

September 2021

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Provider Services:

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COVID-19 information from Amerigroup Washington, Inc.

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health to help us determine what action is necessary on our part. Amerigroup will continue to follow Washington State Department of Health guidance policies.

For additional information, reference our [website](#).

WAPEC-2237-20

Administration

Medicaid

Cognitive behavioral therapy treatment for depression and anxiety in children

Fears, worries, and sadness are typical in childhood, and usually symptoms resolve in most children. However, when symptoms persist and present as problems, such as difficulty in school or lack of interest in play, a child may be diagnosed with depression or anxiety. Symptoms can also manifest physically, such as trouble sleeping, fatigue, heart pounding, or stomach aches. In adolescents, children 10 to 24 years of age, severe depression can lead to suicide. According to the Washington State Department of Health, suicide is the second leading cause of death in the state of Washington for youth 10 to 24 years old and third leading cause of death nationally.

What is cognitive behavioral therapy (CBT)?

CBT is a form of talk therapy a child receives with the help of a licensed therapist. The Center for Disease Control and Prevention (CDC) describes CBT best, “Therapy focuses on changing the thoughts and emotions that can affect a child’s behavior negatively.” The Canadian Academy of Child and Adolescent Psychiatry found that CBT therapy can be effective in children as young as 3 years of age.

What does this mean for me?

Amerigroup Washington, Inc. strives to improve the lives and health outcomes of members. CBT is an Amerigroup covered service, and there are many behavioral health providers in the Amerigroup network who are certified to deliver CBT. Amerigroup would like to encourage and support you in making patient referrals to CBT, if you assess that your patients could benefit from this effective treatment.

WA-NL-0566-21

Medicaid

Transgender Health Resources

The Medicaid Managed Care Organizations have compiled resources to support providers in delivering appropriate care to this population. These resources are free and may provide continuing education credit as well.

General care

Transgender individuals experience **disparities in health outcomes** and high levels of stigma and discrimination across the healthcare system. Adults and children may experience bias, being mis-gendered by the healthcare system and have their transgender status overshadow their unrelated health concerns. Some health disparities include an increased risk of HIV infection, especially among transgender women of color, and lower likelihood of preventive cancer screenings in transgender men. Addressing these healthcare system challenges is critical to improving overall health.



Read more online.

WA-NL-0577-21

Paper claim taxonomy qualifier requirements

Any claim submitted to Amerigroup Washington, Inc. without a taxonomy code for the billing and servicing (if applicable) provider will be rejected. Include the qualifier followed by the taxonomy code in the appropriate field on the 1500 or 1450 Claim form. Providers should select the taxonomy that best describes the service rendered and also be within the scope of licensure for the provider performing the service.

CMS-1500

Rendering taxonomy code will be output from **field 24I** and **24J** if has the following:

- ZZ qualifier: qualifier is required (no space between qualifier and taxonomy)
- 10 alpha numeric characters ending in X

Billing taxonomy code will be output from **field 33B** if has the following:

- ZZ qualifier: qualifier is required (no space between qualifier and taxonomy)
- 10 alpha numeric characters ending in X

The image shows a portion of the CMS-1500 Claim Form. Fields 24I and 24J are highlighted in yellow. Field 24I is labeled 'ZZ Taxonomy Code' and field 24J is labeled 'ZZ Taxonomy Code'. The form also includes fields for provider information, patient information, and service details.

UB-04

Taxonomy code will be output from either **field 57** or **81** if has the following:

- B3 or ZZ qualifier: one of these are required (no space between qualifier and taxonomy)
- 10 alpha numeric characters ending in X

The image shows a portion of the UB-04 Claim Form. Fields 57 and 81 are highlighted in yellow. Field 57 is labeled 'ZZ or B3 Taxonomy Code' and field 81 is labeled 'ZZ Taxonomy Code'. The form also includes fields for provider information, patient information, and service details.

References:

- Provider manual
- National Uniform Claim Committee (1500 claim form instruction manual)
- HCA paper claim billing resource

WA-NL-0573-21

Policy Updates

Medicaid

Medical drug benefit *Clinical Criteria* updates

May 2020 update

On August 21, 2020, and May 21, 2021, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Washington, Inc. These policies were developed, revised or reviewed to support clinical coding edits.



Read more online.

WA-NL-0571-21

Medicare Advantage

Medical drug benefit *Clinical Criteria* updates

May 2020 update

On August 21, 2020, and May 21, 2021, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Washington, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or additional information, reach out via [email](#).



Read more online.

AGPCRNL-0206-21

Medicare Advantage

Utilization management authorization rule operations

On November 1, 2021, Amerigroup Washington, Inc. prior authorization (PA) requirements will change for L8702 covered by Amerigroup.

