

Provider Newsletter

<https://providers.amerigroup.com/ia>
Provider Services: 1-800-454-3730

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IA-NL-0044-17

March 2017 (Revised March 31, 2017)



Update to the ClaimsCheck® upgrade to ClaimsXten™

Earlier this year, Amerigroup Community Care announced plans for an upgrade from ClaimsCheck to McKesson's next generation claim auditing software, ClaimsXten. Due to the complexity of the software conversion, along with the expansion of software functionality that is now available, the target effective date has been moved from November 1, 2016, to April 30, 2017.

With the new software functionality, edits will be applied with greater accuracy. The new software functionality will also allow for greater flexibility with rule development and configuration.

For additional details regarding this software update, please refer to the original communication posted at <https://providers.amerigroup.com/ia> > News & Announcements > Effective November 1, 2016 ClaimsCheck® upgrade to ClaimsXten™.

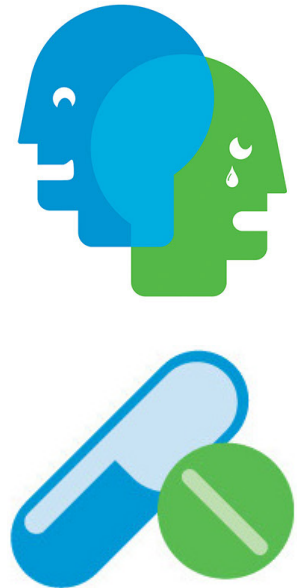
ClaimCheck and ClaimsXten are registered trademarks of McKesson Technologies Inc. and McKesson Health Solutions LLC, respectively.

IA-NL-0030-16



Behavioral Health Medication Management program

The Amerigroup Iowa, Inc. Behavioral Health (BH) Medication Management program addresses the specific needs of members using medications prescribed for their BH. Our goal is to improve the quality of care provided to our members and promote medication adherence. We focus on age-appropriate use of medications, thus, reducing the use of unnecessary medications.



The outreach and education programs also support providers and members on BH-related Healthcare Effectiveness Data and Information Set (HEDIS®*) measures that use medication utilization as a quality measurement tool such as:

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

If you have questions, please call Pharmacy Operations at 1-800-719-4871. Note, calls will be answered and/or returned Monday-Friday from 8:30 a.m.-4 p.m. ET.

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

IA-NL-0027-16

The Cultural and Linguistic program

On July 25, 2016, Amerigroup Iowa, Inc. began implementation of the Cultural and Linguistic program. With this program, Amerigroup seeks to improve the health and overall well-being of its eligible members by offering culturally competent health education and health management programs that educate, inform and encourage self-care.

Amerigroup does not discriminate in the provision of services and benefits on the basis of age, color, disability, national origin, race, religion or gender. Amerigroup ensures that services are provided to all eligible members in a culturally competent manner, including those with limited English proficiency.

Amerigroup is committed to complying with all federal and state regulations, including but not limited to, Title VI of the Civil Rights Act of 1964 and all subsequent updates, the Americans with Disabilities Act, Title 42 of the Code of Federal Regulations and relevant executive orders.

Cultural and Linguistic program

The Cultural and Linguistic program goals include providing culturally and linguistically appropriate

health care services in a competent manner to meet the needs of a culturally diverse membership. This may include members with limited English proficiency, variable literacy levels, and hearing, speech or visual impairments and disabilities.

The Cultural and Linguistic program:

- Supports the diverse communities of our members by promoting and providing appropriate cultural and linguistic programs and services for members, contracted providers and health plan associates at all points of medical contact.
- Offers services to members in their primary language with oral interpreters in over 150 languages, TTY assistance for hearing-impaired members, face-to-face interpreters, including American Sign Language, and written materials translated into threshold languages. The program provides materials in alternative formats, including Braille, large font and audio upon request.
- Educates providers and associates on state and National Committee for Quality Assurance (NCQA) requirements. Training efforts include, but are not limited to, providing a comprehensive understanding of accessibility and physical, sensory or cognitive impairments where environmental factors may be a consideration for access to services.
- Makes resources available online with the Cultural Competency tool. A full description of our Cultural and Linguistic program is available in hard copy upon request.



