

# Provider Newsletter

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An Anthem Company

December 2019



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Coverage provided by Amerigroup Inc.

NM-NL-0048-19

December 2019

## 2020 Medicare Advantage benefit updates

An overview of notable 2020 benefit changes is available on our website.

AGPCRNL-0052-19/SABUCR-0018-19



**Read more online.**

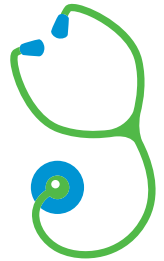
### CMS reminder: expedited/urgent requests

CMS defines an expedited/urgent request as “an expedited/urgent request for a determination is a request in which waiting for a decision under the standard time frame could place the member’s life, health or ability to regain maximum function in seriously jeopardy.” Contracted providers should submit requests in accordance with CMS guidelines to allow for organization determinations within the standard turnaround time, unless the member urgently needs care based on the CMS definition of an expedited/urgent request.

AGPCRNL-0062-19

### Medical drug *Clinical Criteria* updates

On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care of New Mexico, Inc. These policies were developed, revised or reviewed to support clinical coding edits.



The *Clinical Criteria* is publicly available on our [provider website](#). Visit the [Clinical Criteria website](#) to search for specific policies.

Please submit your questions to [email](#).

AGPCRNL-0058-19

### Medicare preferred continuous glucose monitors

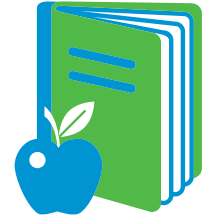


On January 1, 2020, Amerigroup Community Care of New Mexico, Inc. will implement a preferred edit on Medicare-eligible continuous glucose monitors (CGMs). Currently, there are two CGM systems covered by CMS under the Medicare Advantage Part D (MAPD) benefit; these are Dexcom and Freestyle Libre. The preferred CGM for Medicare Advantage Part D individual members covered by Amerigroup will be Freestyle Libre. This edit will only affect members who are newly receiving a CGM system. Members will need to obtain their CGM system from a retail or mail order pharmacy – not a durable medical equipment (DME) facility. For Dexcom coverage requests, call 1-833-293-0661.

AGPCRNL-0057-19

## Provider training series

The Medicare Risk Adjustment Regulatory Compliance team at Amerigroup Community Care of New Mexico, Inc. developed the following two provider training series titled:



### Medicare Risk Adjustment and Documentation Guidance (general)

- **When** — offered the first Wednesday of each month from 1-2 p.m. Eastern time
- **Learning objective** — Provide an overview of Medicare risk adjustment, including the risk adjustment factor and the hierarchical condition category (HCC) model, with guidance on medical record documentation and coding.
- **Credit** — This live activity, Medicare risk adjustment and documentation guidance, offered from December 5, 2018, through December 4, 2019, has been reviewed and is acceptable for up to 1.00 prescribed credit(s) by the American Academy of Family Physicians.

Those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process should [register](#) for one of the monthly training sessions.

### Medicare Risk Adjustment, Documentation and Coding Guidance (condition specific)

- **When** — offered bimonthly on the fourth Wednesday from noon to 1 p.m. (ET)
- **Learning objective** — Collaborative learning event with enhanced personal health care (EPHC) to provide in-depth disease information pertaining to specific conditions, including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.
- **Credit** — This live series activity, Medicare risk adjustment, documentation and coding guidance, from January 23, 2019, to November 27, 2019, has been reviewed and is acceptable for credit by the American Academy of Family Physicians.

**For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:**

1. **Red flag HCCs, part one** — [Register](#) for recording of live session. Training will cover HCCs most commonly reported in error as identified by CMS: chronic kidney disease (stage 5), ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, end-stage liver disease. Recording will play upon registration.
2. **Red Flag HCCs, part two** — Register for recording of live session. Training will cover HCCs most commonly reported in error as identified by CMS: atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, diabetes with ophthalmologic or unspecified manifestation. Recording will play upon registration
3. **Opioids and more: substance abuse and dependence** — Recording will play upon [registration](#).
4. **Acute, chronic and status conditions** — Recording will play upon [registration](#).
5. **Diabetes mellitus and other metabolic disorders** — Recording will play upon [registration](#).
6. **Behavioral health** — Recording will be available in early December and will play upon [registration](#).

AGPCARE-0229-19

## 2019 Enhanced Personal Health Care Program releases myFHR

Amerigroup Community Care of New Mexico, Inc. has released myFHR™, a new smartphone-based application that we believe will truly lead to improved care for your patients. CMS approved the inclusion of the Blue Button 2.0 standard within the myFHR application. Blue Button 2.0 is a CMS standard that enables Medicare members to download up to four year of their personal health data to the application of their choice. We are excited to offer our Medicare Advantage members this service.

