

Provider Newsletter

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



2017
Quarter 3



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Access Patient360 directly through the Availity Portal

In mid-April 2017, Amerigroup Community Care made it even easier for you to access Patient360 by giving you two navigation options within the Availity Portal. You are still be able to access Patient360 through our secure self-service website; however, we are now offering you the opportunity to easily access records for your Georgia Families members when you are checking member eligibility and benefits in the Availity Portal.

About Patient360:

Patient360 is a real-time dashboard that gives you a robust picture of your Georgia Families and Georgia Families 360SM patients' health and treatment history as well as helps you facilitate care coordination. You can drill down to specific items in a patient's medical record to retrieve demographic information, care summaries, claims details, authorization details, pharmacy information and care management-related activities.

Accessing Patient360 within the Availity Portal:

You must first be assigned the Patient360 role in the Availity Portal; administrators can make this assignment within the *Clinical Roles* options. Then navigate to Patient360 using one of the methods outlined below:

■ Method one:

- Select **Patient Registration** from the top menu bar in the Availity Portal.
- Choose **Eligibility and Benefits**.
- Complete the required fields on the *Eligibility and Benefits* screen.
- Select the **Patient360** link on the member's benefit screen.
- Enter the member's information in the required fields.

■ Method two:

- Select **Payer Spaces** from the top menu bar in the Availity Portal.
- Choose the **Amerigroup Community Care** tile.
- Select **Patient360** located on the *Applications* page.
- Enter the member's information in the required fields.

Registering for the Availity Portal:

To gain access to the Availity Portal:

- Go to <https://www.availity.com>.
- Select **Register**.
- Select **Get Started**.
- Complete the online registration form.



For assistance:

If you have questions about Patient360, contact your local Provider Relations representative. If you have questions about registering for the Availity Portal, contact Availity Client Services at 1-800-282-4548.

GA-NL-0046-17

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 Community Care. 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.

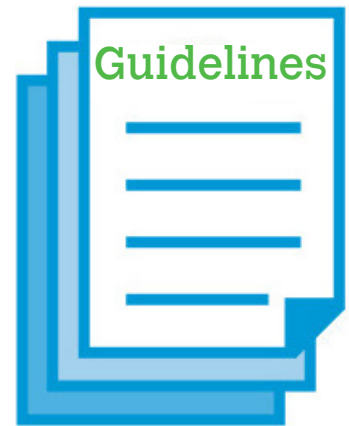
Effective date	Medical Policy number	Medical Policy title	New or revised
5/18/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	New
5/18/2017	DRUG.00107	Avelumab (Bavencio®)	New
5/18/2017	DRUG.00109	Durvalumab (IMFINZI™)	New
6/28/2017	MED.00121	Implantable Interstitial Glucose Sensors	New
6/28/2017	MED.00122	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

Medical Policies and Clinical Utilization Management Guidelines update (cont.)

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

GAPEC-1957-17

Reduction in prescribed opioids filled at pharmacies



We're committed to supporting policy changes that help reduce, prevent and deter opioid use disorder as well as those that help our members better access treatment. As an organization, we've reached our collective goal of reducing prescribed opioids filled at pharmacies by 30 percent during the past five years. We originally expected to achieve this goal by 2019. One important step was to limit coverage for short-acting opioid coverage to seven days for all individual, employer-sponsored and Medicaid members beginning new opioid prescriptions. We implemented these quantity limits to prevent accidental addiction and opioid use disorder and ensure clinically appropriate use consistent with Centers for Disease Control and Prevention (CDC) guidelines.

Reduction in prescribed opioids filled at pharmacies (cont.)

Our organization also had large decreases in member opioid use. For example, in the past year alone, Medicaid plans showed a 29-percent reduction in Virginia, 22-percent reduction in Maryland and a 9-percent reduction in Georgia. For employer sponsored and individual plans, there was a decrease of 23 percent in Nevada, 17 percent in Connecticut and 17 percent in Wisconsin.

