Table of Contents

Verifying and updating your provider information  Page 2

Improving the patient experience  Page 2

Medical drug Clinical Criteria updates  Page 2

Coding spotlight — provider’s guide to coding respiratory diseases  Page 3

Coding spotlight — provider’s guide to coding behavioral and emotional disorders  Page 3

Resources to support your diverse patient panel  Page 4

Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal  Page 5

Medical Policies and Clinical Utilization Management Guidelines update  Page 6

Postponed — review of professional claims with emergency room level 5 E&M codes  Page 7

Reimbursement Policies:

Split-Care Surgical Modifiers  Page 8

Multiple and Bilateral Surgery: Professional and Facility Reimbursement  Page 8
Verifying and updating your provider information

Maintaining accurate provider information is critically important to ensure that our members have timely and accurate access to care.

Additionally, Amerigroup Iowa, Inc. is required by Centers for Medicare & Medicaid Services (CMS) to include accurate information in provider directories for certain key provider data elements. To remain compliant with federal and state requirements, changes must be communicated within 30 days in advance of a change or as soon as possible.

Please notify us by sending changes, including effective date, on practice letterhead to iowamedicaid@amerigroup.com or fax to 1-866-574-6725. Thank you for your help and continued efforts in keeping our records up to date.

IA-NL-0227-19

Improving the patient experience

Are you looking for innovative ways to improve your patients’ health care experiences?

Numerous studies have shown 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. That’s why Amerigroup Iowa, Inc. has an online learning site called My Diverse Patients that offers insight on how to communicate with your diverse patient population, including a course titled: What Matters Most: Improving the Patient Experience. Learn more by visiting the course link or on the My Diverse Patients site at www.mydiversepatients.com.

IA-NL-0221-19

Medical drug Clinical Criteria updates

August 2019 update
On August 16, 2019, the Pharmacy and Therapeutics (P&T) Committee approved Clinical Criteria applicable to the medical drug benefit for Amerigroup Iowa, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the Clinical Criteria web posting.

IA-NL-0222-19

September 2019 update
On September 19, 2019, the Pharmacy and Therapeutics (P&T) Committee approved Clinical Criteria applicable to the medical drug benefit for Amerigroup Iowa, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the Clinical Criteria web posting.

IA-NL-0228-19

The Clinical Criteria is publicly available on our provider website. Visit Clinical Criteria to search for specific policies.

Please submit your questions to email.
Coding spotlight — provider’s guide to coding behavioral and emotional disorders

ICD-10-CM coding
Codes within categories F90-F98 represent behavioral and emotional disorders with onset usually occurring in childhood and adolescence and may be used regardless of the age of the patient.

Attention deficit hyperactivity disorder (ADHD) is among these common childhood disorders. While ADHD is not a learning disability, it can impact the ability to learn. This disorder is characterized by classic symptoms of inattention, hyperactivity and impulsivity. Three subtypes of ADHD have been identified:

- Hyperactive/impulsive type — The patient does not show significant inattention.
- Inattentive type — The patient does not show significant hyperactive-impulsive behavior.
- Combined type — Patient displays both inattentive and hyperactive-impulsive symptoms.

Read more online.

IA-NL-0216-19

Coding spotlight — provider’s guide to coding respiratory diseases

ICD-10-CM coding
Respiratory diseases are classified in categories J00 through J99 in Chapter 10, “Diseases of the Respiratory System” of the ICD-10-CM Official Guidelines for Coding and Reporting.

Pneumonia
Pneumonia is coded in several ways in ICD-10-CM. Combination codes that account for both pneumonia and the responsible organism are included in Chapter 1, “Certain Infectious and Parasitic Diseases” and Chapter 10, “Diseases of the Respiratory System.” Examples of appropriate codes for pneumonia include:

- J15.0 — pneumonia due to Klebsiella
- J15.211 — pneumonia due to Staphylococcus aureus
- J11.08 + J12.9 — viral pneumonia with influenza.

Read more online.

