

Provider Newsletter



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June 2018



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Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results or know how to obtain essential resources for treatment or who to contact with questions and concerns.

Amerigroup Community Care is available to offer assistance in these difficult moments with our Complex Care Management program. Our care managers are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, primary care physicians and caregivers. The Complex Care Management process utilizes the experience and expertise of the Care Coordination team to educate and empower our members by increasing self-management skills. The Complex Care Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.



Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by phone at 1-800-600-4441. Case Management business hours are Monday-Friday from 8 a.m.-5 p.m. Eastern time.

MD-NL-0087-17



Provider surveys

Each year we reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to continually improve our operations and strengthen our relationship with our providers.

You can review our *2017 Provider Satisfaction Survey* results on the provider website at <https://providers.amerigroup.com/MD>.

Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.

MD-NL-0087-17

Provider Satisfaction Survey



Thank you for all you do to optimize care for all the patients in your practice. Understanding the language capabilities of your practice is important, and we want to make our members aware of the language support available from your practice.

Please help us promote your language services and capabilities by taking this brief five-minute [language survey](#) about your practice.

Maryland population data on language

Like you, we aim to effectively serve the needs of diverse patients. It's important for all of us to be aware of the cultural and linguistic needs of our communities. For this reason, we are sharing recent data about the languages currently spoken by 5 percent or 1,000 eligible members in Maryland.

Languages currently spoken by 5% or 1,000 eligible members in MD (listed in alphabetical order)			
■ Arabic	■ Greek	■ Korean	■ Spanish or Spanish Creole
■ Chinese	■ Gujarati	■ Persian	■ Tagalog
■ French (incl. Patois, Cajun)	■ Hebrew	■ Polish	■ Urdu
■ French Creole	■ Hindi	■ Portuguese or Portuguese Creole	■ Vietnamese
■ German	■ Italian	■ Russian	
	■ Japanese		

(Source: American Community Survey, 2015 American Community Survey 5-Year Estimates)

Language support services

Also, as a reminder, we provide language assistance services for our members with limited English proficiency or hearing, speech or visual impairments. Please see the *Provider Manual* for details on what services are available and how to access resources.

In addition, we have several resources available to you and your practice that can provide guidance on communicating and serving diverse populations effectively.

Cultural Competency Toolkit

Diverse cultural backgrounds of patients may present frequent challenges in their receipt of quality health care. A practical set of tools will enable health care providers to become culturally aware and proficient to help provide a positive, rewarding and quality care experience to patients.

Amerigroup Community Care offers a *Cultural Competency Toolkit* containing information, tips and resources regarding language, interpreter services, cross-cultural issues and more. Included are:

- Encounter tips for providers and their staff.
- Help in identifying literacy problems.
- An interview guide for hiring clinical staff.
- Tips for locating and working with interpreters.
- Common signs and common sentences in many languages.
- "I Speak" cards to help identify patients' preferred language. (The cards can be posted in provider offices and/or given to patients.)
- A sample employee language skills self-assessment tool to help you evaluate the language skills of your staff.

To locate the *Cultural Competency Toolkit*, go to <https://providers.amerigroup.com/MD> > Provider Resources & Documents > Training Programs > [Cultural Competency Toolkit](#).

MD-NL-0111-18

Coding Spotlight — Pregnancy

A provider's guide to diagnose and code for pregnancy

Pregnancy demonstrates a woman's amazing creative and nurturing powers while providing for the future. Early and regular prenatal care is vital to the health of the baby and the mother.

Pregnancy facts

- In 2016, 7.2 percent of women who gave birth smoked cigarettes during pregnancy. Prevalence of smoking during pregnancy was highest for women aged 20-24 (10.7 percent), followed by women aged 15-19 (8.5 percent) and 25-29 (8.2 percent).¹
- Hypertensive disorders affect up to 10 percent of pregnancies in the United States.²
- Ectopic pregnancy affects 1-2 percent of all pregnancies and is responsible for 9 percent of pregnancy-related deaths in the United States.³

For detailed information on pregnancy coding (risk factors, HEDIS® quality measures for prenatal and postpartum care, and ICD 10-CM: general coding and documentation), please view the full pregnancy coding guide on our [provider website](#).



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

Resources

- 1 Cigarette Smoking During Pregnancy: United States, 2016. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db305.htm>.
- 2 Hypertension in pregnancy. Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Task-Force-and-Work-Group-Reports/Hypertension-in-Pregnancy>.
- 3 Barash J.H., Buchanan E.M., Hillson C. Diagnosis and Management of Ectopic Pregnancy. Retrieved from <https://www.aafp.org/afp/2014/0701/p34.html>.