President Donald Trump declared the opioid crisis a national emergency earlier this month. From 2014 to 2015, drug overdose deaths increased by 11.4 percent — 5,349 deaths — a continuing trend the CDC has observed since 1999. It's the leading cause of accidental death in the United States, exceeding car crashes and guns.*

In response, we've taken these steps to help ensure clinically appropriate opioid use and proactively prevent the development of opioid use disorder:

- For short-acting opioids, initial prescriptions are limited to seven days. Members can only receive a maximum 14-day supply for short-acting opioids in a 30-day period without additional authorization, which is consistent with CDC guidelines. We began rolling out these quantity limit changes for individual short-acting opioids in October 2016. The limit on the most popular drug, hydrocodone acetaminophen, was effective in July.
- For all long-acting opioids, we began requiring prior authorization for initiation of therapy in September 2016. Quantity limits for long-acting opioids have existed for many years, with exceptions for members diagnosed with terminal or chronic illness.
- Individual, employer-sponsored, Medicare and Medicaid plans have pharmacy programs that assign members to one pharmacy and/or one provider for their opioid prescriptions. These programs help providers better monitor opioid access and ensure members are receiving counseling and mental health support.
- Providers who receive member electronic dashboards are notified when a member is at greater risk for developing opioid use disorder (e.g., when they have prescriptions from several providers or pharmacies or prescriptions for opioids, muscle relaxants and benzodiazepines at the same time).
- We send providers letters to alert them of other controlled substance use concerns and associated emergency room/urgent care use (e.g., when the member has prescriptions for both Suboxone® and opioids or is on persistent high doses of opioids).

Compared to 2012, the peak year for opioid prescription fills, these policy changes contributed to a 31 percent reduction in opioid use. As such, we've updated our collective goals for 2019. To set these goals, we researched morphine equivalents dispensed from 2012, considering both the number and dosing of opioids prescribed. By 2019, we aim to:

- Achieve a 35-percent reduction in opioid use.
- Double the number of members who receive behavioral health services as part of medication assisted therapy for opioid addiction. This helps ensure members have access to comprehensive, evidence-based care.

By setting these goals, we reconfirm our commitment to reducing the impact of this epidemic through prevention, treatment and deterrence.

If you have questions or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

* Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep* 2016; 65:1445-1452.

Reimbursement Policies

Policy Update

Multiple Delivery Services

(Policy 06-044, effective 01/01/2018)

Amerigroup Community Care allows reimbursement for multiple births by a same-delivery or combined-delivery method. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:

- **Vaginal Deliveries** — Vaginal deliveries involved in multiple births should be billed with Modifier 51. Multiple procedure guidelines will apply. Please see Multiple and Bilateral Surgery Reimbursement Policy for more information.
- **Cesarean Deliveries** — Cesarean deliveries involved in multiple births should be billed with Modifier 22. Multiple procedure guidelines will not apply. Please see Modifier 22 Reimbursement Policy for more information.

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

GA-NL-0047-17

Policy Update

Modifier 62: Co-Surgeons

(Policy 06-027, effective 12/15/2017)

Amerigroup Community Care 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 be from **different specialties** and performing surgical services during the same operative session.

For additional information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

GA-NL-0033-17



Policy Update

Diagnosis-Related Group (DRG) Inpatient Facility Transfers

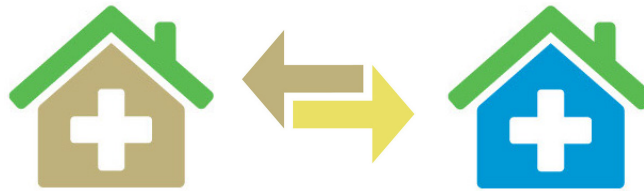
(Policy 13-002, effective 01/01/2018)

Amerigroup Community Care allows payment for services rendered by both the sending and the receiving facility when a patient is admitted to [one] acute care facility and subsequently transferred to another acute care facility for the same episode of care. Amerigroup uses the following reimbursement method:

- If the same DRG, the transfer-from facility will get the rate calculated by the Cost to Charge Ratio (CCR). The transfer-to facility will receive full DRG payment.
- If different DRGs, each facility will receive full DRG payment.

For additional information, please refer to Diagnosis-Related Group (DRG) Inpatient Facility Transfers reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

GA-NL-0057-17



Policy Reminder

Global Surgical Package for Professional Providers

(Policy 06-041)

Amerigroup Community Care 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](#).

GA-NL-0056-17