

# Provider Newsletter



An Anthem Company

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

December 2017



## Table of Contents

<b>The <i>Provider Newsletter</i> is now available bimonthly</b>	Page 2
<b>Amerigroup District of Columbia, Inc. adopts Milliman Care Guideline for inpatient rehabilitation and skilled nursing facility clinical reviews</b>	Page 2
<b>Amerigroup District of Columbia, Inc. to conduct postservice reviews of certain modifiers and services</b>	Page 3
<b>Medication Synchronization program</b>	Page 3
<b>Update to coverage guideline for cervical cancer screening and human papillomavirus testing (CG-MED-53)</b>	Page 3
<b>McKesson criteria disclosure</b>	Page 4
<b>New review process for not otherwise classified drug codes</b>	Page 5

## The *Provider Newsletter* is now available bimonthly

Effective with this publication, your *Provider Newsletter* from Amerigroup District of Columbia, Inc. will now be published on a bimonthly basis. The newsletter is an excellent source of important and necessary information about how to do business with us.

Below is the new bimonthly *Provider Newsletter* schedule for 2018. All publications will be posted on our provider website (<https://providers.amerigroup.com/DC> > Provider Resources & Documents > Newsletters — Current) by the first of the month. We will continue to notify you via fax when the newsletter is available.

- February 1, 2018
- April 1, 2018
- June 1, 2018
- August 1, 2018
- October 1, 2018
- December 1, 2018

For any questions about this change, please contact your local Provider Relations representative or Provider Services at 1-800-454-3730.

DC-NL-0018-17



## Amerigroup District of Columbia, Inc. adopts Milliman Care Guideline for inpatient rehabilitation and skilled nursing facility clinical reviews

Effective for dates of service on and after October 31, 2018, Amerigroup will transition from using the InterQual® Level of Care (LOC): Rehabilitation, LOC: Long-Term Acute Care and LOC: Subacute/Skilled Nursing Facility (SNF) criteria to using Milliman Recovery Facility Care guidelines for the review of prior authorization (PA) requests for inpatient rehabilitation and SNF services.

Please use one of the following methods to request PA:

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

For questions, contact Provider Services at 1-800-454-3730 or reference the provider website at <https://providers.amerigroup.com/DC>.

DC-NL-0019-17



## Amerigroup District of Columbia, Inc. to conduct postservice reviews of certain modifiers and services

Beginning in the fourth quarter of 2017, Amerigroup will conduct postservice reviews of professional claims billed with the following modifiers: 25, 62, 80, 81, 82, AS and 91. Additionally, Amerigroup will conduct postservice reviews of Evaluation and Management services billed during a global surgery period.

As part of the review, Amerigroup may contact providers to request additional documentation related to the services. If billing discrepancies are identified, Amerigroup will provide a written report of the findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

For more information about postservice reviews, contact Provider Services at 1-800-454-3730.

DC-NL-0017-17

## Medication Synchronization program

Amerigroup District of Columbia, Inc. has a new Medication Synchronization (Med Sync) program that allows members to pick up most of their ongoing prescription refills at the pharmacy on a single, convenient day each month. There are no requirements to participate in the Med Sync program; all members are eligible.

The Med Sync program enables members to work closely with their retail pharmacist to ensure they maintain their medication regimen including refill availability. Members should talk to their retail pharmacist to set up and to coordinate their prescription pickups. Over-the-counter medications are covered if they are filled under the member's prescription benefit.

For questions, members can call the Member Services number on the back of their ID card (1-800-600-4441).

DC-NL-0015-17

## Update to coverage guideline for cervical cancer screening and human papillomavirus testing (CG-MED-53)

Effective January 1, 2018, coverage guideline CG-MED-53 that applies to cervical cancer screening and human papillomavirus (HPV) testing will be updated.

Important items to note:

- Cervical cancer screening with cytology, with or without HPV testing, for women under 21 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed (i.e., organ transplant recipients or seropositive for HIV).
- Cervical cancer screening with HPV testing, alone or in combination with cytology, for women younger than 30 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed.
- There is no change to the medical necessity criteria for cervical cancer screening with cytology and without HPV testing for women ages 21-65 years of age.

If you have questions about this communication, received it in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

DC-NL-0012-17



## McKesson criteria disclosure

Regarding requests for the medical necessity criteria used to render a decision on a requested service, Amerigroup District of Columbia, Inc. is able to provide you with this information in portions applicable only to the specific clinical case. Additionally, we're legally required to provide the following disclosure from McKesson:

### McKesson statement of disclosure:

The clinical content you receive is confidential and proprietary information and is provided solely as it pertains to the information requested. Under copyright law, the clinical content may not be copied, distributed or otherwise reproduced.

**For patients:** The clinical content may contain advanced clinical knowledge, which we recommend you discuss with your physician upon disclosure to you.

Clinical content from McKesson reflects clinical interpretations and analyses and cannot alone:

- Resolve medical ambiguities of particular situations.
- Provide the sole basis for definitive decisions.

The clinical content is intended solely for use as a screening guideline with respect to medical appropriateness of health care services and is not for final clinical or payment determinations concerning the type or level of medical care provided or proposed to be provided to a patient. Ultimate care decisions are strictly and solely your obligation and responsibility as a health care provider.

If you have questions about this disclosure, please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

DC-NL-0016-17



## New review process for not otherwise classified drug codes

Effective February 1, 2018, Amerigroup District of Columbia, Inc. is implementing a new review process for not otherwise classified (NOC) drug codes. Our Reimbursement Policy for “Unlisted or Miscellaneous Codes” requires NOC drug codes be submitted with the correct national drug code (NDC). As a large number of NOC drug claims do not contain the NDC, we will review claims to ensure the presence of a NDC, and claims without an NDC will be denied.

The scope of review will include both professional and facility claims for Medicaid members. The NOC drug codes listed below will suspend and be routed for review. Note, to ensure billed drugs are a benefit and covered per our medical policies or state policies, Amerigroup may request that you submit medical records.

<b>NOC drug codes and descriptions as of May 4, 2017:</b>	
A9150	Nonprescription drug
A9152	Single vitamin/mineral/trace element — oral, per dose, not otherwise specified (NOS)
A9153	Multiple vitamins (with or without minerals and trace elements) — oral, per dose, NOS
C9399	Unclassified drug or biological
J1566	Immune globulin injection — intravenous, lyophilized, NOS (500 mg)
J1599	Immune globulin injection — intravenous, nonlyophilized, NOS (500 mg)
J3490	Unclassified drug
J3590	Unclassified biological
J7199	Hemophilia clotting factor — NOC
J7599	Immunosuppressive drug — NOC
J7699	NOC drugs — inhalation solution administered through durable medical equipment (DME)
J7799	NOC drugs — drugs (other than inhalation drugs) administered through DME
J7999	Compounded drug — NOC
J8498	Antiemetic drug — rectal/suppository, NOC
J8499	Prescription drug — oral, nonchemotherapeutic, NOS
J8597	Antiemetic drug — oral, NOS
J8999	Prescription drug — oral, chemotherapeutic, NOS
J9999	Antineoplastic drugs — NOC
S5000	Prescription drug — generic
S5001	Prescription drug — brand name
90749	Unlisted vaccine/toxoid

If you have questions about this or need assistance with any other item, call Provider Services at 1-800-454-3730.

DC-NL-0013-17