

Provider Newsletter



Amerigroup Kansas, Inc.

<https://providers.amerigroup.com/ks>

Provider Services: 1-800-454-3730

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Special Announcement

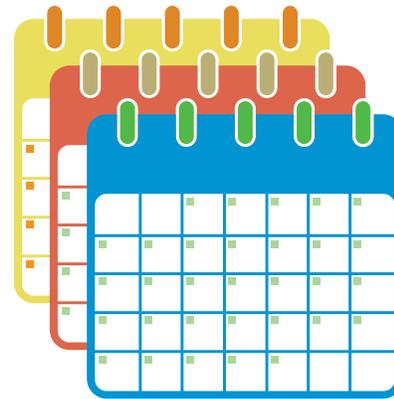
The *Provider Newsletter* is now available bimonthly

Effective with this publication, your *Provider Newsletter* from Amerigroup Kansas, Inc. will now be published on a bimonthly basis. The newsletter is an excellent source of important and necessary information about how to do business with us.

This change in frequency allows us to share important information with you sooner. This will also reduce the number of faxes and mailings we are required to send in order to notify you of important changes.

Below is the new bimonthly *Provider Newsletter* schedule for 2018. All publications will be posted on our provider website (<https://providers.amerigroup.com/KS> > Provider Resources & Documents > Newsletters - Current) by the first of the month. We will continue to notify you via fax when the newsletter is available.

- February 1, 2018
- April 1, 2018
- June 1, 2018
- August 1, 2018
- October 1, 2018
- December 1, 2018



For any questions about this change, please contact your local Provider Relations representative or Provider Services at 1-800-454-3730.

KS-NL-0070-17

Amerigroup Kansas, Inc. adopts Milliman Care Guideline for inpatient rehabilitation and skilled nursing facility clinical reviews

Effective for dates of service on and after October 31, 2018, Amerigroup transitioned from using the InterQual (IQ)[®] Level of Care (LOC): Rehabilitation, IQ LOC: Long-Term Acute Care and LOC: Subacute/Skilled Nursing Facility (SNF) criteria to using Milliman Recovery Facility Care guidelines for the review of prior authorization requests for inpatient rehabilitation and SNF services. This change only applies to KanCare members.

Providers should continue to call the telephone number indicated on the back of the member ID card to request prior authorization review for these services. Additionally, providers may initiate an online request at <https://www.availity.com>.

For questions, contact Provider Services at 1-800-454-3730.

KS-NL-0071-17

New review process for not otherwise classified drug codes

Effective February 1, 2018, Amerigroup Kansas, 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.

NOC drug codes and descriptions:	
A9150	Nonprescription drug
C9399	Unclassified drug or biological
J1566	Immune globulin injection — intravenous, lyophilized, NOS (500 mg)
J1599	Immune globulin injection — intravenous, nonlyophilized, NOS (500 mg)
J3490	Unclassified drug
J3590	Unclassified biological
J7199	Hemophilia clotting factor — NOC
J7599	Immunosuppressive drug — NOC
J7699	NOC drugs — inhalation solution administered through durable medical equipment (DME)
J7799	NOC drugs — drugs (other than inhalation drugs) administered through DME
J8498	Antiemetic drug — rectal/suppository, NOC
J8499	Prescription drug — oral, nonchemotherapeutic, NOS
J8597	Antiemetic drug — oral, NOS
J8999	Prescription drug — oral, chemotherapeutic, NOS
J9999	Antineoplastic drugs — NOC

KS-NL-0067-17

Substance use disorders in pregnancy and neonatal abstinence syndrome

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/ neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly
- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco

Caring for babies born with NAS

While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior. Reduction in any exposure to opioids should be the goal for the fetus and newborn.

Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).



Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

Caring for women with SUD

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. Providers have a unique opportunity to help break the pattern of opioid misuse and, thus, reduce health consequences for both mother and child.

Collaboration with community resources, behavioral health providers, addiction treatment centers and OB providers is imperative to designing programs that engage families at risk for SUDs. Women of childbearing age who are not pregnant and who do not wish to become pregnant should receive family planning counseling.

Substance use disorders in pregnancy and neonatal abstinence syndrome (cont.)

Women who are already pregnant benefit from parenting education as early as possible in their pregnancies so they can be prepared to understand and care for their babies who might experience symptoms of NAS and who often require prolonged hospitalizations after birth. As these infants may remain symptomatic for several months after hospital discharge, they are at higher risk for abuse and maltreatment; therefore, close follow up with ongoing support is imperative.

