

# Provider Newsletter



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Quarter 4

## **Medicaid**

### **Centers for Disease Control and Prevention predicts another moderately severe flu season predominated by influenza A (H3N2)**

The Centers for Disease Control and Prevention (CDC) released its report in June on influenza activity during last year's flu season and announced the composition of the 2015–16 influenza vaccine.

According to the CDC, the 2014–15 influenza season was moderately severe overall and especially severe in adults aged 65 years and older, with predominant circulation of influenza A (H3N2) viruses. Previous influenza A (H3N2)–predominant seasons have been associated with increased hospitalizations and deaths, especially among children under 5 years of age and adults 65 years of age and older.

Influenza activity peaked during late December, with influenza A (H3N2) viruses predominant early in the season. Influenza B became the predominant virus starting in late February, through the end of the flu season in May.

The Food and Drug Administration has recommended a change in the influenza A and influenza B components for the 2015–16 influenza vaccine, according to the report. Vaccine recommendations are based on several factors, including global influenza surveillance, genetic characterization, antigenic characterization, antiviral resistance and the candidate vaccine viruses available for production.

Since 2010, the CDC has recommended that everyone six months of age and older received a flu vaccine annually with rare exception.

We are launching our annual member outreach campaign to encourage high-risk members to visit their provider for

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a flu vaccine. Outreach includes automated outbound telephone calls, text messages and newsletter articles. Providers can expect an increase in phone calls and early appointments for the flu vaccine.

Antiviral drugs used to lessen flu duration and symptoms, as well as many cough and cold products, are included on the formulary found on our provider website at [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA) > Provider Resources & Documents > Pharmacy > Formulary.

Flu surveillance and patient education materials are available at the [CDC website](http://www.cdc.gov). For more information about vaccine coverage, contact Provider Services at 1-800-454-3730.

### **Synagis (palivizumab)**

Respiratory syncytial virus (RSV) season begins as early as September and runs through April. Synagis (palivizumab) is a monoclonal antibody indicated for the prevention of RSV. The American Academy of Pediatrics (AAP) recommends a maximum of five (15 mg/kg) monthly doses of palivizumab during the RSV season for high-risk infants who were born before 29 weeks, 0 days gestation, have chronic lung disease (CLD) of prematurity or have hemodynamically significant heart disease. Updated indications for prophylaxis can be found in the July 2014 AAP Policy Statement and on our provider website at [providers.amerigroup.com](http://providers.amerigroup.com).

The Synagis prior authorization form can be found on provider website at [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA) > Provider Resources & Documents > Pharmacy > Pharmacy Prior Authorization Form. Only one request is needed for each patient throughout the RSV season. In a case where higher dosage is necessary due to weight gain, documentation of the patient's new weight must be provided.

In most cases, Express Scripts, Inc, is the preferred provider for Synagis requests. However, some markets prefer other vendors. Please check with your local Provider Services representative or our Provider Services team at 1-800-454-3730 for specific details on how to obtain Synagis. You can also find additional drug information at [providers.amerigroup.com/GA](http://providers.amerigroup.com/GA).

### **Newborn notification**

Beginning September 1, 2015, you may no longer submit clinical information for a sick baby under the mother's Medicaid ID number. Facilities must follow the requirements below:

- Notification of all newborn and sick babies must come through the Alliant GMCF prior authorization portal.
- All sick baby notifications must come with the sick baby's Medicaid ID number, not the mother's Medicaid ID number.
  - If there are multiple births, you must obtain the Medicaid ID number for each baby from Hewlett Packard (HP) by calling the HP Provider Line at 1-800-766-4456.
- Newborn assessment information must be attached to the initial notification.

Additionally, beginning September 1, 2015, facilities must follow the requirements below:

- Newborn and sick baby assessment information must be attached to the initial notification of a

newborn delivery or a sick baby hospital admission.

- If there are multiple births, newborn assessment information must be attached for each baby.
- If there are multiple sick baby admissions, each sick baby must have their own Medicaid ID number.
- Provider information must be added to the Alliant GMCF portal notification in the reference provider ID line; do not list the facility's name as the provider ID name.

Amerigroup Community Care will no longer accept telephonic or faxed clinical information. Please submit notifications at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

It is important to remember you can no longer submit newborn notifications without the newborn assessment attached.

### **Georgia Department of Community Health launches centralized prior authorization portal**

On August 1, 2015, Georgia Department of Community Health (DCH) implemented phase two of the centralized prior authorization (PA) feature. This feature allows additional participating Medicaid providers to submit PA requests to care management organizations through one centralized source.

The implementation date for authorization services that should be submitted via the centralized PA feature is August 1, 2015. Durable medical equipment (DME) PAs will be completed and submitted by DME providers. Children's intervention services should be completed and submitted by therapists.

If you have additional questions, contact your local Provider Relations representative or go to <https://www.mmis.georgia.gov> to review the frequently asked questions.

### **Pharmacy benefit manager to change to Express Scripts starting September 1, 2015**

Effective September 1 2015, Amerigroup will change the pharmacy benefit manager to Express Scripts. This will change the claims processing information.

Please continue to refer to our preferred drug list (PDL) and formulary when prescribing medications for your patients. This information can be found at [providers.amerigroup.com](http://providers.amerigroup.com) > Quick Tools > Pharmacy Tools. Although most drugs on the PDL are covered, some medications will require prior authorization.

