Provider Newsletter

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

August 2018

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Normal newborn diagnosis-related group claims processing update

Effective November 1, 2018, Amerigroup Iowa, Inc. will update the claims processing system to ensure accurate payment of newborn claims in accordance with Iowa normal newborn diagnosis-related group (DRG) requirements and our inpatient authorization requirements.

All newborn inpatient stays must have sufficient documentation provided to support an admission to an area beyond the newborn nursery, such as a neonatal intensive care unit (NICU) or for the higher level of care associated with the more complex newborn DRG. Documentation to support the higher level admission includes authorization or medical records.

Failure to provide the appropriate documentation will result in the claim being processed based on the normal newborn rate. Please note that current authorization guidelines for normal newborn and higher level of care baby inpatient stays will be applied.

For more information, reference the full provider update.

IA-NL-0104-18

Member’s Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to participating practitioners and members in our system, Amerigroup Iowa, Inc. has adopted a Member’s Rights and Responsibilities Statement, which is located in your Provider Manual.

If you need a physical copy of the statement, call Provider Services at 1-800-454-3730.

IA-NL-0118-18
New review process for not otherwise classified drug codes

Effective July 1, 2018, Amerigroup Iowa, Inc. is implementing a new review process for not otherwise classified (NOC) drug codes. Our Reimbursement Policy for Unlisted or Miscellaneous Codes requires NOC drug codes be submitted with the correct national drug code (NDC). As a large number of NOC drug claims do not contain the NDC, we will review claims to ensure the presence of a NDC, and claims without an NDC will be denied.

The scope of review will include both professional and facility claims for Medicaid members. The NOC drug codes listed below will suspend and be routed for review. Note, to ensure billed drugs are a benefit and covered per our medical policies or state policies, Amerigroup may request that you submit medical records.

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Electronic claim payment reconsideration

As currently outlined in your provider manual, providers can submit claim payment reconsiderations verbally, in writing or electronically. We are reaching out to notify you about some exciting new tools for electronic submission that will become available through the Availity Portal. In addition, you should soon see changes in the provider manual that will outline this new information regarding claim remediation tools through the Availity Portal.

Beginning September 1, 2018, providers will have the ability to submit claim reconsideration requests through the Availity Portal with more robust functionality. For you, this means an enhanced experience when:

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.

**New Availity Portal functionality will include:**

- Acknowledgement of submission at the time of submission.
- Email notification when a reconsideration has been finalized by Amerigroup Iowa, Inc.
- A worklist of open submissions to check a reconsideration status.

With the new electronic functionality, when a claim payment reconsideration is submitted through the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claims payment reconsideration will receive an email notification informing him/her that the reconsideration review has been completed. If you are not satisfied with the reconsideration outcome, continue to follow the existing process to file a payment dispute, as outlined in your provider manual.

**Please note:** This new functionality will be for claim payment reconsideration that are not tied to medical necessity denials. Continue to follow current process when submitting a payment dispute for medical necessity denials.

Look for announcements on the Availity Portal for upcoming training opportunities. Providers who have questions as they begin to use the new functionality should contact the Amerigroup at 1-800-454-3730.

IA-NL-0113-18
Medical Policies and Clinical Utilization Management Guidelines updates

The Medical Policies and Clinical Utilization Management (UM) Guidelines detailed in the bimonthly update 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.

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 January 25, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several Medical Policies applicable to Amerigroup Iowa, Inc.

Please note:
- Starting July 1, 2018, AIM Specialty Health® Cardiology and Radiation Oncology Guidelines are utilized for clinical reviews.

Clinical UM Guidelines
On January 25, 2018, the MPTAC approved several Clinical UM Guidelines applicable to Amerigroup. The update details the guidelines adopted by the medical operations committee for the Government Business Division on March 2, 2018.

View the list of newly approved Medical Policies and Clinical UM Guidelines in the January 2018 update.
IAPEC-1024-18

Medical Policies
On March 22, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several Medical Policies applicable to Amerigroup Iowa, Inc.

