the hemoglobin; systolic blood pressure; pulse; melena; orthostatic hypotension; and BUN criteria.
- **Gastrointestinal Bleeding, Upper Observation Care (W0171, previously OCG OC-021)** – Customized the Clinical Indications for observation care by revising the systolic blood pressure and hemoglobin criteria and adding melena or hematochezia and suspected history of bleeding.

Access a detailed summary of customizations online: **Customizations to MCG Care Guidelines 24th Edition (https://medpol.providers.amerigroup.com/green-provider/medical-policies-and-clinical-guidelines** > Other Criteria > MCG > Customizations to the MCG Care Guidelines 24th Edition).

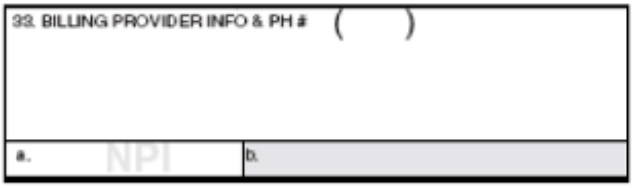
WA-NL-0484-20

Front-end claim rejection rule change

Effective April 1, 2021, Amerigroup Washington, Inc. is implementing a front-end claim rejection rule for claims that are billed with a P.O. Box listed in the billing address field. Please ensure you are submitting claims with a street address in Box 33 on professional claims and Box 1 for facility claims.

Amerigroup follows the National Uniform Claim Committee guideline. Please see Title 33 at **https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2020_07-v8.pdf**.

ITEM NUMBER 33, 33a, AND 33b



TITLE 33: Billing Provider Info & Ph #

INSTRUCTIONS: Enter the provider's or supplier's billing name, address, ZIP code, and phone number. The phone number is to be entered in the area to the right of the field title. Enter the name and address information in the following format:

1st Line – Name
2nd Line – Address
3rd Line – City, State and ZIP code

Item 33 identifies the provider that is requesting to be paid for the services rendered and should always be completed.

Do not use punctuation (i.e., commas, periods) or other symbols in the address (e.g., 123 N Main Street 101 instead of 123 N. Main Street, #101). Enter a space between town name and state code; do not include a comma. Report a 9-digit ZIP code. Enter the 9-digit ZIP code without the hyphen. Do not use a hyphen or space as a separator within the telephone number.

If reporting a foreign address, contact payer for specific reporting instructions.

5010A1 requires the "Billing Provider Address" be a street address or physical location. The NUCC recommends that the same requirements be applied here.

DESCRIPTION: The billing provider's or supplier's billing name, address, ZIP code, and phone number is the billing office location and telephone number of the provider or supplier.

FIELD SPECIFICATION: This field allows for the entry of the following: 3 characters for area code, 9 characters for phone number, and 3 lines of 29 characters in the Billing Provider Info area.

If you have any questions about this notification, please reach out to our Network Relations consultant or call our EDI Hotline at **1-800-590-5745**.

WA-NL-0495-20

Updated prior authorization requirements related to substance use disorder services

What are the requirements and when do they go into effect?

The following will be implemented in accordance with **House Bill 2642** "No Wrong Door" legislation for services on and after January 1, 2021:

1. Prohibits prior authorization for withdrawal management services and inpatient/residential substance use disorder (SUD) treatment services.
2. Requires a minimum covered benefit of two business days for inpatient/residential SUD treatment and three calendar days* for withdrawal management services prior to initiating utilization review.
3. Behavioral health agencies must notify the MCO within 24 hours of the admission.
4. After the initial two- or three-day required payment period, MCOs follow regular concurrent review processes to evaluate whether or not ongoing care meets medical necessity requirements. If a denial is issued, the provider then may appeal and the enrollee also has the right to appeal any denial through usual processes.

* Calendar days are used unless the legislation marks days as *business days*, thus, three days is defined as three calendar days. *Business days* means Monday through Friday, 8 a.m. to 5 p.m., Pacific time, except for holidays observed by the state of Washington. Holidays are defined in contract as holidays recognized by Washington state (WA Statute RCW: 1.16.050[1]).

What SUD services does this apply to?

