

# Provider Newsletter

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



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## Amerigroup 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 requests for inpatient rehabilitation and SNF services. This change only applies to Amerigroup members.

Providers should continue to call the telephone number indicated on the back of the member ID card to request prior authorization review for these services. Additionally, providers may initiate an online request at <https://www.availity.com>.

For questions, contact Provider Services at 1-800-454-3730.

FL-NL-0067-17

## Effective June 1, 2018, Amerigroup providers will be required to use ProView for credentialing

Effective June 1, 2018, use of the Council for Affordable Quality Healthcare's (CAQH) ProView will be required for initial credentialing and recredentialing with Amerigroup. ProView is a free online service that allows health care providers to fill out **one** application to meet the credentialing data needs of multiple organizations.

All providers applying for initial or continuing participation will be required to complete and submit their credentialing and recredentialing applications through CAQH ProView by accessing the CAQH website. Below are some helpful hints and things to remember when using ProView.



### To join CAQH ProView:

1. Go to <https://proview.caqh.org/pr>.
2. Select **Register Now** on the bottom right and follow the instructions.

If you already participate with CAQH and have completed your online application, ensure that you authorized Amerigroup access to your credentialing information. This can be completed in four easy steps. (If you have selected **Global Authorization**, Amerigroup will already have access to your data.)

### To authorize Amerigroup:

1. Go to <https://proview.caqh.org/pr> and enter your username and password.
2. Select the cog wheel in the upper right and then select **Authorize**.
3. Scroll down, locate Amerigroup and check the box beside Amerigroup.
4. Select **Save** to submit your changes.

For questions about ProView, call the CAQH help desk at 1-888-599-1771 or send an email to [providerhelp@proview.caqh.org](mailto:providerhelp@proview.caqh.org).

FL-NL-0070-17

## Medical Policies and Clinical Utilization Management Guidelines update

### Medical Policies

On December 13, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* for 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. We made these *Medical Policies* publicly available on our website on the effective date listed below.

Visit <https://medicalpolicies.amerigroup.com> to search for specific policies.

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



Medical Policy effective date	Medical Policy number	Medical Policy title	Revised or new?
9/27/17	DRUG.00110	Inotuzumab ozogamicin (Besponsa®)	New
9/27/17	MED.00124	Tisagenlecleucel (Kymriah™)	New
9/27/17	DRUG.00043	Tocilizumab (Actemra®)	Revised

### Clinical Utilization Management Guidelines

On December 13, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* for Amerigroup. These guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing.

The *Clinical UM Guidelines* on this list represent those adopted by the Medical Operations Committee for the Government Business Division on October 19, 2017. We made these guidelines publicly available on the [Medical Policy and Clinical UM Guideline subsidiary website](#) on the effective date listed below.

Visit <https://medicalpolicies.amerigroup.com> to search for specific guidelines. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	Revised or new?
9/27/17	CG-LAB-11	Screening for Vitamin D Deficiency in Average Risk Individuals	New
9/27/17	CG-MED-59	Upper Gastrointestinal Endoscopy for Diagnosis, Screening or Surveillance	New
9/27/17	CG-SURG-59	Vena Cava Filter	New
9/27/17	CG-DME-31	Wheeled Mobility Devices: Wheelchairs — Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)	Revised

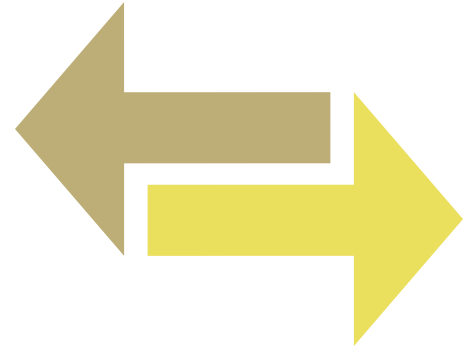
FLPEC-1500-17

## Online registration processes for electronic remittance advices and electronic funds transfers

**No action is required for providers already registered for electronic funds transfers (EFTs) and electronic remittance advices (ERAs).**

Effective June 1, 2018, our provider disbursement processes are changing. These changes include the following:

- New EFTs with ERAs will be enrolled through EnrollHub™, a Council for Affordable Quality Healthcare (CAQH) Solutions™ enrollment tool.
- A new ERA-only enrollment form is on the electronic data interchange (EDI) area of the website.
- Change Healthcare and PaySpan will no longer be used for EFT/ERA enrollment.
- Providers now have access to *Explanation of Payment* letters through our secure self-service provider website.



