

Provider Newsletter

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



2016
Quarter 3

Letter from the plan president



Thank you for participating with Amerigroup Community Care and with NJ FamilyCare. Your partnership is invaluable to the continued success of this program. Amerigroup is striving to transform health care with trusted and caring solutions. Our core values include providing

our customers with accountable, caring, easy-to-do-business-with, innovative and trustworthy service. Amerigroup has worked in partnership with the state of New Jersey in the Medicaid managed care program since 1996 and is accredited by the National Committee on Quality Assurance. The positive outcomes that we value can only be achieved with your partnership.

The NJ FamilyCare Physician Rate Increase program, outlined below, was launched in early 2016. We have already seen early success in improving rates for women receiving timely postpartum visits, moving from 36.5 percent to 55.1 percent, prior to and six months after the program launch, respectively.

We appreciate the positive responses we've received to date as your feedback is critical to the continuation of this new state program. I would like to encourage you to contact both your legislators and the Department of Human Services in support of this program to ensure adequate future funding.

Thank you again for the continued commitment and for the care that you give our members.

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September 2016

Synagis (palivizumab)

Respiratory syncytial virus (RSV) season begins as early as September and runs through April. Synagis (palivizumab) is a monoclonal antibody indicated for the prevention of RSV. The American Academy of Pediatrics (AAP) recommends a maximum of five (15 mg/kg) monthly doses of palivizumab during the RSV season for high-risk infants who were born before 29 weeks, 0 days gestation, have chronic lung disease (CLD) of prematurity or have hemodynamically significant heart disease. Updated indications for prophylaxis can be found in the July 2014 AAP Policy Statement and on our provider website at <https://providers.amerigroup.com/NJ>.



The Synagis prior authorization form can also be found on our provider website at <https://providers.amerigroup.com/NJ> > Provider Resources & Documents > Pharmacy > Pharmacy Prior Authorization Form. Only one request is needed for each patient throughout the RSV season. In a case where higher dosage is necessary due to weight gain, documentation of the patient's new weight must be provided.

In most cases, Express Scripts, Inc. is the preferred provider for Synagis requests. However, some markets prefer other vendors. Please check with your local Provider Services representative or our Provider Services team at 1 800 454 3730 for specific details on how to obtain Synagis.

You can find additional drug information at <https://providers.amerigroup.com/NJ>.

NJ FamilyCare Physician Rates Increase program

In 2016, New Jersey's Division of Medical Assistance and Health Services made an additional investment into physician rates, and Amerigroup Community Care has created an incentive program to distribute those funds for services provided in this calendar year. The goals of this incentive program are to strengthen member access to physician services and to promote routine and preventive care behavior.



Specifically, participating Amerigroup providers are eligible for incentive payments for the following services:

- Preventive care for adults and children, including completing immunizations, annual well-visits, BMI scores and nutritional counseling
- Timely prenatal and postpartum visits
- Diabetes management including HbA1c testing and control and screening for retinopathy and nephropathy

Provider updates outlining this state-funded incentive program in greater detail have been sent to all eligible providers. Remember that in order to receive a payment for the prenatal, postpartum and diabetes management incentive programs, you must submit a CPT Category II "F" code. If you have any questions, please contact your Provider Relations representative.

Vascular embolization or occlusion services to require prior authorization

Effective September 1, 2016, vascular embolization or occlusion services will require prior authorization (PA).



Vascular embolization or occlusion services requests must be reviewed by Amerigroup* for PA for dates of service on and after September 1, 2016. To request PA, use one of the following methods:

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627

For a list of Amerigroup reimbursement policies and more information on PA requirements, please visit our website at <https://providers.amerigroup.com/NJ> and under Provider Resources & Documents, select Quick Tools.

- For reimbursement policies, select [Reimbursement Policies](#).
- For authorization requirements, select [Precertification Lookup Tool](#).

If you have questions about this communication or need assistance with any other item, call Provider Services at 1-800-454-3730.

Clinical cumulative morphine equivalent dosing point of sale edits effective January 1, 2017

Beginning January 1, 2017, Amerigroup Community Care will implement a cumulative morphine equivalent (MEq) dosing edit at the point of sale.

This MEq dosing edit will identify members taking a cumulative dose that exceeds the set daily dose. This is a patient safety edit intended to reduce risks from high-dose opioid use. There is a higher risk for overdose when exceeding the set MEq dosing limit. The claim(s) will be rejected at the point of sale and will require a prior authorization (PA) review if the cumulative dosing is over the set daily limit. Certain members may be excluded from the edit, such as members with cancer. The edit supports the CMS guidance mandating that Medicare plans implement a cumulative dosing edit.



Amerigroup anticipates that this edit will impact a fairly high number of claims.

Amerigroup joins National Comprehensive Primary Care Plus initiative

Amerigroup Community Care has been selected as a payer participant in the CMS Comprehensive Primary Care Plus (CPC+) initiative — a five-year, multi-payer model that is the largest federal investment in primary care transformation to date.