PA requirements will be added for the following code:

- L8702 — Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

AGPCRNL-0203-21

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the [provider website](#) > Login or by accessing Availity.* Once logged in to [Availity](#), select Patient Registration > Authorizations & Referrals, then choose Authorizations or Auth/Referral Inquiry, as appropriate. Contracted and noncontracted providers who are unable to access Availity may call our Provider Services at the number on the back of your patients' Amerigroup ID card for assistance with PA requirements.

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

Policy Updates — Prior Authorization

Medicare Advantage

Prior Authorization/Precertification Form notification

To ensure you're submitting everything needed for a prior authorization, visit https://provider.amerigroup.com/docs/gpp/WAWA_CARE_PriorAuthForm.pdf. By filling out the form completely and with as much information as possible, you can be sure we have the information to process your request timely.

AGPCRNL-0204-21



Policy Updates — Reimbursement Policies



Medicare Advantage

Policy Update DRG Inpatient Facility Transfers Effective 11/30/21

Effective November 30, 2021, Amerigroup Washington, Inc. claims for members who leave against medical advice and are admitted to another acute care facility on the same day are considered transfers and will follow the criteria detailed in the policy.

For additional information, please review the **DRG Inpatient Facility Transfers reimbursement policy** at <https://provider.amerigroup.com/washington-provider/claims/reimbursement-policies>.

AGPCRNL-0199-21

Quality Management

Medicaid

HEDIS spotlight

The COVID-19 pandemic has imposed many challenges on the ability to provide healthcare to our members. As we look toward the end of HEDIS® measurement year 2021, we want to focus particularly on the status of preventive measures that have been delayed. This month, let's make an extra effort to update our child and adolescent members on vaccinations and our female members who are overdue for cancer screenings. Below is a review of these very important preventive health measures.

Childhood Immunization Status (CIS)

HEDIS definition

The percentage of children who turned 2 years of age during the measurement year who received all vaccinations in the Combo 10 series

The required vaccines are:

- 4 doses of DTaP.
- 2 or 3 doses of Rotavirus.
- 3 doses of IPV.
- 1 dose of MMR.
- 3 doses of Hep B.
- 1 dose of VZV.
- 1 dose of Hep A.
- 2 doses of influenza.
- 3 doses of HIB.
- 4 doses of pneumococcal.

Important tips to meet HEDIS requirements:

- All of the 10 series vaccines must be completed on or before the second birthday.
- For measles, mumps and rubella (MMR); hepatitis B; VZV; and hepatitis A, one of the following is required:
 - Evidence of the antigen or combination vaccine having been given
 - Documented history of the illness
 - A seropositive test result for the antigen
- MMR, VZV, and hepatitis A must be completed on or between the first and second birthdays.
- Rotavirus options, either:
 - Two doses of Rotarix® on different dates of service
 - Three doses of RotaTeq® on different dates of services
 - One dose of the two-dose Rotarix and two doses of the three-dose RotaTeq
- At least two of the influenza vaccines must be completed on or before the second birthday.
- Refusal by a parent does not meet compliance for any vaccine.

Immunizations for Adolescents (IMA)

HEDIS definition

The percentage of children who turned 13 years of age during the measurement year who received all vaccinations in the adolescent three series

The required vaccines are:

- One dose of meningococcal conjugate.
- One Tdap vaccine.
- Two-dose or three-dose series HPV vaccine.

Important tips to meet HEDIS requirements

All of the vaccines in this series must be completed on or before the 13th birthday:

- HPV must be completed on or between the 9th and 13th birthdays:
 - If two-dose, there must be at least 146 days between first and second dose.
 - If three-dose, it must be on or between the 9th and 13th birthdays with different dates of service.
- Tdap must occur on or between the 10th and 13th birthdays.
- Meningococcal must occur on or between the 11th and 13th birthdays.
- Vaccines administered outside of the date ranges for each vaccine are not compliant.
- Refusal by a parent does not meet compliance for any vaccine.

Cancer Screening (CCS)

HEDIS definition

The percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed within the last three years. If no cervical cytology in this time frame, then one of the two options below is tested:
 - Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
 - Women 30 to 64 years of age who had cervical cytology/hrHPV co-testing within the last five years

Important tips to meet HEDIS requirements

- This is a hybrid measure:
 - Both administrative data and medical record reviews are used for scoring.
 - The denominator is obtained from members in the 24 to 64 age group as of December 31 of the measurement year with a look back to age 21.
- Exceptions:
 - Mandatory exception = palliative care
 - Hysterectomy exceptions that apply:
 - Evidence of hysterectomy with no residual cervix
 - Complete, total, or radical hysterectomy (abdominal or vaginal or unspecified)
 - Hysterectomy plus vaginal Pap smear
 - Vaginal hysterectomy (new this year)
 - Documentation of hysterectomy and Pap smear is no longer required

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

WA-NL-0572-21