Clinical UM Guidelines
On March 22, 2018, the MPTAC approved several Clinical UM Guidelines applicable to Amerigroup. The update details the guidelines adopted by the medical operations committee for the Government Business Division on April 19, 2018.

View the list of newly approved Medical Policies and Clinical UM Guidelines in the March 2018 update.
IAPEC-1705-18
Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member’s coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our Medical Policies are available on our provider website.

You can request a free copy of our UM criteria from Provider Services at 1-800-454-3730. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the number listed below. To access UM criteria online, go to https://providers.amerigroup.com/IA > Provider Resources & Documents > Quick Tools > Medical Policies.

We are staffed with clinical professionals who coordinate our members’ care and are available 24 hours a day, 7 days a week to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

You can submit recertification requests by:
- Faxing to 1-800-964-3627.
- Calling us at 1-800-454-3730.

Have questions about utilization decisions or the UM process?
Call our Clinical team at 1-800-454-3730 Monday-Friday from 8 a.m.-4 p.m. Central time.

IA-NL-0118-18
Prior authorization (PA) requirements

**Chimeric antigen receptor T-cell therapy**

PA requirements will change for Chimeric antigen receptor T-cell (CART) therapy, including immunotherapy and all inpatient stays, regardless of place of service or if billed with an unlisted code.

**PA requirements will be added to the following:**
- Tisagenlecleucel (brand name: Kymriah™), up to 250 million CAR-positive viable T-cells, including leukapheresis and dose-preparation procedures, per infusion (Q2040)
- Axicabtagene Ciloleucel, up to 200 million autologous anti-CD19 CAR T-cells, including leukapheresis and dose-preparation procedures, per infusion (new code effective April 1, 2018) (Q2041)

**Darzalex (daratumumab)**

Effective August 1, 2018, PA requirements will change for the injectable drug Darzalex (daratumumab) for Medicaid members.

**PA requirements will be added to the following:**
- Injection, Darzalex (daratumumab), 10 mg (J9145)

**Cabazitaxel (Jevtana)**

Effective September 1, 2018, PA requirements will change for the injectable drug Cabazitaxel (Jevtana) to be covered by Amerigroup Iowa, Inc.

**Mepolizumab (Nucala) and reslizumab (Cinqair)**

Effective September 1, 2018, PA requirements will change for the injectable/infusible drugs mepolizumab (Nucala®) and reslizumab (Cinqair®).

**To request PA, you may use one of the following methods:**
- Web: [https://www.availity.com](https://www.availity.com)
- Fax: 1-800-964-3627
- Phone: 1-800-454-3730

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers on our provider website ([https://providers.amerigroup.com/IA > Quick Tools > Precertification Lookup Tool](https://providers.amerigroup.com/IA > Quick Tools > Precertification Lookup Tool)). Providers may also call us at 1-800-454-3730 for PA requirements.
Policy Update
Medical Recalls
(Policy 06-111 — effective 11/01/2018)

In applicable circumstances, the appropriate modifier, condition code or value code (identified below) should be used to identify a medically recalled item. This will assist Amerigroup Iowa, Inc. in identifying medically recalled items and support correct coding guidelines.

Applicable condition codes are 49 and 50. Condition code 49 signifies products replaced within the product lifecycle due to the product not functioning properly, and condition code 50 is used for product replacement for known recall of a product.

When a credit or cost reduction is received by the provider for the replacement device, applicable modifiers are FB and FC. Modifier FB is used when items are provided without cost to the provider, supplier or practitioner, and modifier FC is used when a partial credit is received by the provider, supplier or practitioner for the replacement device.

Note: In circumstances where we have reimbursed the provider for repair or replacement of items or procedures related to items due to a medical recall, we are entitled to recoup or recover fees from the manufacturer and/or distributor as applicable. In circumstances where we have reimbursed the provider the full or partial cost of a replaced device and the provider received a full or partial credit for the device, we are entitled to recoup or recover fees from the provider.

Please refer to CMS and/or your state’s guidelines, and the Medical Recalls reimbursement policy for additional details at https://providers.amerigroup.com/IA > Quick Tools > Reimbursement Policies > Iowa.

IA-NL-0099-18