WEBPIA-0111-16

Intracardiac electrophysiological studies and catheter ablation to require prior authorization

Effective April 1, 2017, intracardiac electrophysiological studies and catheter ablation will require prior authorization (PA). All requests with dates of service beginning on or after April 1, 2017, must be submitted for PA.

Please refer to the provider self-service tool for detailed authorization requirements. To locate the provider self-service tool:

- Go to <https://providers.amerigroup.com> and select your state
- Under Provider Resources & Documents, select Quick Tools and then select Precertification Lookup Tool.

Noncompliance with new requirements may result in denied claims. PA requirements will be added to the following codes: 93600, 93602, 93609, 93610, 93612, 93615, 93616, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 93650, 93653, 93654, 93656 and 93660.

Please use one of the following methods to request PA:

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Web: <https://providers.amerigroup.com>

Federal and state law, state contract language, CMS guidelines and definitions, as well as specific contract provisions and exclusions take precedence over these PA rules and must be considered first when determining coverage.

IA-NL-0033-16

Prior authorization requirements for new injectable/infusible drugs: Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb)

Effective March 1, 2017, Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb) will require prior authorization (PA) under the medical benefit.

What is the impact of this change?

For dates of service on or after March 1, 2017, PA will be required for five injectable/infusible drugs covered by Amerigroup Iowa, Inc. These drugs are Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb). **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the codes below:

- Istodax (romidepsin) — J9315
- Ixempra (ixabepilone) — J9207
- Doxil (doxorubicin) — Q2049 and Q2050
- Torisel (temsirolimus) — J9330
- Inflectra (infliximab-dyyb) — Q5102

To request PA, contact us by phone at 1-800-454-3730 or by fax at 1-800-964-3627.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/ia> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-800-454-3730 for PA requirements if they are not able to access the website.

IA-NL-0026-16



Continuous interstitial glucose monitoring to require prior authorization

Effective March 1, 2017, continuous interstitial glucose monitoring will require prior authorization (PA).

For dates of service on or after March 1, 2017, PA will be required for continuous interstitial glucose monitoring covered by Amerigroup Iowa, Inc. for IA Health Link members. Federal and state law as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- A9276: sensor — invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system (one unit = one day supply)
- A9277: transmitter — external, for use with interstitial continuous glucose monitoring system
- A9278: receiver (monitor) — external, for use with interstitial continuous glucose monitoring system
- 95250: ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours — sensor placement, hook-up, calibration of monitor, patient training, removal of sensor and printout of recording
- 95251: ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours — interpretation and report

To request PA, contact us by phone at 1-800-454-3730 or by fax at 1-800-964-3627.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/ia> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool).

IA-NL-0028-16

Host a Clinic Day at your location

Amerigroup Iowa, Inc. is launching a quality initiative designed to improve compliance rates for preventive health care services.

What is Clinic Day?

Clinic Day is an opportunity to bring members and providers together to improve patient compliance and member access to care. In partnership with our network providers, we will host a series of Clinic Days for Amerigroup members who haven't received recommended preventive screenings and services within the calendar year.

Clinic Days target members due for well-child visits, childhood immunizations, diabetes care, postpartum care or other preventive services (depending on the provider type and member panel). Members will be directed to the office of the provider identified as their primary care physician.

What support will Amerigroup provide?

If you are interested in collaboration by hosting a Clinic Day, we will:

- Provide a list of members due for targeted preventive care services.
- Work with your office to schedule and confirm appointments with members.
- Provide additional needed support for members and providers to encourage the completion of recommended preventive health care services.
- Be present on the day of the event to distribute giveaways and health information.

How can my practice take advantage of this opportunity?

To receive further information, please contact your Practice Consultant.

We appreciate your participation in the Amerigroup network and your dedication to serving our members. We look forward to working with you to improve the health outcomes of our members.

IAPEC-0591-16

Reimbursement Policies

New Policy

Modifier 26 and TC: Professional and Technical Component

(Policy 15-004, effective 07/01/17)

Amerigroup Iowa, Inc. allows reimbursement of the professional component and technical component of a global procedure or service when appended with Modifier 26 and Modifier TC when appropriate.

Professional Component (Modifier 26)

The professional component:

- Is used to indicate when a physician or other qualified health care professional renders only the professional component of a global procedure or service
- Includes the supervision and interpretation portion of a procedure and the preparation of a written report

Technical Component (Modifier TC)

The technical component includes the technician, equipment, supplies and institutional charges associated with the performance of the service or procedure.