Amerigroup will build on its participation in the existing Comprehensive Primary Care initiative (CPCi) in New Jersey, a smaller model that launched in 2012 that will sunset at the end of 2016. CPC+ represents an opportunity to build on the success of CPCi along with the other value-based, patient-centered care programs that Amerigroup has developed. Currently, 26 provider practices assigned to 53,000 of our members are enrolled in value-based programs.

In this enhanced model, Amerigroup expands its value-based offerings by collaborating with CMS, providers and other payers to align financial incentives for better primary care, particularly targeting those individuals with the greatest health care needs.

Hospital observation service limits

An Amerigroup Amerivantage Medicare Advantage member's time in observation (and hospital billing) begins with the member's admission to an observation bed. Time in observation (and hospital billing) ends when all clinical or medical interventions have been completed, including follow-up care furnished by hospital staff and physicians that may take place after a physician has ordered the patient be released or admitted as an inpatient. The billed units of service should equal the number of hours the patient receives observation services.

Hospitals should use HCPCS codes G0378 and G0379 to report observation services and direct admission for observation care. Hospitals are reminded not to report CPT codes 99217-99226 for observation services.

Beginning January 2017, the number of units reported with HCPCS code G0378 (hospital observation service, per hour) must equal or exceed eight hours, but are limited to 72 hours. Observation services billed outside of these parameters will be denied. This pertains to both contracted and noncontracted providers.

Additional information and discussion regarding hospital observation services can be found in the Medicare Claims Processing Manual, Chapter 4 – Part B Hospital, 290.2.2.



Reimbursement Policies

New Policy - Medicaid and Amerivantage Reimbursement for Maximum Units Per Day (Policy 15-003, effective 01/01/2017)



Amerigroup Community Care allows reimbursement for a procedure or service that is billed for a single date of service by the same provider and/or provider group up to the maximum number of units allowed per day.

When the number of units assigned to a procedure or service exceeds the daily maximum allowed, our claims editing system will allow the number of units billed within the maximum limit; units billed in excess of the maximum per day limit will not be eligible for reimbursement.

For additional information, refer to the Reimbursement for Maximum Units Per Day policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

Policy Reminder - Medicaid and Amerivantage DME Modifiers for New, Rented, and Used Equipment (Policy 06-053, effective 3/14/16)

Amerigroup Community Care allows reimbursement for new, rented or used equipment appended with the appropriate modifier. The listed modifiers must be billed in the primary or first modifier field to determine appropriate reimbursement:

- Modifier NU: new equipment
- Modifier RR: rented equipment
- Modifier UE:
purchase of used
equipment

These modifiers are appropriate for Durable Medical Equipment (DME), prosthetics and orthotics.

These modifiers are inappropriate for supplies unless required under state or CMS guidelines. Claims for supplies appended with Modifier NU, RR or UE may be denied.

For additional information, refer to the DME Modifiers for New, Rented and Used Equipment policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).



Policy Update - Medicaid
Durable Medical Equipment
(Rent to Purchase)
(Policy 06-052, effective 01/01/2017)

Amerigroup Community Care allows reimbursement for Durable Medical Equipment (DME) Reimbursement is based on the rental price up to the maximum allowed for the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Components of Rental DME

Supplies and accessory components associated with rental DME are not separately reimbursed and considered all-inclusive in the rental reimbursement.

The reimbursement limit for rented DME is 10 months. Once the limit is met, claims submitted for the rental of the item will be denied.

Circumstances Affecting Rental Reimbursement

- A new reimbursement period limit will begin for rental periods with a break in coverage of more than 60 days
- If a member changes suppliers during the rental period, a new rental period will not start over

Amerigroup allows reimbursement for oxygen equipment for a maximum of 36 months; however, we will continue to reimburse for oxygen contents.

For additional information, refer to Durable Medical Equipment (Rent to Purchase) policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

Policy Update - Amerivantage
Durable Medical Equipment
(Rent to Purchase)
(Policy 06-052, effective 10/01/16)

Amerigroup allows reimbursement for Durable Medical Equipment (DME) under specific guidelines, unless otherwise noted by provider, state, federal or CMS contracts and/or requirements.

Reimbursement is based on the rental price up to the maximum allowed of the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Components of Rental DME

Supplies and accessory components associated with rental DME are not separately reimbursed and considered all-inclusive in the rental reimbursement.

The reimbursement limit for rented DME is 13 months. Once the limit is met, claims submitted for the rental of the item will be denied.

Circumstances Affecting Rental Reimbursement

- Rental periods that contain a break in coverage of more than 60 days will start the limitation count over
- On the occasion a member changes suppliers during the rental period, a new rental period will not start over

Amerigroup allows reimbursement for oxygen equipment for a maximum of 36 months; however, we will continue to reimburse for oxygen contents.

For additional information, refer to Durable Medical Equipment (Rent to Purchase) policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