MD-NL-0109-18



Use the *Practice Profile Update Form* to update your information

We continually update our provider directories to ensure that your current practice information is available to our members. At least 30 days prior to making any changes to your practice — including updating your address and/or phone number, adding or deleting a physician from your practice, closing your practice to new patients, etc. — please notify us by completing the *Practice Profile Update Form*. Thank you for your help and continued efforts in keeping our records up to date.

MD-NL-0087-17

Miscellaneous durable medical equipment billing guidelines

Reminder:

Miscellaneous durable medical equipment (DME) procedure codes (such as E1399) cannot be used as an alternative to specific identified codes. Amerigroup Community Care conducts postpayment reviews to ensure the right codes for the right services are used. This applies to all claims for HealthChoice members.



In an effort to improve the provider experience, we continually evaluate coding and billing patterns. Recently, we identified trends related to the use of E1399 — DME, miscellaneous. This code is only intended for use when a more appropriate code is not available. When an appropriate code does exist, that code must be used regardless of your contracted rate. It is not appropriate to use E1399 for payment increases.

We continue to require prior authorization for the use of miscellaneous code E1399.

To request PA, you may use one of the following methods:

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

As it is not our policy to inform providers of proper billing processes within prior authorization responses, authorization responses do not include code-specific details. If your service was approved but your claim was denied payment when billed using E1399, the incorrect code was used. You will need to update the authorization and the claim with the appropriate HIPAA-compliant HCPCS code.

Amerigroup will conduct postpayment reviews of code E1399 to ensure proper use. If it is determined a more appropriate code should have been used, we will notify you in writing and advise you of your appeal rights.

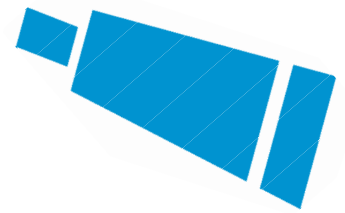
You can find additional information related to miscellaneous codes in the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > Medicaid/Medicare > Coding > Unlisted, Unspecified or Miscellaneous Codes.

MD-NL-0117-18

Topical Corticosteroids Hot Tip

This table is to assist prescribers in identifying topical corticosteroids included on the Amerigroup Community Care formulary. It does not represent all commercially available topical corticosteroids.

When prescribing medications, always select “substitution permissible by law” (where applicable) to ensure your patients are able to benefit from generic medications when available.



Therapeutic class	Formulary product	Relative cost per prescription*
Topical corticosteroids — low potency	<ul style="list-style-type: none"> ■ Hydrocortisone cream ■ Hydrocortisone ointment 	\$
Topical corticosteroids — medium potency	<ul style="list-style-type: none"> ■ Triamcinolone cream ■ Triamcinolone ointment 	\$
Topical corticosteroids — high potency	<ul style="list-style-type: none"> ■ Fluocinonide-e cream 	\$\$
Topical corticosteroids — very high potency	<ul style="list-style-type: none"> ■ Clobetasol cream ■ Clobetasol-e cream ■ Clobetasol gel ■ Clobetasol ointment 	\$\$\$

* Relative cost per prescription is intended to be directional in nature. Costs may change based on market dynamics. This information is meant to be used as a guide and should not take the place of clinical decision making by a prescriber regarding treatment.

Formulary status or drug availability may change. There may be additional qualifications needed for access to some drugs, such as a prior authorization or step therapy.

This document does not guarantee benefit coverage for any medication(s) as individual member coverage may vary.

MD-NL-0105-18

Electronic claim payment reconsideration

Currently, providers can submit claim payment reconsiderations verbally, in writing or electronically. We are reaching out to notify you about some exciting new tools for electronic submission that will become available through the Availity Portal. You should soon see changes in the provider manual that will outline this new information regarding claim remediation tools through the Availity Portal.



Beginning August 1, 2018, providers will have the ability to submit claim reconsideration requests through the Availity Portal with more robust functionality.

For you, this means an enhanced experience when:

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.

New Availity Portal functionality will include:

- Acknowledgement of submission at the time of submission.
- Email notification when a reconsideration has been finalized by Amerigroup Community Care.
- A worklist of open submissions to check a reconsideration status.

