

# Provider Newsletter

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



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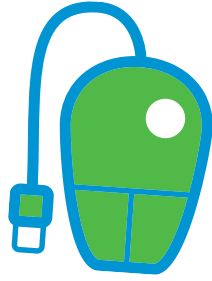
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## Electronic submission is preferred method for requesting pharmacy prior authorization

Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. The online process is faster and easier to complete, and the response is automatic, which helps patients get their medications sooner. You can complete this process through your current electronic health record/electronic medical record (EHR/EMR) system or via the following ePA sites:



- **Surescripts®:**  
<https://providerportal.surescripts.net/providerportal>
- **CoverMyMeds®:**  
<https://www.covermymeds.com/main>

Creating an account is free and takes just a few minutes. If you are experiencing any issues or have a question about how the systems operate:

- For questions or issues with accessing the Surescripts portal, call 1-866-797-3239.
- For questions or issues with accessing the CoverMyMeds portal, call 1-866-452-5017.

For questions regarding pharmacy benefits, please contact your IngenioRx call center 1-800-454-3730.

GA-NL-0211-19

## Medical drug *Clinical Criteria* updates

On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates will be reflected in the [Clinical Criteria web posting](#).

GA-NL-0210-19

The *Clinical Criteria* is publicly available on our [provider website](#) under *News & Announcements*. Visit the [Clinical Criteria website](#) to search for specific policies.

Please submit your questions to [email](#).

## New clinical guideline: pneumatic compression devices, effective April 1, 2020

Amerigroup Community Care will implement the following clinical guideline effective April 1, 2020, to support the review of outpatient pneumatic compression devices (PCDs) after outpatient orthopedic procedures.

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.

### **CG-DME-46 Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs**

This document addresses the use of PCDs for the prevention of deep vein thrombosis (DVT) of the lower limbs. This therapy involves the use of an inflatable garment and an electrical pneumatic pump. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices. PCDs are used in clinics, or can be purchased or rented for home use for prevention and treatment of a number of conditions. This document only addresses the home use of PCDs for post-outpatient orthopedic procedures.

Note: This document addresses devices for the prevention of DVT only. Pneumatic devices used in the treatment or prevention of lymphedema, venous insufficiency or therapy for musculoskeletal injuries are **not** addressed in this document, nor are devices for prevention of DVT post-major surgical procedures.

### **Not medically necessary**

The use of PCDs for prevention of thromboembolism of the lower-limbs

GA-NL-0208-19

## Prior authorization (PA) requirements

Effective November 1, 2019, PA requirements will change for several services covered by Amerigroup Community Care for Medicaid members.



**Read more online.**

GA-NL-0209-19

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, 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.**

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

- **Web:** <https://www.Availity.com> or <https://www.mmis.georgia.gov/portal>
- **AIM Specialty Health® (AIM):** Visit the [AIM website](#) or contact AIM at 1-844-423-0877 (Monday to Friday, 8:00 a.m. to 8:00 p.m. ET).
- **Pharmacy phone:** 1-800-454-3730
- **Georgia pharmacy fax:** 1-844-490-4736 for retail prior authorization; 1-844-490-4870 for medical injectables

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Precertification Lookup Tool at <https://www.availity.com> via <https://providers.amerigroup.com/GA>. Contracted and noncontracted providers who are unable to access the Availity Portal can call Provider Services at 1-800-454-3730.

## Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.



To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### March 2019 updates:

- CG-DME-44 — Electric Tumor Treatment Field (TTF) was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.
- CG-MED-72 — Hyperthermia for Cancer Therapy was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- CG-SURG-09 — Temporomandibular Disorders was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- CG-SURG-30 — Tonsillectomy for Children with or without Adenoidectomy was revised to:
  - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
  - Clarify criterion addressing parapharyngeal abscess (B4) to say two or more.
  - Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b).

- The following AIM Specialty Health® updates took effect on September 28, 2019:

- Advanced Imaging
  - Imaging of the Brain
  - Imaging of the Extremities
  - Imaging of the Spine

### Medical Policies

On March 21, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. View the full update online for a list of the policies.

### Clinical UM Guidelines

On March 21, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for members on May 7, 2019. View the full update online for a list of the guidelines.



GA-NL-0197-19

## June 2019 updates:

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

- \*DME.00037 — Added devices that combine cooling and vibration to the Investigational (INV) & not medically necessary (NMN) statement
- \*LAB.00027 — Added Mediator Release Test to INV&NMN statement.
- \*LAB.00033 — Clarified INV&NMN statement to include 4Kscore and AR-V7
- \*OR-PR.00003:
  - Clarified medically necessary (MN) position statement criteria 2 to 4
  - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications
- \*SURG.00011:
  - Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
  - Added new products to INV&NMN statement.
- \*SURG.00045:
  - Added erectile dysfunction, Peyronie's disease and wound repair to the INV&NMN statement
  - Revised title
- \*SURG.00121 — Added INV&NMN statement to address use of transcatheter tricuspid valve repair or replacement for all indications

- The following AIM Specialty Health<sup>®</sup> updates were approved on June 6, 2019:
  - Advanced Imaging:
    - Imaging of the Heart
    - Oncologic Imaging
    - Vascular Imaging
  - Proton Beam Therapy
  - Rehabilitative Therapies — Physical Therapy, Occupational Therapy and Speech Therapy (New)

### Medical Policies

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. View the full update online for a list of the policies.

### Clinical UM Guidelines

On June 6, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Georgia Families members on July 5, 2019. View the full update online for a list of the guidelines.



GA-NL-0207-19



# Reimbursement Policy

## New Policy: Update

### Drug Screen Testing

(Policy 19-001, effective 11/01/19)

**The effective date of this policy has been updated from 10/1/19.**

Effective November 1, 2019, Amerigroup Community Care will allow separate reimbursement for definitive drug testing of

1-7 drug classes. Definitive drug testing for eight or more drug classes will not be separately reimbursed when performed on the same date of service as presumptive testing.

Definitive drug testing may be done to confirm the results of a negative presumptive test or to identify substances when there is no presumptive test available. Provider's documentation and member's medical records should reflect that the test was properly ordered and support that the order was based on the result of the presumptive test.

In the event a reference lab (POS = 81) performs both presumptive and definitive tests on the same date of service, records should reflect that the ordering/treating provider issued a subsequent order for definitive testing based on the results of the presumptive tests.

For additional information, refer to the Drug Screen Testing reimbursement policy at <https://providers.amerigroup.com/GA>.

GA-NL-0172-19-A