Provider Newsletter

https://providers.amerigroup.com/FL

Amerigroup RealSolutions in healthcare

2017
Quarter 3

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September 2017

Wheelchair component or accessory, not otherwise specified to require prior authorization

Effective October 1, 2017, Amerigroup requires prior authorization (PA) for wheelchair components or accessories, not otherwise specified (NOS) — K0108. Federal and state law as well as state contract language including definitions and specific contract provisions/exclusions take precedence over these PA 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 code:

- K0108 — wheelchair component or accessory, NOS

To request PA, you may use one of the following methods:

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Web: Interactive Care Reviewer tool via https://www.availity.com

For detailed PA requirements, please refer to the provider website (https://providers.amerigroup.com/Pages/PLUTO.aspx) or call Provider Services at 1-800-454-3730.

FL-NL-0047-17

New pregnancy notification process using the Availity Portal Benefit Look-Up Tool

As a reminder, Amerigroup offers pregnant women several services and benefits through the Taking Care of Baby and Me® program. It is our goal to identify all pregnant members early in their pregnancy, so they can take full advantage of the education, support, resources and incentives Amerigroup provides throughout the prenatal and postpartum period.

We've partnered with Availity, the vendor supporting the Benefit Look-Up Tool you may currently use in your OB office, to send us information about newly identified pregnant women. This new process, including the *HEDIS® Maternity Attestation* form, helps providers connect patients with additional benefits as soon as possible. The reporting process includes a few simple steps.

How it works

When a member of childbearing age visits the OB office, the office associate is prompted to answer the question "Is the member pregnant?" during the eligibility and benefits inquiry process. If the response is "yes," Amerigroup then asks about the due date and a *HEDIS Maternity Attestation* form is generated for the OB office to complete. On this electronic form, the provider enters other important information including the date of the first prenatal care visit, delivery date and postpartum visit date.

This new, user-friendly workflow generates timely information that aids members, providers and Amerigroup in improving birth outcomes with early intervention and complying with HEDIS benchmarks.

We are working hard to support providers throughout Florida in receiving necessary training for this new workflow and that all questions are answered. If you have any specific questions regarding the new Availity maternity attestation, please feel free to reach out to Provider Services at 1-800-454-3730.

FL-NL-0050-17

Provider FAQ — Availity Portal Pregnancy Notification and HEDIS attestation

1. What is the purpose of this new process?

As a reminder, Amerigroup offers pregnant women several services and benefits through the Taking Care of Baby and Me® program. It is our goal to identify all pregnant women early in their pregnancy so they can take full advantage of the education, support, resources and incentives Amerigroup provides throughout the prenatal and postpartum period.

This new, user-friendly workflow generates timely information that helps you, your patients and Amerigroup improve birth outcomes with early intervention and promotes compliance with HEDIS® benchmarks.

2. When will the new pregnancy-related questions display?

When an OB/GYN office conducts an eligibility and benefits inquiry for an Amerigroup member 15-44 years of age in the Availity Web Portal, the system displays pregnancy-related questions. If the office confirms the patient is pregnant, a *HEDIS Maternity Attestation* form is generated. If the patient is not pregnant, the desired eligibility and benefits information displays, and no further action is required.

3. Does the new HEDIS Maternity Attestation form replace the need for an OB global authorization?

Responses provided in the Availity pregnancy notification system **do not** replace the need to submit a request for OB global authorization. A request for OB global authorization can be submitted by phone or fax as well as online through the secure provider self-service website that can be accessed through the Availity Web Portal.

4. How should the office reply when a patient presents as a transfer from another OB provider?

You should answer the pertinent pregnancy questions and complete the *HEDIS Maternity Attestation* form as usual. Even though the first prenatal visit question typically relates to prenatal care in the first trimester or within 42 days of plan enrollment, you can simply enter the date you first provided prenatal care for the patient.

5. If a patient transfers out of our practice during her prenatal course, how should the office complete the *HEDIS Maternity Attestation* form?

It is OK to leave the HEDIS attestation in a pending status as it provides Amerigroup with pertinent prenatal care information up to the point the patient transfers out of the practice. The form remains in place until it is automatically retired 19 months later.

6. If we have confirmed the patient is pregnant but suffers an early miscarriage or chooses to terminate their pregnancy, how should the office communicate this important information?