With the new electronic functionality, when a claim payment reconsideration is submitted through the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claims payment reconsideration will receive an email notification informing him/her that the reconsideration review has been completed. If you are not satisfied with the reconsideration outcome, continue to follow the existing process to file an appeal, as outlined in your provider manual.

Look for announcements on the Availity Portal for upcoming training opportunities. Providers who have questions as they begin to use the new functionality should contact Amerigroup at 1-800-454-3730.

MD-NL-0119-18

Services requiring prior authorization

All programs require prior authorization (PA) for all covered specialty medications, where allowable by the state. The scope of this notice will include both professional and facility requests for Medicaid business.

Specialty medications that are reported with not otherwise classified (NOC) designation codes and C codes may also require PA before services are provided.

Regardless of whether PA is required, all services must be medically necessary to be covered. Even if PA is not required, to avoid a claim denial based on medical necessity, Amerigroup Community Care encourages providers to review our medical necessity criteria prior to rendering nonemergent services. Medical necessity criteria can be accessed by visiting <https://providers.amerigroup.com/MD> to view the most current *Medical Policies* and *Clinical Utilization Management Guidelines*.

If no specific policy is available, the medical necessity review of a drug may be conducted using *Medical Policy ADMIN.00006: Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy* or *Clinical Utilization Management Guideline* and/or *Clinical Utilization Management Guideline CG-DRUG-01: Off-Label Drug and Approved Orphan Drug Use*.

Clinical review of specialty medications is in addition to services currently requiring PA. Providers are responsible for verifying eligibility and benefits for Amerigroup members before providing services. We recommend providers visit <https://providers.amerigroup.com/MD> to review the list of services and service categories currently requiring PA, with a reminder that the list of services requiring PA will be updated as needed. For clarification regarding whether a specific code or service requires PA, call the number listed below. Except in an emergency, failure to obtain PA may result in denial of reimbursement.

Again, please be reminded that the list of services requiring PA will be updated as needed.

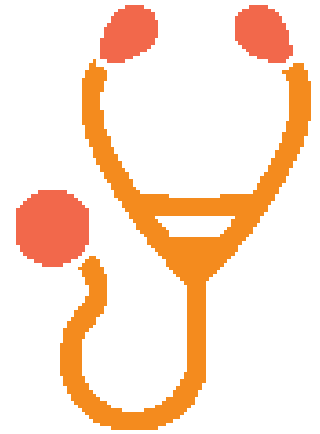
Requesting PA

To request PA, report a medical admission or for questions regarding PA, providers may use one of the following methods:

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

Providers are strongly encouraged to revisit the *Government Business Division Reimbursement Policy Unlisted or Miscellaneous Codes* policy, which states NOC codes must be submitted with the correct national drug code (NDC) for proper claim payment. If the required NDC data elements are missing or invalid for the procedure code on a claim line, the claim will be denied.

MD-NL-0113-18



Prior authorization (PA) requirements

Mylotarg (gemtuzumab ozogamicin)

Effective July 1, 2018, PA is required for Mylotarg (gemtuzumab ozogamicin) to be covered by Amerigroup Community Care through the medical benefit.

PA requirements will be added to the following:

- Mylotarg (gemtuzumab ozogamicin) — a humanized anti-CD33 monoclonal antibody for the treatment of acute myeloid leukemia and acute promyelocytic leukemia (J9203)

MD-NL-0099-18

Cabazitaxel (Jevtana)

Effective September 1, 2018, PA is required for injectable drug Cabazitaxel (Jevtana) to be covered by Amerigroup Community Care.

PA requirements will be added to the following:

- Cabazitaxel (Jevtana) — injection, 1 mg (J9043)

MD-NL-0118-18

Darzalex (daratumumab)

Effective August 1, 2018, PA is required for the injectable drug Darzalex (daratumumab) to be covered by Amerigroup Community Care for Medicaid members.

PA requirements will be added to the following:

- J9145 — injection, Darzalex (daratumumab), 10 mg

MD-NL-0115-18

Electrical stimulation device

Effective August 1, 2018, PA is required for electrical stimulation devices to be covered by Amerigroup Community Care.

PA requirements will be added to the following:

- E0766 — electrical stimulation device used for cancer treatment, includes all accessories, any type

MD-NL-0106-18

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services 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.**

To request PA, you may use one of the following methods:

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

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers on our provider website (<https://providers.amerigroup.com/MD> > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-800-454-3730 for PA requirements.