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InterQual 2019 update

The effective date for Amerigroup Community Care to use InterQual® 2019 criteria has been updated from May 1, 2019, to September 17, 2019. On this effective date, Amerigroup providers should begin using InterQual 2019 criteria and can access the criteria by logging into the provider portal.

GA-NL-0206-19

Medical drug Clinical Criteria updates

Quarter one

On February 22, 2019, and March 14, 2019, the Pharmacy and Therapeutic (P&T) Committee approved changes to 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 Q1 web posting.

GA-NL-0202-19

Quarter two

On March 29, 2019, April 12, 2019, and May 1, 2019, the Pharmacy and Therapeutic (P&T) Committee approved changes to 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 Q2 web posting.

GA-NL-0201-19

The Clinical Criteria is publicly available on our provider website. Visit Clinical Criteria to search for specific policies.

Please submit your questions to email.
OB spotlight: Southeast Georgia Physician Associates Obstetrics and Gynecology

Amerigroup Community Care would like to distinguish the providers and staff of Southeast Georgia Physician Associates Obstetrics and Gynecology for their hard work and incredible improvements in maternity and infant outcomes.

Located in the historic, coastal city of Brunswick, Georgia, the practice consists of five OB/GYN physicians and one nurse practitioner, offering a combined experience in women’s health care that spans over 140 years. The practice joined Southeast Georgia Health Systems in 2012 and serves members in Brantley, Camden, Charlton, Glynn, McIntosh and Wayne counties.

Despite practicing for many years, the providers of this group are constantly looking for ways to adapt their care to the most current and best practices for their patients. Three years ago, as they were analyzing their quality outcomes, the providers noticed a marked decrease in patient postpartum visit compliance and an increase in patients who were already pregnant by their six-week postpartum check up. They also observed an overall increase in preterm birth and low birth weight rates across their region.

According to the American College of Obstetrics and Gynecologists (ACOG), anywhere between “40 and 57 percent of women report having unprotected intercourse before their routine 6-week postpartum visit1 and at least 70 percent of pregnancies are unintended in the first year postpartum.1” Short interval pregnancies are most often unintended and are an independent risk factor for preterm delivery and adverse neonatal outcomes.1” Therefore, “ACOG supports immediate postpartum LARC insertion (before hospital discharge) as a best practice, recognizing its role in preventing rapid repeat and unintended pregnancy.2”

With these recommendations in mind, the providers saw the opportunity to offer an intervention and worked with the health system to offer immediate postpartum long-acting reversible contraception (LARC) insertion in the hospital setting. Because of provider concerns regarding intrauterine device (IUD) expulsion, the group chose to offer the etonogestrel implant, Nexplanon, as their immediate postpartum contraceptive option beginning in 2016.

Since this intervention, their preterm birth and low birth weight rates have decreased by an astonishing 61.07 percent and 43.06 percent, respectively. Over a 24-month-period analysis, Southeast Georgia Physician Associates OB/GYN, also increased their timeliness of prenatal care rate by 220.91 percent and their postpartum visit rate by 42.07 percent. Their overall cesarean section rate decreased by 19.34 percent, with their low-risk C-section (term, vertex, single fetus) rate dropping by 53.22 percent.

Please join us in celebrating Southeast Georgia Physician Associates OB/GYN for their example of excellence and transformative quality obstetrical care.

Amerigroup remains aligned with ACOG’s recommendation of the option of immediate postpartum IUD or implant insertion and respectfully asks that providers discuss reproductive life planning with their patients earlier on (e.g., during the third trimester of pregnancy). Members have access to immediate postpartum insertion of a LARC of their choice (IUDs or etonogestrel implants) during their inpatient delivery admission. Facilities and providers will receive the same reimbursement as devices implanted in an outpatient setting.

To help ensure LARC devices are immediately available to patients, postpartum facilities are encouraged to stock obstetrical units with a sufficient amount of devices.

Sources
2 https://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins----Gynecology/Public/pb186.pdf?dmc=1&ts=20180128T0746284121

GA-NL-0205-19
Policy Update
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
(Policy 06-0149, effective 01/01/19)

Currently, Amerigroup Community Care includes Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component services in the reimbursement of preventive medicine evaluation and management (E&M) visits unless they are appended with Modifier 25 to indicate a significant, separately identifiable E&M service by the same physician on the same date of service.

Effective January 1, 2019, the following EPSDT component services will be separately reimbursable from the preventive medicine E&M visit:
- Hearing screening with or without the use of an audiometer or other electronic device
- Vision Screening

For additional information, refer to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) reimbursement policy at https://providers.amerigroup.com/GA.