In this situation, you should select the option on the *HEDIS Maternity Attestation* form that states "this pregnancy ended or the baby delivered prior to 20 weeks." This action allows the office to close out and submit the *HEDIS Maternity Attestation* form for this pregnancy.

7. Do I have to answer all the questions on the HEDIS Maternity Attestation form all at once?

No, the workflow is designed so you may enter and save information as it becomes available during the pregnancy. After entering the delivery and postpartum visit dates, you are given the option to complete and submit the attestation. Until then, you may save the information you enter and continue with other tasks.

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8. Is there an easy way for me to obtain a list of all patients for whom I need to enter prenatal or postpartum visit dates?

Amerigroup mails you two notifications to complete the *HEDIS Maternity Attestation* form.

- In order to prompt you to complete the form and enter the first prenatal visit date, the first notification is posted at the time the form is created.
- In order to alert you to schedule the postpartum visit (if not already done) and to enter the postpartum visit date, the second notification is posted 14 days prior to the estimated due date.

You may access the work queue at any time by going to **Payer Spaces**. Next, select the payer title from the list. Then, select **Amerigroup HEDIS Attestation for Maternity**.

9. How can I get additional help, support or training?

- Availity offers integrated help and on-demand training demonstrations (select **Help | Find Help** and search using the keyword **maternity**).
- You can launch a training demo from associated help topics as well as the HEDIS attestation for maternity work queue.
- If you have technical difficulties related to the HEDIS attestation for maternity workflow, contact Availity at 1-800-282-4548.
- If you have specific member concerns, please contact Provider Services at 1-800-454-3730.

FL-NL-0049-17

Important notice for Amerigroup providers regarding Fresenius dialysis facilities

Fresenius dialysis facilities will no longer be participating Amerigroup providers as of September 1, 2017.

Amerigroup members receiving care at a Fresenius dialysis facility will be notified of this network change. Providers are asked to support members' transitions of care to participating dialysis facilities. Continuation of care will be provided in accordance with state requirements.

What if I need assistance?

All participating dialysis facility information may be found in the online directory. Visit http://amerigroup.prismisp.com or contact Provider Services at 1-800-454-3730, ext. 76950 for more information. Amerigroup case managers are available to assist with the transition.

If you have questions or know of members who need assistance during this transition, please call Provider Services or an Amerigroup case manager at 1-800-454-3730. We will be happy to help. Thank you for the care you provide to our members!

FLPEC-1371-17

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Hemophilia factor injections to require prior authorization

Effective September 1, 2017, Amerigroup requires prior authorization (PA) for hemophilia factor injections for Florida Healthy Kids members. Federal and state law as well as state contract language including definitions and specific contract provisions/exclusions take precedence over these PA 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:

J7175	injection of factor x (human), 1 international unit (IU)
J7179	injection of von willebrand factor (recombinant), vonvendi, 1 IU
J7202	injection of factor ix (albumin fusion protein, recombinant), idelvion, 1 IU
J7207	injection of factor viii, (antihemophilic factor, recombinant), pegylated, 1 IU
J7209	injection of factor viii, (antihemophilic factor, recombinant), nuwiq, 1 IU

To request PA, you may use one of the following methods:
- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Web: Interactive Care Reviewer tool via https://www.availity.com

For detailed PA requirements, please refer to the provider website (https://providers.amerigroup.com/Pages/PLUTO.aspx) or call Provider Services at 1-800-454-3730.

FL-NL-0053-17

Access to Disease Management — helping you care for patients with chronic health care needs

Amerigroup Disease Management programs are designed to assist PCPs and specialists in managing the care of members with chronic health care needs. Members are provided with care management and education by a team of highly qualified disease management professionals whose goal is to create a system of coordinated health care interventions and communications for enrolled members.

Case managers provide support to members with:
- Behavioral health conditions.
- Diabetes.
- Heart conditions.
- HIV/AIDS.
- Pulmonary conditions.
- Substance use disorder.

Additionally, in order to improve condition-specific outcomes, case managers use motivational interviewing to identify and address health risks such as tobacco use and obesity.

Licensed nurse case managers are available Monday-Friday from 8:30 a.m.-5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week. To contact our Disease Management team, call 1-888-830-4300.

Additional information about our Disease Management programs can be found on our provider website (https://providers.amerigroup.com/FL > Provider Resources & Documents > Disease Management Centralized Care Unit). Members can obtain information about our Disease Management programs by visiting www.myamerigroup.com.