IA-NL-0226-19
Resources to support your diverse patient panel

As patient panels grow more diverse and needs become more complex, providers and office staff need more support to help address patients’ needs. Amerigroup Iowa, Inc. wants to help.

Cultural competency resources
We have cultural competency resources available on our provider website. Leveraging content created by the Industry Collaboration Effort Cultural and Linguistic Workgroup, the Cultural Competency Training and the Caring for Diverse Populations Toolkit have enhanced content.

<table>
<thead>
<tr>
<th>Cultural Competency Training includes:</th>
<th>Caring for Diverse Populations Toolkit includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Enhanced content regarding culture including language and the impact on health care.</td>
<td>♦ Comprehensive information on working with diverse patients and effectively supporting culture, language and disabilities in health care delivery.</td>
</tr>
<tr>
<td>♦ A cultural competency continuum that can help providers assess their level of cultural competency.</td>
<td>♦ Tools and resources to help mitigate barriers including materials that can be printed and made available for patients in your office.</td>
</tr>
<tr>
<td>♦ Guidance on working effectively with interpreters.</td>
<td>♦ Guidance on regulations and standards for cultural and linguistic services.</td>
</tr>
<tr>
<td>♦ Comprehensive content on serving patients with disabilities.</td>
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</tbody>
</table>

In addition, providers can access https://mydiversepatients.com for tools and resources that are accessible from any smartphone, tablet or desktop. Providers will find free continuing medical education courses that cover topics relevant to providing culturally competent care and services for diverse individuals.

Prevalent non-English languages (based on population data)
Like you, Amerigroup wants to effectively serve the needs of diverse patients. It’s important for us all to be aware of the cultural and linguistic needs of our communities, so we are sharing recent data about the prevalent non-English languages spoken by five percent or 1,000 individuals in Iowa. (Source: American Community Survey, 2016 American Community Survey 5-Year Estimates, Table B16001, generated 10/03/2018)

- Prevalent non-English language in IA: Spanish

Language support services
As a reminder, Amerigroup provides language support services for our members with limited English proficiency (LEP) or hearing, speech or visual impairments. Please see the provider manual at https://providers.amerigroup.com/IA for details on the available services and how to access them.

IA-NL-0225-19
Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal

Amerigroup Iowa, Inc. has an online tool that displays prior authorization guidelines to help you quickly determine whether certain services for Amerigroup members require a prior authorization.

You can access the Precertification Lookup Tool through the Availity Portal. The Precertification Lookup Tool will let you know if clinical edits apply, information such as the medical necessity criteria used in making the authorization decision and if a vendor is used — without the need to make a phone call.

Where is the Precertification Lookup Tool located on Availity?
Navigate to the Precertification Lookup Tool on the Availity Portal by selecting either 1) **Payer Spaces** or 2) **Patient Registration** from Availity’s homepage. You can also reach Availity via phone at 1-800-AVAILITY (1-800-282-4548). Access to the information does not require an Availity role assignment, tax ID or NPI.

**Through Availity Payer Spaces:**
- Select **Amerigroup** from the **Payer Spaces** menu.
- Select the **Applications** tab.
- Select the **Precertification Lookup Tool**.

**From the Patient Registration menu:**
- Select **Authorizations and Referrals**.
- Select the **Precertification Lookup Tool** link located under **Additional Authorizations & Referrals**.

Once you have accessed the Precertification Lookup Tool, choose a line of business from the menu selection offered, then type the CPT®/HCPCS code or a code description to determine if a prior authorization is required.

Other ways to access:
If you are currently accessing the Precertification Lookup Tool either through your health plan’s public or secure provider website, those options are still available for you.

IA-NL-0215-19
Medical Policies and Clinical Utilization Management Guidelines update

The Medical Policies, Clinical Utilization Management (UM) Guidelines and Third-Party Criteria below were developed and/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 view a guideline, visit https://medicalpolicies.amerigroup.com/am_search.html.

