

Provider Newsletter

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



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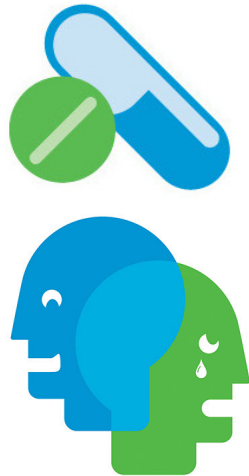
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Behavioral Health Medication Management program

The Amerigroup Behavioral Health (BH) Medication Management program addresses the specific needs of Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) members using medications prescribed for their BH. Our goal is to improve the quality of care provided to our members and promote medication adherence. We focus on age appropriate use of medications, thus reducing the use of unnecessary medications.



The outreach and education programs also support providers and members on BH-related HEDIS^{®*} measures that use medication utilization as a quality measurement tool such as:

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

If you have questions, please call Pharmacy Operations at 1-800-719-4871. Note, calls will be answered and/or returned Monday-Friday from 8:30 a.m.-4 p.m. ET.

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

Prior authorization requirements for new injectable/infusible drugs Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb)

Effective February 1, 2017, Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb) will require prior authorization (PA) under the medical benefit.



For dates of service on or after February 1, 2017, PA will be required for five injectable/infusible drugs covered by Amerigroup for Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) members. These drugs are Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb). Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the codes below:

- Istodax (romidepsin) — J9315
- Ixempra (ixabepilone) — J9207
- Doxil (doxorubicin) — Q2049 and Q2050
- Torisel (temsirolimus) — J9330
- Inflectra (infliximab-dyyb) — Q5102

To request PA, contact us by phone at 1-800-454-3730 or by fax at 1-800-964-3627.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/FL> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-800-454-3730 for PA requirements if they are not able to access the website.

Provider Website Survey

Amerigroup relies on your feedback to improve and strengthen our processes and operations. Our *Provider Website Survey* is a new tool to evaluate the effectiveness of our Medicaid provider websites. Input about your experience with our website is essential to our goal of efficient and effective provider resources. We will use your survey responses to better understand your experiences and continue to improve our site. Providing exceptional service to our providers is one of our strongest commitments.

Thank you in advance for taking the time to complete this brief survey. To access the survey, go to <https://www.surveymonkey.com/r/7PHY5BL>.



Elective one and two vessel coronary artery bypass graft to require prior authorization



Effective January 1, 2017, elective one and two vessel coronary artery bypass graft (CABG) will require prior authorization (PA).

Amerigroup will require PA for the elective one and two vessel CABG beginning January 1, 2017. Please refer to the provider self-service website for detailed PA requirements (<https://providers.amerigroup.com/FL> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following codes:

- 33510 — coronary artery bypass, vein only; single coronary venous graft
- 33511 — coronary artery bypass, vein only; two coronary venous grafts
- 33517 — coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for primary procedure)
- 33518 — coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (list separately in addition to code for primary procedure)
- 33530 — reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (list separately in addition to code for primary procedure)
- 33533 — coronary artery bypass, using arterial graft(s); single arterial graft
- 33534 — coronary artery bypass, using arterial graft(s); two coronary arterial grafts

To request PA, contact us via phone (1-800-454-3730), fax (1-800-964-3627) or the provider website.

The Utilization Review team will utilize the InterQual Procedures criteria for CABG requests.

Continuous interstitial glucose monitoring to require prior authorization

Effective March 1, 2017, continuous interstitial glucose monitoring will require prior authorization (PA).

For dates of service on or after March 1, 2017, PA will be required for continuous interstitial glucose monitoring covered by Amerigroup for Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) members. Federal and state law as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization 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:

- A9276: sensor — invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system (one unit = one day supply)
- A9277: transmitter — external, for use with interstitial continuous glucose monitoring system
- A9278: receiver (monitor) — external, for use with interstitial continuous glucose monitoring system

To request PA, contact us by phone at 1-800-454-3730 or by fax at 1-800-964-3627.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/FL> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool).

Intracardiac electrophysiological studies and catheter ablation to require prior authorization

Effective April 1, 2017, intracardiac electrophysiological studies and catheter ablation will require prior authorization (PA). All requests with dates of service beginning on or after April 1, 2017, must be submitted for PA.

Please refer to the provider self-service tool for detailed authorization requirements. To locate the provider self-service tool:

- Go to <https://providers.amerigroup.com> and select your state
- Under Provider Resources & Documents, select Quick Tools and then select Precertification Lookup Tool.



Noncompliance with new requirements may result in denied claims. PA requirements will be added to the following codes: 93600, 93602, 93609, 93610, 93612, 93615, 93616, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 93650, 93653, 93654, 93656 and 93660.