Unless otherwise indicated in the policy, when a physician or other qualified health care professional performs a service in a facility, only the facility may be reimbursed for technical component of the service; facility is defined in exhibit A. To view Exhibit A, refer to the Modifier 26 and TC: Professional and Technical Component reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Iowa](#).

The physician or other qualified health care professional should make an arrangement with the facility for reimbursement to perform any technical components of a service.

Please note that portable X-ray suppliers should bill only for the technical component by appending Modifier TC.

Global Procedure

In the absence of Modifier TC and Modifier 26, the physician or other qualified health care professional will be reimbursed for the global procedure if they performed both the professional component and technical component of that service.

Amerigroup does not allow reimbursement for use of Modifier 26 or Modifier TC when:

- It is reported with an Evaluation and Management (E&M) code
- There is a separate standalone code that describes the professional component only, technical component only, or global test only of a selected diagnostic test

Amerigroup reserves the right to perform post-payment review of claims submitted with Modifier 26 or Modifier TC.

For additional information and to view Exhibit A, refer to the Modifier 26 and TC: Professional and Technical Component Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Iowa](#).

IA-NL-0021-16

Policy Update Modifier Usage

(Policy 06-006, effective 08/01/16)

Reimbursement for covered services provided to eligible members when billed with appropriate procedure codes and appropriate modifiers is based on the code-set combinations submitted with the correct modifiers. The use of correct modifiers does not guarantee reimbursement. The use of certain modifiers requires the provider to submit supporting documentation along with the claim. In the absence of state-specific modifier guidance, we will default to CMS guidelines.

Refer to the Modifier Usage reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Iowa](#). There you will also find the Exhibit A: Reimbursement Modifiers Listing for descriptions and guidance on documentation submission.

IA-NL-0015-16

Policy Update Modifier 91: Repeat Clinical Diagnostic Laboratory Test

(Policy 06-020, effective 07/01/17)

Amerigroup Iowa, Inc. allows reimbursement of claims for repeat clinical diagnostic laboratory tests appended with Modifier 91 and is based on 100 percent of the applicable fee schedule or contracted/negotiated rate.

Medical documentation may be requested to support the use of Modifier 91, and failure to use the modifier appropriately may result in denial of the repeated laboratory test as a duplicate service. It is inappropriate to use Modifier 91 when only a single test result is required.

Refer to the Modifier 91: Repeat Clinical Diagnostic Laboratory Test reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Iowa](#).

IA-NL-0016-16



Policy Update Claims Timely Filing (Policy 06-050, originally effective 04/01/16)

To be considered for reimbursement, the initial claim must be received and accepted by the following standard:

- 180 days for participating providers and facilities
- 12 months for nonparticipating providers and facilities

If services are rendered on consecutive days, such as for a hospital confinement, the limit will be counted from the last day of service. Limits are based on calendar days unless otherwise specified. Services denied for failure to meet timely filing requirements are not subject to reimbursement unless the provider presents documentation proving a clean claim was filed within the applicable filing limit.

For additional information, refer to the Claims Timely Filing reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Iowa](#).

IA-NL-0014-16

Policy Update

Modifier 63: Procedure Performed on Infants Less Than 4 kg (Policy 06-015, originally effective 04/01/2016)

Amerigroup Iowa, Inc. allows reimbursement for surgery on neonates and infants up to a present body weight of 4 kg when billed with Modifier 63 at 100 percent of the applicable fee schedule or contracted/negotiated rate. Please note, the neonate weight should be documented clearly in the report for the service.

Assistant surgeon and/or multiple procedure rules and fee reductions apply when:

- An assistant surgeon is used
- Multiple procedures are performed on neonates or infants less than 4 kg in the same operative session

Key Definition

Modifier 63: Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician or other qualified health care professional work commonly associated with these patients. This circumstance may be reported by adding Modifier 63 to the procedure.

In applicable circumstances, Amerigroup does not allow reimbursement for Modifier 63. To view these circumstances, please refer to the Modifier 63: Procedure Performed on Infants Less Than 4 kg Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Iowa](#).

IA-NL-0029-16