August 2019 update

Notes/updates:
Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- **GENE.00023 — Gene Expression Profiling of Melanomas
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma

- **GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations

- **MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
  - Revised title
  - Added new INV&NMN statements addressing autologous adipose-derived regenerative cell therapy and use of autologous protein solution

- **SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
  - Revised title
  - Combined the three INV&NMN statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement

- **TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy

- **CG-ANC-07 — Inpatient Interfacility Transfers
  - Added NMN statements regarding admission and subsequent care at the receiving facility

- **CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
  - Revised title
  - Expanded Scope
  - Revisions to the MN statement to include upper extremities

The following AIM Specialty Health® updates were approved:

- **Spine Surgery
- **Radiation Oncology-Brachytherapy
  - Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines

- **Sleep Disorder Management Diagnostic & Treatment Guidelines

- **Advanced Imaging
  - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification

- **Imaging of the Abdomen and Pelvis

- **MCG Customization for Repair of Pelvic Organ Prolapse (W0163) — Updated Coding Section
**Medical Policies and Clinical UM Guidelines update (cont.)**

**Medical Policies**
On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several Medical Policies applicable to Amerigroup Iowa, Inc. View the update online for a list of the policies.

**Clinical UM Guidelines**
On August 22, 2019, the MPTAC approved several Clinical UM Guidelines applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on September 26, 2019. View the update online for a list of the guidelines.

**Postponed — Review of professional claims with emergency room level 5 E&M codes**

Amerigroup Iowa, Inc. communicated to you in August 2019 that we were initiating post-payment reviews for professional emergency room (ER) claims billed with level 5 ER evaluation and management (E&M) codes 99285 and G0384.

The implementation of this policy has been postponed.

This update relates only to the policy announced in August 2019. All other current policies applicable to you, including but not limited to other audit or reimbursement policies pertaining to ER claims, are unaffected by this update. We will keep you informed about the initiation of the review process; however, we require proper coding and billing to ensure prompt and accurate payment.

IA-NL-0231-19
Policy Update

Multiple and Bilateral Surgery: Professional and Facility Reimbursement
(Policy 06-010, effective 05/01/20)

Effective May 1, 2020, the following updates have been made to the policy:

- Amerigroup Iowa, Inc. allows reimbursement to professional providers and facilities for multiple and bilateral surgery. Reimbursement is based on multiple and bilateral procedure rules in accordance with contracts and/or state guidelines for applicable surgical procedures performed on the same day by the same provider to the same patient.

- Amerigroup also added language under the Multiple Surgery section to state that a single procedure will be subject to a multiple procedure reduction when submitted with multiple units.

Visit https://providers.amerigroup.com/IA to view the Multiple and Bilateral Surgery reimbursement policy for additional information regarding percentages and reimbursement criteria.

IA-NL-0214-19

Policy Update

Split-Care Surgical Modifiers
(Policy 11-005, effective 05/01/2020)

Amerigroup Iowa, Inc. has updated the split-care modifier percentages.

Currently, reimbursement is based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure. The percentage is determined by the modifier appended to the procedure code:

- **Modifier 54 (surgical care only)**: appropriate intraoperative percentage as indicated in the Medicare Physician Fee Schedule Database (MPFSDB)
- **Modifier 55 (postoperative management only)**: appropriate postoperative percentage as indicated in the MPFSDB
- **Modifier 56 (preoperative management only)**: separate reimbursement for Modifier 56 not allowed

Effective May 1, 2020, reimbursement will continue to be based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure. The percentage will be determined by the modifier appended to the procedure code. The new rates are as follows:

- **Modifier 54 (surgical care only)**: 75 percent
- **Modifier 55 (postoperative management only)**: 20 percent
- **Modifier 56 (preoperative management only)**: Separate reimbursement for Modifier 56 is not allowed.

Visit https://providers.amerigroup.com/IA to view the Split-Care Surgical Modifiers reimbursement policy for additional information regarding percentages and reimbursement criteria.

IA-NL-0218-19