FL-NL-0054-17

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Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On May 4, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to 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.

The *Medical Policies* were made publicly available on the Amerigroup provider website on the effective date listed below. Visit https://medicalpolicies.amerigroup.com/search to search for specific policies.

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

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

| Effective date	*Medical Policy* number	*Medical Policy* title	New or revised
5/18/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	New
5/18/2017	DRUG.00107	Avelumab (Bavencio®)	New
5/18/2017	DRUG.00109	Durvalumab (IMFINZI™)	New
6/28/2017	MED.00121	Implantable Interstitial Glucose Sensors	New
6/28/2017	MED.00122	Wilderness Programs	New
6/28/2017	SURG.00148	Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy	New
6/28/2017	SURG.00149	Percutaneous Ultrasonic Ablation of Soft Tissue	New
6/28/2017	SURG.00150	Leadless Pacemakers	New
5/18/2017	DME.00040	Automated Insulin Delivery Devices	Revised
5/18/2017	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
5/18/2017	DRUG.00038	Bevacizumab (Avastin®) for Non Ophthalmologic Indications	Revised
5/18/2017	DRUG.00041	Rituximab (Rituxan®) for Non Oncologic Indications	Revised
5/18/2017	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
6/28/2017	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
5/18/2017	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
5/18/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
5/18/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
5/18/2017	DRUG.00083	Elotuzumab (Empliciti™)	Revised
5/18/2017	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
5/18/2017	DRUG.00104	Nusinersen (SPINRAZA™)	Revised
5/18/2017	GENE.00032	Molecular Marker Evaluation of Thyroid Nodules	Revised
5/18/2017	GENE.00035	Genetic Testing for TP53 Mutations	Revised
6/28/2017	SURG.00121	Transcatheter Heart Valves	Revised
5/18/2017	THER-RAD.00004	External Beam Intraoperative Radiation Therapy	Revised
5/18/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised

Clinical Utilization Management Guidelines update

On May 4, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on June 5, 2017.

On May 4, 2017, the clinical guidelines were made publicly available on the Amerigroup *Medical Policies and Clinical UM Guidelines* subsidiary website. Visit https://medicalpolicies.amerigroup.com/search to search for specific guidelines.

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

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.
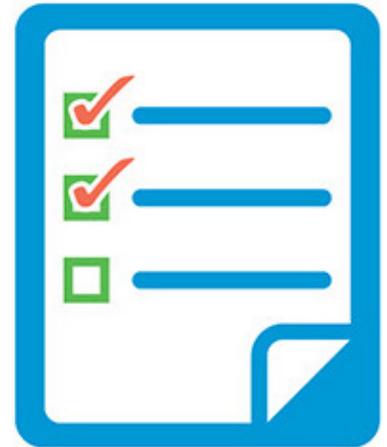
Effective date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	New or revised
6/28/2017	CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services	New
5/18/2017	CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®)	Revised
5/18/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
6/28/2017	CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	Revised
6/28/2017	CG-SURG-09	Temporomandibular Disorders	Revised
5/18/2017	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Revised
5/18/2017	CG-THER-RAD-01	Fractionation and Radiation Therapy in the Treatment of Specified Cancers	Revised

FLPEC-1402-17

Substance use disorders in pregnancy and neonatal abstinence syndrome

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly
- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco
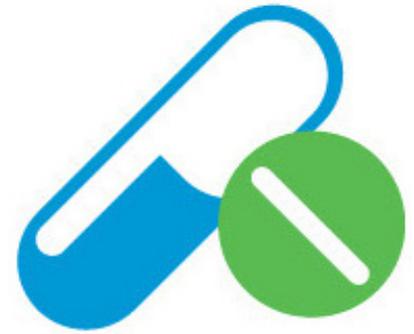
Caring for babies born with NAS

While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior.
Reduction in any exposure to opioids should be the goal for the fetus and newborn.

Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).

Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

Caring for women with SUD

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. Providers have a unique opportunity to help break the pattern of opioid misuse and, thus, reduce health consequences for both mother and child.

