# Provider Newsletter

https://providers.amerigroup.com/IA
Provider Services: 1-800-454-3730

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Introducing a new Clinical Criteria web page for injectable, infused or implanted drugs covered under the medical benefit

Beginning March 1, 2019, providers will be able to view the Clinical Criteria website to review Clinical Criteria for all injectable, infused or implanted prescription drugs.

This new website will provide the Clinical Criteria documents for all injectable, infused, or implanted prescription drugs and therapies covered under the medical benefit. These Clinical Criteria documents are not yet being used for clinical reviews, but are available to providers for familiarization of the new location and formatting.

Once finalized, providers will be notified prior to implementation of Clinical Criteria documents. Injectable oncology drug Clinical Criteria will not be posted on this website until mid-2019. Until implementation, providers should continue to access the Clinical Criteria for medications covered under the medical benefit through the standard process.

If you have questions or feedback, please use this email link.

IA-NL-0151-18

Correction: cervical length measurement by transvaginal ultrasound

This is a correction to a newsletter article from December 2018. The correct codes (also listed below) are 76801, 76805 and 76811.

In our efforts to improve pregnancy outcomes, including the prevention of preterm birth, Amerigroup Iowa, Inc. previously communicated our endorsement of the American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal Fetal Medicine (SMFM) guidelines on cervical length (CL) screening and progesterone treatment.

We continue to encourage you to obtain a CL measurement with your patient’s routine prenatal anatomic evaluation ultrasound. For claims submitted on or after January 1, 2019, if a vaginal approach is necessary in addition to an abdominal scan to obtain this measurement, the transvaginal ultrasound will be considered for a multiple procedure reduction.

When a routine anatomic evaluation ultrasound (76801, 76805 and 76811) and a transvaginal ultrasound (76817) are billed on the same day by the same provider, the transvaginal ultrasound is considered a part of the multiple procedure payment reduction policy and will be paid at 50 percent of the applicable fee schedule, and the complete procedure will be paid at the full applicable fee schedule.
Neonatal intensive care unit post-traumatic stress disorder program

On February 1, 2019, Amerigroup Iowa, Inc. launched a case management (CM) program for screening of post-traumatic stress disorder (PTSD) in parents of infants hospitalized in the neonatal intensive care unit (NICU). This CM program supports mothers and families at risk for PTSD due to the stressful experience of having a baby in the NICU.

What is the purpose of this program?

The NICU PTSD program seeks to improve outcomes for families of babies who are in the NICU by screening and facilitating referral to treatment for PTSD in parents.

How will it work?

Case managers will reach out by phone to parents of babies who have been in the NICU for 30 days or more. They will screen and facilitate referral for treatment of PTSD.

Why screen for PTSD in parents of long-term NICU patients?

- Admittance of infants to a NICU in the United States is one in 10.
- Incidence of parental NICU-related PTSD varies from 20-41 percent.
- Treatment of PTSD is possible if identified.
- Lack of treatment can affect the health of the parent and the child.
- Risk for children cared for by mothers with PTSD is significantly higher for psychological aggression, child abuse and neglect.
- Impacts on children with parents having PTSD can be adverse and long-term (e.g., lower cognitive performance and conduct disorders).

What is PTSD?

PTSD is an anxiety disorder that may develop after exposure to a terrifying event or ordeal. However, people who see another person experience a life-threatening event can also suffer from PTSD:

- PTSD is diagnosed when the stress symptoms persist for more than a month.
- Symptoms of PTSD include intrusive memories (e.g., flashbacks and upsetting dreams), attempts to avoid thinking or talking about the event, and hyperarousal (e.g., irritability or anger).
- Onset of symptoms of PTSD may be delayed for even a year after the initiating event.

Provider surveys

Each year we reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to continually improve our operations and strengthen our relationship with our providers.

Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.
Practitioners’ rights during credentialing process

The credentialing process must be completed before a practitioner begins seeing members and enters into a contractual relationship with a health care insurer. As part of our credentialing process, practitioners have certain rights, as briefly outlined below.

Practitioners can request to:
- Review information submitted to support their credentialing application.
- Correct erroneous information regarding a credentialing application.
- Be notified of the status of credentialing or recredentialing applications.

The Council for Affordable Quality Healthcare (CAQH®) universal credentialing process is used for individual providers who contract with Amerigroup Iowa, Inc. To apply for credentialing with Amerigroup, go to the CAQH website and select CAQH ProView™. There is no application fee.

We encourage practitioners to begin the credentialing process as soon as possible when new physicians join a practice. Doing so will help minimize any disruptions to the practice and members’ claims.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Medical Policies and Clinical Utilization Management Guidelines update

The Medical Policies and Clinical Utilization Management (UM) Guidelines below were developed 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 search for specific policies or guidelines, visit https://medicalpolicies.amerigroup.com/am_search.html.

Updates:
- CG-BEH-01 — Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome was revised to add tests for metabolic markers in the blood, urine, tissue or other biologic materials (also known as metabolomics), including but not limited to Amino Acid Dysregulation Metabotype testing as not medically necessary.
- The following AIM Specialty Health® updates took effect on November 21, 2018:
  - Musculoskeletal interventional pain management
  - Spine surgery
  - Radiology
- The following customizations to MCG Care Guidelines (22nd Edition) went into effect on January 16, 2019:
  - Behavioral Health Level of Care Guidelines
  - Inpatient and Surgical Care Guidelines — neonatology, orthopedics, thoracic surgery and pulmonary disease
- Customizations to the MCG Care Guidelines (23rd Edition) take effect on May 24, 2019.
- The InterQual 2019 version release takes effect on May 1, 2019.

Medical Policies
On November 21, 2018, the MPTAC approved several Medical Policies applicable to Amerigroup Iowa, Inc.

Clinical UM Guidelines
On November 21, 2018, the MPTAC approved several Clinical UM Guidelines applicable to Amerigroup. These guidelines were adopted by the medical operations committee on January 3, 2019.

Read more online.