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Coding spotlight: substance use disorders and smoking

Drug addiction or substance use disorder affects a person’s brain and in turn their behavior. Substance addiction can start with the experimental use of a drug in a social situation or with exposure to prescribed medications. Eventually it leads to an inability to control the use of the legal or illegal drug or medication. When a patient is diagnosed with an alcohol- or drug-related disorder, the diagnosis is often more complex, as such conditions are susceptible to both psychological and physiological signs, symptoms, manifestations and comorbidities. This article aims to equip you with the information you need to provide high-quality care to patients struggling with substance use as well as how to code for the services provided to them.

For detailed information on substance use disorders and smoking including health risks, diagnosis and treatment, HEDIS® quality measures related to substance use, and coding information, please view the full update on our provider website.

**HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).**

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What Matters Most: Improving the Patient Experience CME

Are you looking for innovative ways to improve your patients’ experiences? Numerous studies have shown that a patient’s primary health care experience and, to some extent, their health care outcomes are largely dependent upon health care provider and patient interactions. Recently, Amerigroup Iowa, Inc. announced the launch of a new online learning course — *What Matters Most: Improving the Patient Experience* — to address gaps in and offer approaches to communication with patients. This curriculum is available at no cost to providers and their clinical staff nationwide.

For more information on *What Matters Most: Improving the Patient Experience*, check out the full Provider Update on our website.

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Practitioners’ rights during credentialing process

The credentialing process must be complete 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.

Vaginal birth after cesarean shared decision-making aid available

As part of our commitment to provide you with the latest clinical information, we have posted a vaginal birth after cesarean (VBAC) shared decision making aid to our provider site. This tool has been reviewed and certified by the Washington Health Care Authority* and is available to aid in discussions with your patients regarding their treatment options.

* The Washington Health Care Authority is recognized as a certifying body by NCQA.

Cervical length measurement by transvaginal ultrasound

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 March 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.

What is the impact of this change?
When a routine anatomic evaluation ultrasound (76801, 76802, 76805, 76810) 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.

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EDI Gateway migration

Amerigroup Iowa, Inc. has partnered with Availity to become our designated EDI Gateway effective January 1, 2019.

What does this mean to you as a provider?
All EDI submissions currently received are now available on Availity. Please note, there is no impact to provider participation statuses and no impact on how claims adjudicate.

Next steps
Contact your clearinghouse to validate their transition dates to Availity. If your clearinghouse notifies you of changes regarding connectivity, workflow or the financial cost of EDI transactions, there is a no-cost option available to you — You can submit claims directly through Availity!

Register with Availity
If you wish to submit directly through Availity for your 837 (claim), 835 (electronic remittance advice) and 27X (claim status and eligibility) transactions, please visit https://www.availity.com to register.

We look forward to delivering a smooth transition to the Availity EDI Gateway.

If you have any questions, please contact Availity Client Services at 1-800-282-4548, Monday-Friday, 8 a.m.-7:30 p.m. Eastern time.

Pharmacy management information

Need up-to-date pharmacy information?
Log in to our provider website to access our Formulary Prior Authorization forms, Preferred Drug List and process information.

Have questions about the Formulary or need a paper copy?
Call our Provider Services department at 1-800-454-3730.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call 1-800-600-4411 (TTY).

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Medical Policies and Clinical Utilization Management Guidelines updates

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.

Note:
- Effective November 1, 2018, AIM Specialty Health® (AIM) Musculoskeletal Level of Care Guidelines, Sleep Study Guidelines and Radiology Guidelines are now used for clinical reviews.
- When requesting services for a patient (including medical procedures and medications), the Precertification Look-Up Tool may indicate that precertification is not required, but this does not guarantee payment for services rendered; a Medical Policy or Clinical UM Guideline may deem the service investigational or not medically necessary. In order to determine if services will qualify for payment, please ensure applicable clinical criteria is reviewed prior to rendering services.

Please share this notice with other members of your practice and office staff.

To search for specific policies or guidelines, visit https://medicalpolicies.amerigroup.com/search.

Medical Policies
On July 26, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies applicable to Amerigroup Iowa, Inc.

Clinical UM Guidelines
On July 26, 2018, the MPTAC approved the following Clinical UM Guidelines applicable to Amerigroup. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on August 31, 2018.

View the list of newly approved Medical Policies and Clinical UM Guidelines in the July 2018 update.

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Policy Update

Claims Requiring Additional Documentation
(Policy 06-031, effective 03/01/19)

Professional providers and facilities are required to submit additional documentation for adjudication of applicable types of claims. If the required documentation is not submitted, the claim may be denied. Amerigroup Iowa, Inc. may request additional documentation or notify the provider or facility of additional documentation required for claims, subject to contractual obligations.

Effective March 1, 2019, if an itemized bill is requested and/or required, then it must include the appropriate revenue code for each individual charge.

For additional information, please review the Claims Requiring Additional Documentation reimbursement policy at https://providers.amerigroup.com/IA > Quick Tools > Reimbursement Policies > Iowa.

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