The following American Society of Addiction Medicine (ASAM) levels of care apply to the terms used in the legislation:

- Withdrawal Management: ASAM levels — 3.2, 3.7
- Residential SUD Treatment: ASAM levels — 3.1, 3.3, 3.5
- Inpatient SUD Treatment: ASAM levels — 3.7

What if I need assistance?

Resources and forms can be found on the Washington provider website under **Prior Authorization Requirements**. If you have questions about this communication, call Provider Services at **1-800-454-3730**.

WA-NL-0492-20

A message from UW Medicine, Department of Psychiatry and Behavioral Sciences:

Perinatal psychiatry consultation line for providers

Partnership Access Line (PAL) for Moms

Partnership Access Line (PAL) for Moms is a free state-funded program providing perinatal mental health consultation, recommendations and referrals for providers caring for pregnant or postpartum patients.

How does it work?

- Call **1-877-725-4666 (PAL4MOM**), available weekdays 9 a.m. to 5 p.m.
- Complete a brief intake
- Consult with a UW perinatal psychiatrist (usually immediately, or within 1 business day)
- Receive written documentation of recommendations and resources

Who can call?

Any provider in Washington State who cares for pregnant or postpartum patients.

What kind of questions can I call about?

We consult on any behavioral health-related questions for patients who are pregnant, in the first year postpartum, or who have pregnancy-related complications (e.g. pregnancy loss, infertility). Topics may include:

- Depression, anxiety, other psychiatric disorders (e.g., bipolar disorder, post-traumatic stress disorder), substance use disorders, or co-occurring disorders
- Pregnancy loss, complications, or difficult life events
- Weighing risks and benefits of psychiatric medication
- Non-medication treatments
- Local resources & referrals
- Guidance on implementing mental health screening at your workplace

Who provides the telephone consultation?

Faculty members in the UW Department of Psychiatry and Behavioral Sciences with expertise in perinatal mental health. **Learn more**.

For more information, visit www.mcmh.uw.edu/ppcl or contact us at ppci@uw.edu.

Partnership Access Line (PAL) for Kids

PCPs who wish to obtain consultations from child and adolescent behavioral health specialists regarding mental health issues can call the state's Partnership Access Line (PAL) at **1-866-599-7257**. This no-cost service is available to any PCP throughout Washington.

For more information, visit www.palforkids.org.

Program funded by the Washington State Health Care Authority.

WA-NL-0507-21

HEDIS measures for measurement year 2021

We all agree that 2020 was a difficult year for everyone. Our professions have had to accommodate to new ways of providing healthcare, our children have had to learn how to be educated without going to their classrooms, and all of us have felt the loss of social and family contacts. The culmination of this change has affected all of us, not only with regard to our physical routines, but also with regard to our mental and emotional well-being. This month, we want to focus on our children with ADHD and both children and adults with the accumulated effects of our changed lifestyles and our ability to identify and manage depression.

As providers and managed care organizations (MCOs), we are in a position to keep our fingers on the pulse of our members by monitoring not only their physical status, but their emotional status as well. Even as we gradually return to a more normal life, the changes continue to affect us. We want to emphasize HEDIS® measures that apply to the effects of those changes to our members.

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

HEDIS definition:	
Members ages 6 to 12 with a new diagnosis of ADHD who have not been prescribed an ADHD medication in the previous four months	
Documentation tips:	
What members are included in the measure?	Members who were newly treated with ADHD medication and remained on medication for at least 210 days.
How many visits are counted?	**Two follow-up visits are counted:** ■ The first visit is scheduled within 30 days of prescribing the medication (initiation phase). ■ Two more follow-up visits are scheduled within the next nine months, or a total of three follow-ups in a 10-month period (maintenance phase).
What types of visits count for the follow-up visits?	**First follow-up (initiation phase):** ■ Outpatient visit ■ Intensive outpatient encounter or partial hospitalization ■ A community health center visit ■ A telehealth or telephone visit **Two maintenance visits (maintenance phase):** ■ Outpatient visit ■ Intensive outpatient encounter or partial hospitalization ■ A community health center visit ■ A telehealth or telephone visit ■ An e-visit or virtual check-in
Required exclusions	■ Members receiving hospice services ■ Members with an acute inpatient encounter with a principal diagnosis of mental, behavioral or neurodevelopmental disorders ■ Members with a diagnosis of narcolepsy any time during the member's history through the end of the Measurement Period