To request authorization, go online to [providers.amerigroup.com](http://providers.amerigroup.com) > Quick Tools > Pharmacy Tools > Pharmacy Prior Authorization. Our pharmacy online prior authorization tool allows you to:

- Verify member eligibility
- Attach clinical documentation
- Use the drug lookup tool
- Enter multiple requests for multiple drugs at one time
- Appeal denied requests
- Upload supporting documents and review appeal status
- Request medical injectables for those medications obtained by your office/facility for onsite infusion or administration

You may also submit a pharmacy prior authorization request by calling our Pharmacy department at 1-800-454-3730 or by fax to 1-800-359-5781.

### **Credentialing verification organization process**

August 1, 2015, DCH implemented a new NCQA certified centralized credentialing verification organization (CVO) that will be responsible for credentialing and recredentialing Medicaid providers currently enrolled or seeking to enroll with Georgia's care management organizations (CMO).

Credentialing and recredentialing services will be provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360° program.

This new streamlined process will result in administrative simplification, thereby preventing inconsistencies, as well as the need for a provider to be credentialed or recredentialed multiple times.

If you have questions regarding the centralized CVO initiative, please contact DCH via email at [cvo.dch@dch.ga.gov](mailto:cvo.dch@dch.ga.gov).

### **Provider Self-Service tools make it easy to do business with our organization**

The Provider Self-Service (PSS) web portal offers 24/7 access to update basic provider demographic information like practice address information, practice roster, or termination of a provider in the practice by simply attaching supporting documentation.

Other available tools on the secure PSS site include, but are not limited to:

- Access to PCP member panels
- Patient 360 tool to quickly retrieve detailed records about your patients
- Member eligibility and benefits
- The ability to submit and check status of:
  - Authorizations
  - Claims

You must be a registered user to access the secure PSS tool at [providers.amerigroup.com](http://providers.amerigroup.com) with your Availity username and password. If you do not have a login, go to [www.availity.com](http://www.availity.com), select the *Register Now* option and follow the Availity registration process instructions. Once you have your Availity username and password and have logged in, you may take an online tutorial under *Provider Education* to guide you through the process to make provider updates.

If you experience any difficulty, contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730, from 8 a.m. to 5 p.m., Monday through Friday for assistance.

## **Amerivantage**

### **Emergency room level 5 professional claim review**

We are initiating a review of emergency room (ER) professional claims billed with a level 5 ER E/M code (99285 or G0384) to ensure the documentation meets or exceeds the components necessary to support its billing. The review for the necessary components will be based on the coding guidelines outlined in the AMA CPT coding reference. Documentation will be requested and the review will be performed on a pre-pay basis. The review for selected ER professional claims with level 5 E/M codes is scheduled to begin April 1, 2016.

### **Reimbursement Policy updates**

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup Amerivantage (Medicare Advantage) benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, we strive to minimize these variations. For more information on these and other Reimbursement Policies, visit our website at [providers.amerigroup.com](http://providers.amerigroup.com) and select Quick Tools.

### **Policy update**

#### **Preadmission Services for Inpatient Stays**

*(Policy 07-017, originally effective 09/28/2007)*

Amerigroup allows reimbursement for applicable services for a covered member prior to admission to an inpatient hospital (referred to as the payment window). For admitting hospitals, applicable preadmission services are included in the inpatient reimbursement for the three days prior to and including the day of the member's admission, and, therefore, are not separately reimbursable expenses. For other hospitals and units, applicable preadmission services are included in the inpatient reimbursement within one day prior to and including the day of the member's admission and, therefore, are not separately reimbursable expenses. For critical access hospitals, outpatient diagnostic services are not subject to either the three-day or one-day payment window and, therefore, are separately reimbursable expenses from the inpatient stay reimbursement.

Please note, the three-day or one-day payment window does not apply to outpatient diagnostic services included in the rural health clinic or federally qualified health center all-inclusive rate.

Applicable preadmission services consist of all diagnostic outpatient services (including non-patient laboratory tests) and clinically related nondiagnostic services that are related to the inpatient stay and are included in the inpatient reimbursement. A hospital may attest to specific nondiagnostic services as being unrelated by adding a condition code 51 to the outpatient nondiagnostic service to be billed separately.

For additional information and/or nonreimbursable services, refer to the Preadmission Services Reimbursement Policy at [providers.amerigroup.com](http://providers.amerigroup.com).

### **Prosthetic and Orthotic Devices**

*(Policy 06-084, originally effective 09/06/2006)*

Reimbursement is allowed for prosthetic and orthotic devices when provided as part of a physician's services or ordered by a physician and used in accepted medical practice. Reimbursement is based on the applicable fee schedule or contracted/ negotiated rate for the prosthetic or orthotic device dispensed. The design, materials, measurements, fabrications, testing, fitting and training in the use of the device are included in the reimbursement of the device and are not separately reimbursable expenses. In instances of theft, a police report is required for consideration of replacements.

For additional information and/or nonreimbursable services, refer to the Prosthetic and Orthotic Devices Reimbursement Policy at [providers.amerigroup.com](http://providers.amerigroup.com).

### **Transportation Services: Ambulance and Non-Emergent Transport**

*(Policy 07-036, originally effective 02/26/2008)*

Amerigroup allows reimbursement for transport to and from covered services or other services mandated by contract. Please note, Amerigroup does not allow reimbursement for mileage when the transport service has been denied or is not covered. Amerigroup also does not allow separate reimbursement for additional medical personnel, unusual waiting time and disposable/first aid supplies.

For additional information and/or nonreimbursable services, refer to the Transportation Reimbursement Policy at [providers.amerigroup.com](http://providers.amerigroup.com).

For additional information, refer to the Reimbursement Policies at [providers.amerigroup.com](http://providers.amerigroup.com) and click on Quick Tools.

Your continued feedback is critical to our success. If you have questions, contact your local Provider Relations representative or call 1-866-805-4589.