Guidelines and programs which have been shown to improve the care of women at risk of SUDs in pregnancy and their infants include the following:

- **Center for Addiction in Pregnancy:** www.hopkinsmedicine.org/psychiatry/bayview > Clinical Services > Addiction and Substance Abuse > Center for Addiction and Pregnancy (CAP)
- **Fir Square Combined Care Unit:** www.bcwomens.ca > Our Services > Pregnancy & Prenatal Care > Pregnancy, Drugs & Alcohol
- **Improving Outcomes for Infants and Families Affected by NAS — A Universal Training Program:** <https://public.vtxford.org> > Quality & Education > NAS Universal Training Program
- **Protecting Our Infants Act: Final Strategy:** <https://www.samhsa.gov> > Topics > Specific Populations > Age- and Gender-Based Populations > Pregnant Women and Infants > Protecting Our Infants Act: Final Strategy
- **Public Health Strategies to prevent Neonatal Abstinence Syndrome:** Ko JY, Wolicki S, Barfield WD, et al. "CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome," *MMWR Morb Mortal Wkly Rep* 2017 66: 242-245. doi: <http://dx.doi.org/10.15585/mmwr.mm6609a2>.
- **Rooming In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost:** Volpe Holmes, A, et al. "Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost," *Pediatrics* 137 (2016): 6. doi: 10.1542/peds.2015-2929
- **Sheway: A Community Program for Women and Children:** <http://sheway.vcn.bc.ca>
- **Snuggle ME webinar series:** www.mainequalitycounts.org > Programs > Snuggle ME Webinar Series

Support

We are here to support you, our pregnant members and their little ones on the way. If you would like more information about our OB Case Management Program or if you have a member who needs behavioral health case management, contact Provider Services at 1-800-454-3730.

KS-NL-0057-17



Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On August 3, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup Kansas, Inc. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on the Amerigroup provider website on the effective date listed below. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific policies.

CG-DRUG-29 Hyaluronan Injections in the Knee will be implemented as investigational and not medically necessary on December 1, 2017. RAD.00035 will be archived effective September 15, 2017. CG-MED-58 will be effective September 15, 2017.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only. The drug policies listed do not apply to Kansas.

Effective date	Medical Policy number	Medical Policy title	New or revised
8/17/2017	DRUG.00111	Guselkumab (Tremfya™)	New
9/27/2017	LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	New
8/17/2017	DRUG.00040	Abatacept (Orencia®)	Revised
8/17/2017	DRUG.00058	Pharmacotherapy for Hereditary Angioedema	Revised
8/17/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
8/17/2017	DRUG.00082	Daratumumab (DARZALEX™)	Revised
8/17/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	Revised
8/17/2017	DRUG.00107	Avelumab (Bavencio®)	Revised
8/17/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
8/17/2017	MED.00051	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Revised
8/17/2017	MED.00081	Cognitive Rehabilitation	Revised
8/17/2017	RAD.00035	Coronary Artery Imaging: Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA), Fractional Flow Reserve derived from Computed Tomography (FFRCT), Coronary Magnetic Resonance Angiography (MRA), and Cardiac Magnetic Resonance Imaging (MRI)	Revised
8/17/2017	RAD.00066	Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy	Revised
8/17/2017	SURG.00055	Cervical Total Disc Arthroplasty	Revised
8/17/2017	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Medical Policies and Clinical Utilization Management Guidelines update cont.

Clinical Utilization Management Guidelines update

On August 3, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup Kansas, Inc. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on August 24, 2017.



On August 3, 2017, the clinical guidelines were made publicly available on the Amerigroup *Medical Policies and Clinical UM Guidelines* subsidiary website. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific guidelines.

CG-MED-53 that applies to cervical cancer screening and human papillomavirus (HPV) testing will be updated and effective January 1, 2018. Cervical cancer screening with cytology, with or without HPV testing, for women under 21 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed (i.e., organ transplant recipients or seropositive for HIV). Cervical cancer screening with HPV testing, alone or in combination with cytology, for women younger than 30 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed. There is no change to the medical necessity criteria for cervical cancer screening with cytology and without HPV testing for women ages 21-65 years of age.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only. The drug policies listed do not apply to Kansas.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
9/27/2017	CG-ADMIN-02	Clinically Equivalent Cost Effective Services – Targeted Immune Modulators	New
9/27/2017	CG-MED-57	Cardiac Stress Testing with Electrocardiogram (ECG)	New
9/27/2017	CG-MED-53	Cervical Cancer Screening for Women Under 21 Years of Age	Revised
8/17/2017	CG-ANC-06	Ambulance Services: Ground; Non Emergent	Revised
8/17/2017	CG-SURG-27	Sex Reassignment Surgery	Revised

KSPEC-1746-17