Provider Newsletter

https://providers.amerigroup.com/MD

Amerigroup RealSolutions® in healthcare

2016
Quarter 4

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Reimbursement Policy

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

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

For dates of service on or after February 1, 2017, PA will be required for five injectable/infusible drugs covered by Amerigroup Community Care for HealthChoice members. 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/MD > 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.

Patient exam opportunities

Reminders:

- **365-day rule:**
  Amerigroup Community Care will pay for one wellness exam every calendar year regardless of the last date of service. You don't have to wait 365 days to receive payment for a wellness visit claim.
- **Sick and wellness visits:**
  You can submit a claim for both a sick visit and wellness exam by appending modifier 25 to the appropriate evaluation and management (E&M) code for the sick visit.
- **Other health insurance:**
  For HealthChoice members who also have other health insurance, you can submit the explanation of benefits from the primary insurance company along with claims to recoup the remaining expenses. Even if the primary insurance company covers all of the services in full, you should still submit the claim to assist in the member's continuity of care.
- **After-hours care, weekends and holiday hours:**
  If you perform an acute-care visit before 8 a.m. or after 5 p.m. on a weekday or at any time on weekends or holidays, you can receive an additional reimbursement. For services provided in the office at times other than regularly scheduled office hours or days when the office is normally closed (e.g., holidays, Saturday or Sunday), submit your claim with CPT code 99050 in addition to the appropriate E&M code. For services provided in the office during regularly scheduled evening (defined as after 5 p.m.), weekend or holiday office hours, submit your claims with CPT code 99051 in addition to the appropriate E&M code.

New pregnancy notification process using the Availity Web Portal Benefit Look-up Tool

As you know, Amerigroup Community Care offers pregnant women several services and benefits through the Taking Care of Baby and Me® program. It is our goal to ensure all pregnant members are identified early in their pregnancy so they can take full advantage of the education, support, resources and incentives Amerigroup provides throughout the prenatal and postpartum period.

We've partnered with Availity, the vendor supporting the Benefit Look-up Tool you may currently use in your OB office, to send us information about newly identified pregnant women. This new process, including HEDIS®* maternity attestation, will help providers connect patients with additional benefits as soon as possible. The reporting process includes a few simple steps.

How it works:

When an Amerigroup member of childbearing age visits the OB office, the office associate will be prompted to answer the question "Is the member pregnant?" during the eligibility and benefits inquiry process. If the response is "yes," Amerigroup will inquire about the due date and a *Maternity Attestation Form* will be generated for the OB office to complete. On this electronic form, the provider will enter other important information including the date of the first prenatal care visit, delivery date and postpartum visit date.

This new, user-friendly workflow will generate timely information that will help members, providers and Amerigroup improve birth outcomes with early intervention and ensure compliance with HEDIS benchmarks.

We will be working hard to ensure Amerigroup providers throughout Maryland receive necessary training for this new workflow and that all questions are answered. If you have any specific questions regarding the new Availity maternity attestation in Maryland, please feel free to reach out to Provider Services at 1-800-454-3730.

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

For more information, refer to the *Provider FAQ — Availity Web Portal pregnancy notification and HEDIS attestation*.

Provider Website Survey

Amerigroup Community Care relies on your feedback to improve and strengthen our processes and operations. Our *Provider Website Survey* is a new tool to evaluate the effectiveness of our Medicaid provider websites. Input about your experience with our website is essential to our goal of efficient and effective provider resources. We will use your survey responses to better understand your experiences and continue to improve our site. Providing exceptional service to our providers is one of our strongest commitments.

Thank you in advance for taking the time to complete this brief survey.
To access the survey, go to https://www.surveymonkey.com/r/7PHY5BL.

Elective one and two vessel coronary artery bypass graft to require prior authorization

Effective January 1, 2017, elective one and two vessel coronary artery bypass graft (CABG) will require prior authorization (PA).

Amerigroup Community Care will require PA for the elective one and two vessel CABG beginning January 1, 2017. Please refer to the provider self-service website for detailed PA requirements (https://providers.amerigroup.com/MD > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following codes:

- 33510 — coronary artery bypass, vein only; single coronary venous graft
- 33511 — coronary artery bypass, vein only; two coronary venous grafts
- 33517 — coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for primary procedure)
- 33518 — coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (list separately in addition to code for primary procedure)
- 33530 — reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (list separately in addition to code for primary procedure)
- 33533 — coronary artery bypass, using arterial graft(s); single arterial graft
- 33534 — coronary artery bypass, using arterial graft(s); two coronary arterial grafts

To request PA, contact us via phone (1-800-454-3730), fax (1-800-964-3627) or the provider website.

The Utilization Review team will utilize the InterQual Procedures criteria for CABG requests.

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.

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/MD > Provider Resources & Documents > Newsletters > Provider Newsletter Issue 2 2016.

New Policy

Corrected Claims

(Policy 16-001, effective 05/15/2017)

Amerigroup Community Care allows reimbursement for a Corrected Claim when received within 90 days of the explanation of payment (EOP). Providers resubmitting paper claims for corrections must clearly mark the claim "**Corrected Claim**." Corrected claims submitted electronically must have the applicable frequency code. Failure to mark the claim appropriately may result in denial of the claim as a duplicate.

For additional information, refer to the Corrected Claims reimbursement policy at https://providers.amerigroup.com > Quick Tools > Reimbursement Policies > Medicaid/Medicare.