Collaboration with community resources, behavioral health providers, addiction treatment centers and OB providers is imperative to designing programs that engage families at risk for SUDs. Women of childbearing age who are not pregnant and who do not wish to become pregnant should receive family planning counseling. Women who are already pregnant benefit from parenting education as early as possible in their pregnancies so they can be prepared to understand and care for their babies who might experience symptoms of NAS and who often require prolonged hospitalizations after birth. As these infants may remain symptomatic for several months after hospital discharge, they are at higher risk for abuse and maltreatment; therefore, close follow up with ongoing support is imperative.

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Substance use disorders in pregnancy and neonatal abstinence syndrome (cont.)

Guidelines and programs which have been shown to improve the care of women at risk of SUDs in pregnancy and their infants include the following:

- **Center for Addiction in Pregnancy:** www.hopkinsmedicine.org/psychiatry/bayview > Clinical Services > Addiction and Substance Abuse > Center for Addiction and Pregnancy (CAP)
- **Fir Square Combined Care Unit:** www.bcwomens.ca > Our Services > Pregnancy & Prenatal Care > Pregnancy, Drugs & Alcohol
- **Improving Outcomes for Infants and Families Affected by NAS — A Universal Training Program:** https://public.vtoxford.org > Quality & Education > NAS Universal Training Program
- **Protecting Our Infants Act: Final Strategy:** https://www.samhsa.gov > Topics > Specific Populations > Age- and Gender-Based Populations > Pregnant Women and Infants > Protecting Our Infants Act: Final Strategy
- **Public Health Strategies to prevent Neonatal Abstinence Syndrome:** Ko JY, Wolicki S, Barfield WD, et al. "CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome," *MMWR Morb Mortal Wkly Rep 2017* 66: 242-245. doi: http://dx.doi.org/10.15585/mmwr.mm6609a2.
- **Rooming In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost:** Volpe Holmes, A, et al. "Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost," *Pediatrics* 137 (2016): 6. doi: 10.1542/peds.2015-2929
- **Sheway:** A Community Program for Women and Children: http://sheway.vcn.bc.ca
- **Snuggle ME webinar series:** www.mainequalitycounts.org > Programs > Snuggle ME Webinar Series
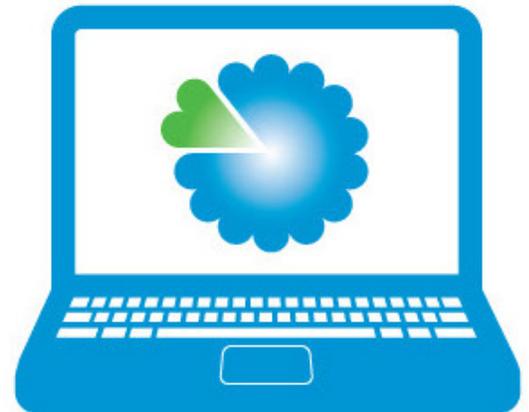
Support

We are here to support you, our pregnant members and their little ones on the way. If you would like more information about our OB Case Management Program or if you have a member who needs behavioral health case management, contact Provider Services at 1-800-454-3730.

Reimbursement Policies

Policy Update
Multiple Delivery Services
(Policy 06-044, effective 03/01/2018)

Amerigroup allows reimbursement for multiple deliveries. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, please use Modifier 22. Please see Modifier 22 Reimbursement Policy for more information. Multiple procedure guidelines will not apply.

For market-specific information, refer to Multiple Delivery Services Reimbursement Policy at https://providers.amerigroup.com > Quick Tools > Reimbursement Policies > Medicaid/Medicare.

FL-NL-0045-17

Policy Reminder
Global Surgical Package for Professional Providers
(Policy 06-041)

Amerigroup would like to remind providers that included in the global surgical package are visits occurring during the postoperative period that are related to recovery from the surgery regardless of the location. The Global Surgical Package for Professional Providers reimbursement policy includes additional information on what is included in the global surgical package and what is separately reimbursable. For additional information, please refer to the reimbursement policy at https://providers.amerigroup.com > Quick Tools > Reimbursement Policies > Medicaid/Medicare.

FL-NL-0055-17

Policy Update
Modifier 62: Co-Surgeons
(Policy 06-027, effective 12/15/2017)

Amerigroup allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62. Each surgeon must bill the same procedure code(s) with Modifier 62. Reimbursement to each surgeon is based on 62.5 percent of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must wbe from **different specialties** and performing surgical services during the same operative session.

For more information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at https://providers.amerigroup.com > Quick Tools > Reimbursement Policies > Medicaid/Medicare.

FL-NL-0036-17

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