Please use one of the following methods to request PA:

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

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

Update to the ClaimsCheck® upgrade to ClaimsXten™

Earlier this year, Amerigroup announced plans for an upgrade from ClaimsCheck to McKesson's next generation claim auditing software, ClaimsXten. Due to the complexity of the software conversion, along with the expansion of software functionality that is now available, the target effective date has been moved from November 1, 2016, to April 30, 2017.



With the new software functionality, edits will be applied with greater accuracy. The new software functionality will also allow for greater flexibility with rule development and configuration.

For additional details regarding this software update, please refer to the original communication posted at <https://providers.amerigroup.com/FL> > Provider Resources & Documents > Newsletters > [Provider Newsletter Issue 2 2016](#).

Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5®) updates

In an effort to keep our providers well-informed of changes occurring in the behavioral health community, we wanted to share some updates from the DSM-5.

When transitioning from the DSM-IV-TR to the DSM-5, the provider community moved from use of a multiaxial system to the current use of a nonaxial system upon diagnosis. While the information included in the diagnosis remains much the same, the axes are not included in DSM-5.

Although formatted differently, the same information is found within the DSM-5 diagnostic system. DSM-5 combines DSM-IV-TR axes I-III diagnoses into one list, as shown in Table 1.

Table 1: DSM-5 diagnosis:

DSM-IV multiaxial system	DSM-5 nonaxial system
<p>Axis I: clinical disorder (d/o) and other conditions that are focus of treatment</p> <p>Axis II: personality d/o and mental retardation</p> <p>Axis III: general medical conditions</p>	<p>Combined attention to clinical disorders, including personality disorders and intellectual disability, other conditions that are the focus of treatment, and medical conditions.</p>
<p>Axis IV: psychosocial and environmental stressors</p>	<p>Reason for visit and psychosocial and contextual factors via expanded list of V codes and Z codes.</p>
<p>Axis V: Global Assessment of Functioning (GAF)</p>	<p>Disability included in notation.</p> <p>World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) included as option.</p>

Additional conditions and problems relevant to the presenting symptoms, diagnoses and treatment are also listed as ICD-10-CM Z codes. These can be found in the section of DSM-5 entitled Other Conditions That May Be a Focus of Clinical Attention. In addition, Axis V GAF was removed from DSM-5. Alternatively, WHODAS 2.0 is included in section III of DSM-5.

We understand that our providers depend upon diagnoses for guiding treatment recommendations, identifying prevalence rates for mental health service planning, identifying patient groups for clinical and basic research, and documenting important public health information. As the understanding of mental disorders and their treatments has evolved, medical, scientific and clinical professionals have focused on the characteristics of specific disorders and their implications for treatment and research. Clinical training and experience are needed to use the DSM-5 for determining a diagnosis. The diagnostic criteria identify symptoms, behaviors, cognitive functions, personality traits, physical signs and syndrome combinations; the durations require clinical expertise in order to differentiate psychiatric disorders from normal life variations and transient responses to stress.



Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5®) updates continued

Revisions to the DSM-5 may continue to take place. In September 2016, updates were made to the codes used for the diagnoses listed in Table 2. Detailed information about these updates may be viewed in an online supplement published by the American Psychiatric Association located at <http://psychiatryonline.org>. Select **View the DSM-5® Update (September 2016)**.

Table 2:

Disorder	Codes effective October 1, 2016
Avoidant/Restrictive Food Intake Disorder	F50.89
Binge-Eating Disorder	F50.81
Disruptive Mood Dysregulation Disorder	F34.81
Excoriation (Skin-Picking) Disorder	F42.4
Gender Dysphoria in Adolescents and Adults	F64.0
Hoarding Disorder	F42.3
Obsessive-Compulsive Disorder	F42.2
Other Specified Depressive Disorder	F32.89
Other Specified Feeding or Eating Disorder	F50.89
Other Specified Obsessive-Compulsive and Related Disorder	F42.8
Pica, in adults	F50.89
Premenstrual Dysphoric Disorder	F32.81
Social (Pragmatic) Communication Disorder	F80.82
Unspecified Obsessive-Compulsive and Related Disorder	F42.9

Some resources that may best help you include:

- American Medical Association, *Professional Edition CPT* (current procedural terminology), 2016.
- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA, American Psychiatric Association, 2013.
- *ICD-10-CM and ICD-10-PCS Coding Handbook 2016*.



Reimbursement Policy

New Policy

Corrected Claims

(Policy 16-001, effective 05/15/2017)

Amerigroup allows reimbursement for a Corrected Claim when received within 120 days of the filing resubmission period for participating and nonparticipating providers and facilities

Providers resubmitting paper claims for corrections must clearly mark the claim “**Corrected Claim.**” Corrected Claims submitted electronically must have the applicable frequency code. Failure to mark the claim appropriately may result in denial of the claim as a duplicate.

For additional information, refer to the Corrected Claims reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

