

Provider Newsletter



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Special Announcement

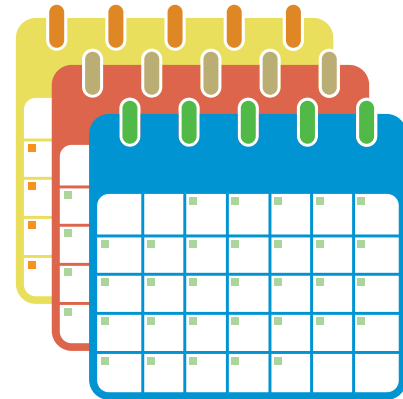
The *Provider Newsletter* is now available bimonthly

Effective with this publication, your *Provider Newsletter* from Amerigroup Community Care 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/MD> > 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.

MD-NL-0078-17

Update to coverage guideline for cervical cancer screening and human papillomavirus testing (CG-MED-53)

Effective January 1, 2018, coverage guideline CG-MED-53 that applies to cervical cancer screening and human papillomavirus (HPV) testing will be updated.

Important items to note:

- 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.

MD-NL-0072-17



Amerigroup Community Care to conduct postservice reviews of certain modifiers and services

Beginning in the fourth quarter of 2017, Amerigroup will conduct postservice reviews of professional claims billed with the following modifiers: 25, 62, 80, 81, 82, AS and 91. Additionally, Amerigroup will conduct postservice reviews of Evaluation and Management services billed during a global surgery period.

What is the impact of this change?

As part of the review, Amerigroup may contact providers to request additional documentation related to the services. If billing discrepancies are identified, Amerigroup will provide a written report of the findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

MD-NL-0074-17



What if I need assistance?

If you have questions about these communications or need assistance with any other item, visit <https://providers.amerigroup.com/MD>, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

Update to provider payment frequency

Starting in 2018, more claim payments and remittance advices issued by Amerigroup Community Care will be made on a **weekly basis** to providers. Additionally, non-Federal Employee Program (FEP) payments under \$5 will be held for a maximum of 14 days to allow for additional claims to combine to increase the payment amount.

This change is being made for efficiency and to ensure consistency between professional and facility claim payments for commercial, FEP, Medicare and Medicaid members. Please note, this will not affect payments made from our national account system.

If you are a provider who receives paper claim checks or electronic fund transfer payments from Amerigroup on a daily basis, you will be able to schedule posting on a weekly cycle after this change.

MD-NL-0075-17

Effective January 1, 2018: new pharmacy prior authorization fax number

Amerigroup Community Care is streamlining the Pharmacy intake and prior authorization (PA) process for HealthChoice members. Effective January 1, 2018, please use the fax numbers below when submitting PA requests:



PA for retail prescription drugs:

1-844-490-4871

PA for medical injectables:

1-844-490-4873

To ensure a seamless transition, please update your records immediately and discontinue the use of all previous pharmacy PA fax numbers.

MDPEC-1350-17

Care program available for HealthChoice members facing advance illness

Effective October 1, 2017, Amerigroup Community Care is offering Aspire Health to HealthChoice members who are facing an advanced illness like cancer, congestive heart failure and end-stage renal disease. The program allows members and their caregivers timely access to appropriate care 24 hours a day, seven days a week through the Aspire care management team. Aspire uses member claims data to identify and contact members who may benefit from this program. Members who choose to participate will receive inhome services as soon as possible.

Aspire does not replace the care of PCPs and specialists, and members enrolled in this program keep their PCP and other specialists and may continue to seek treatment. The Aspire clinical team will also consult regularly with PCPs and other specialists to discuss any significant changes to care plans or medications. If you have questions or need to contact Aspire regarding a member's care, you can reach them at 1-844-224-6739.

MD-NL-0076-17

New review process for not otherwise classified drug codes

Effective March 1, 2018, Amerigroup Community Care 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 an 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 as of May 4, 2017:	
A9150	Nonprescription drug
A9152	Single vitamin/mineral/trace element — oral, per dose, not otherwise specified (NOS)
A9153	Multiple vitamins (with or without minerals and trace elements) — oral, per dose, NOS
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
J7999	Compounded drug — NOC
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
S5000	Prescription drug — generic
S5001	Prescription drug — brand name
90749	Unlisted vaccine/toxoid

MD-NL-0073-17

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 Community Care. 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.

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. 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.

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.

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
8/17/2017	CG-ANC-06	Ambulance Services: Ground; Non Emergent	Revised
8/17/2017	CG-SURG-27	Sex Reassignment Surgery	Revised

MDPEC-1367-17



Reimbursement Policy

Policy Update

Portable/Mobile/Handheld Radiology Services

(Policy 06-160, effective 03/15/18)

Amerigroup Community Care allows reimbursement for portable/mobile radiology services when furnished in a residence used at the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for routine purposes or for reasons of convenience. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

Transportation and Setup

Amerigroup allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken. Reimbursement for the setup cost of portable radiology equipment is separately reimbursable.

Handheld Radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, refer to the Portable/Mobile/Handheld Radiology Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

MD-NL-0048-17