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

HEDIS definition:

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care

Documentation tips:

What members are included in the measure?	Members who are age > 12 as of December 31 of the measurement year
What two rates are counted?	■ The member was screened for clinical depression using a standardized instrument. ■ If the screen was positive, the member received follow-up care within the next 30 days.
What counts for a follow-up visit within 30 days?	**A follow-up visit within 30 days of a positive test can be counted through:** ■ Outpatient visit ■ Telehealth or telephone visit ■ An e-visit or virtual check-in ■ A depression case management encounter ■ A behavioral health encounter ■ A depression medication dispensing event OR ■ Additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument

The table below shows the types of standardized instruments that apply to this measure. You will notice that the table indicates which instrument to choose based on age grouping. It also indicates what represents a positive score. There is also an indication which instruments are *brief* as opposed to full-length instruments.

Instruments for depression screening by age grouping			
Instrument	**Positive finding**	**Adolescents (12-17 years)**	**Adults (18+ years)**
Patient Health Questionnaire (PHQ-9)®	Total score ≥ 10	✓	✓
Patient Health Questionnaire Modified for Teems (PHQ-9M)®	Total score ≥ 10	✓	
Patient Health Questionnaire 2 (PHQ-2)®[2]	Total score ≥ 3	✓	✓
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	Total score ≥ 8	✓	✓
Beck Depression Inventory (BDI-II)	Total score ≥ 20		✓
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total score ≥ 17	✓	✓
Duke Anxiety-Depression Scale (DADS)®[1]	Total score ≥ 30		✓
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥ 10	✓	✓
My Mood Monitor (M-3)®	Total score ≥ 5		✓
PROMIS Depression	Total score ≥ 60	✓	✓
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥ 31		✓

1 Proprietary; may be cost or licensing requirement associated with use.
2 Brief screening instrument. All other instruments are full-length.

WA-NL-0498-20

Access to more claim denial information is now self-service

View the **article** in the Medicaid section.

WA-NL-0478-20

MCG Care Guidelines 24th edition customization

View the **article** in the Medicaid section.

WA-NL-0484-20/AGPCRNL-0158-20

DME checklist of information needed from providers

Amerigroup Washington, Inc. wants to help ensure Medicare Advantage members receive the DME they are eligible to receive under CMS guidelines as soon as that equipment is needed. When requesting DME for your patients, our members, please include the needed information to give our physiatrist and other clinical reviewers a complete picture of your patients' status and needs. This will help ensure a timely response from Amerigroup; reduce the need for additional phone calls, faxes, emails and appeals; and deliver the requested DME to your patients as soon as possible.

Read more online.

AGPCRNL-0166-21

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. Please 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**.

Notes/updates:

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

- *GENE.00055 – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
  - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- *LAB.00037 – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
  - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- *DME.00011 – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
  - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
  - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
  - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- *SURG.00062 – Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
  - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- *CG-LAB-15 – Red Blood Cell Folic Acid Testing
  - RBC folic acid testing is considered not medically necessary in all cases
- *CG-LAB-16 – Serum Amylase Testing
  - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- *CG-GENE-04 – Molecular Marker Evaluation of Thyroid Nodules
  - Added the Afirma Xpression Atlas as not medically necessary
- SURG.00158 – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
  - A new *Medical Policy* was created from content contained in DME.00011.
  - There are no changes to the policy content.
  - Publish date is December 16, 2020.
- CG-GENE-21 – Cell-Free Fetal DNA-Based Prenatal Testing
  - A new *Clinical Guideline* was created from content contained in GENE.00026.
  - There are no changes to the guideline content.
  - Publish date is December 16, 2020.

Medical Policies

On November 5, 2020, the medical policy and technology assessment committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Washington, Inc. These guidelines take effect March 8, 2021.

Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on November 19, 2020. These guidelines take effect March 8, 2021.

Read more online.

AGPCRNL-0167-21