These enhancements offer providers streamlined reimbursement registration tools.

The following chart summarizes information about the new processes to enroll in EFT or ERA or to update EFT and ERA transaction information after June 1, 2018.

Process to enroll or update electronic transactions after June 1, 2018		
Type of transaction	How to enroll, update, change or cancel	Contact to resolve issues
EFT only	Use the CAQH EFT EnrollHub tool available at <a href="http://www.caqh.org/solutions/enrollhub">http://www.caqh.org/solutions/enrollhub</a> .	CAQH Provider Help Desk 1-844-815-9763
ERA only	Use the ERA registration tool at <a href="https://anthem-int.columncloud.com/SR/ERAEnrollmentSR.jsp">https://anthem-int.columncloud.com/SR/ERAEnrollmentSR.jsp</a> .	E-Solutions 1-800-470-9630
EFT and ERA (both)	Use the CAQH EnrollHub tool available at <a href="http://www.caqh.org/solutions/enrollhub">http://www.caqh.org/solutions/enrollhub</a> .	CAQH Provider Help Desk 1-844-815-9763

### Is registration required?

Providers are not obligated to register for either EFT or ERA and will continue to receive a paper check and remittance advice.

### Is there a cost to providers for the changes to the EFT and ERA?

There is no cost to providers from Amerigroup. Providers should inquire with trading partners and other vendors they work with to understand additional steps or any changes to services.

## Online registration processes for electronic remittance advices and electronic funds transfers (cont.)

### Information and changes to expect

- Medicaid claims are identified in the Claim Filing Indicator Code (CLP06 segment) on the ERA/835 as **MC**.
- Effective June 1, 2018, we will discontinue the email notification providers currently receive when an EFT and ERA is issued.
- The PDF versions of paper remittances are available on the provider self-service website. Both provider and clearinghouse 835s continue to be received through the EDI process. Aside from how providers access remits, this process remains the same.
- More information about retrieving copies of remittance advices is available online. To access our tutorial, *Remittance Inquiry Process Guide*, go to our provider website and select the Tutorials drop-down menu under *Provider Documents & Resources*.
- Starting in 2018, more claim payments and remittance advices issued by Amerigroup will be made on a **weekly basis** to providers. Additionally, non-Federal Employee Program payments under \$5 will be held for a maximum of 14 days to allow additional claims to combine to increase the overall payment amount.
- This change will ensure efficiency and consistency between professional and facility claim payments.
- If you are a provider who receives paper claim checks or EFT payments from Amerigroup on a daily basis, you will be able to schedule posting on a weekly cycle after this change.
- The Automated Clearing House batch header is changing. The payee name that appears on the EFT statement is changing and will be easily identifiable. This change does not impact payment to you in any way. You will now see **Amerigroup FL5C**.

### How do I access historical ERAs from Change Healthcare and PaySpan?

We are in the process of migrating all historical remittance advices to our secure self-service provider website. We will notify you when the migration is complete. Please continue to use Change Healthcare and PaySpan until that time.

FLPEC-1505-17

## New review process for not otherwise classified drug codes

Effective February 1, 2018, Amerigroup 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.



NOC drug codes and descriptions as of May 4, 2017:	
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

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## Levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant to require prior authorization

Effective April 1, 2018, the injectable medications: levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant will require prior authorization (PA) from Amerigroup. Federal and state law, as well as state contract language (this includes definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with the new requirements may result in denied claims.**

### PA requirements will be added to the following codes:

- J0641 — Injection, levoleucovorin calcium, 0.5 mg
- J1322 — Injection, elosulfase alfa, 1 mg
- J1675 — Injection, histrelin acetate, 10 mcg
- J1743 — Injection, idursulfase, 1 mg
- J9395 — Injection, fulvestrant, 25 mg

Please note: These drugs may not be covered in all states. Providers must review their specific state for coverage because not all drugs in this update will apply to the state in which you participate.

### Please use one of the following methods to request PA:

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

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

Go to <https://providers.amerigroup.com/FL>, then under *Provider Resources & Documents* select **Quick Tools/Precertification Lookup Tool**.

FL-NL-0078-17



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

Effective April 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.

FL-NL-0062-17