### There are multiple member advantages to the myFHR application:

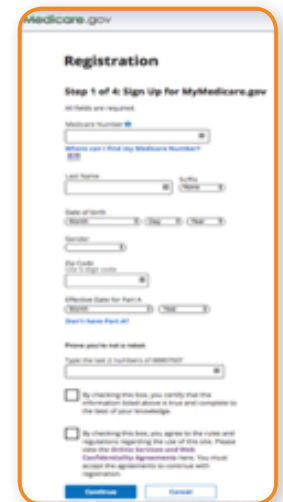
- Provide our members with a consolidated view of their health history
- Empower members to access and control their own health data and use it to improve their health
- Enable members to get help managing and improving their health
- Allow members to easily share health information with doctors, caregivers or anyone they choose

Amerigroup believes that empowering consumers to improve their health by giving them easy access to their own private health information is the right thing to do. Additionally, there is value to all health care stakeholders in having a longitudinal view. Providers benefit by receiving actionable access to patient data, and the myFHR application will allow your patients to share their data in your electronic medical records system. We would encourage you to discuss this option with your patients.

To connect to their Medicare claims history (Blue Button 2.0), your patient will need to register for MyMedicare and connect myFHR to their Medicare account. This can be done at <https://www.mymedicare.gov/registration.aspx>.

If you have questions or would like more information on the myFHR application, you can reach out to your Value-Based team.

AGPCRNL-0060-19

A screenshot of the Medicare.gov website showing the registration process for MyMedicare.gov. The page is titled "Registration" and "Step 1 of 4: Sign Up for MyMedicare.gov". It lists required fields: Medicare Number, Last Name, First Name, Date of Birth, Gender, and Zip Code. There are also checkboxes for "I'm a Medicare beneficiary" and "I'm a caregiver for a Medicare beneficiary". At the bottom, there are "Continue" and "Cancel" buttons.

## Help protect your patients by providing medical ID protection — best practices

### Overview

Many of our members have reported that they received unsolicited calls (or emails) from an individual or company offering to provide durable equipment devices, such as back or leg braces, or items such as topical creams at little or no cost. While it may be tempting to want to receive something for free, members should know that there is a cost.

Although our members may not receive a bill for these devices or medications, the items are billed to the insurance companies, costing hundreds or even thousands of dollars each.

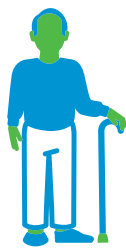
### How does this impact members?

Members should also know that the cost may be more than monetary. Allergic reactions may occur when using medications that are not properly prescribed. Ill-fitting leg or back braces, or equipment that is not specifically intended for the pain experienced by the member, could do more harm than good.

This problem is prevalent throughout the country, so all of our members should be aware. Billions of unsolicited telemarketing calls are made each year, many of which are promoting health care services. Calls often spoof local phone numbers or numbers that appear familiar to trick the recipient into accepting the call.

### How can I help protect my patients?

While the ultimate purpose of these telemarketing calls is to sell these items, the immediate goal of the person or company placing the call is to obtain valuable personally identifiable information (PII) from the member. Without this personal information, such as a Social Security number or insurance identification number, selling these devices and medications is much more difficult. Share this information with you patients to help them learn how to protect their PII.



You can help protect your patients and their personally identifiable information from scams by reminding them of the following:

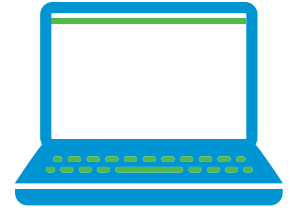
- Don't fall prey to scams!
- Take a few moments to review your *Explanation of Benefits (EOB)* and the services listed.
- When receiving robotic (robo) or telemarketing calls:
  - Simply hang up the phone.
  - Beware of threatening or urgent language used by the caller.
  - Do not provide any personally identifiable information such as your Social Security number or insurance identification number. The caller may imply that they have your information and ask you to provide it to confirm that they have the correct information. Do not provide the information or confirm it if they do happen to have any identification information.
- When receiving emails:
  - Do **not** open email attachments you weren't expecting.
  - Check for spelling mistakes and poor grammar.
  - Do not click on the links you are sent. You can type the link into a new browser.
  - Online scams can come from anywhere. Take a few moments to review your *EOB* and confirm that you received the services listed on the *EOB*.
- Additional ways to protect yourself:
  - Shred or destroy obsolete documents that contain medical claims information or *EOBs*.
  - Do not use social media to share medical treatment information.

### How to report when you receive what you suspect is a scam call or email:

1. To file a complaint with the Federal Trade Commission, you can go to: <https://ftc.gov/complaint> or call 1-877-FTC-HELP.
2. Members may contact their plan's Member Services department.

AGPCRN-0072-19

## Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal



Amerigroup Community Care of New Mexico, Inc. has an online tool that displays prior authorization guidelines to help you quickly determine whether certain services for Amerigroup members require a prior authorization.

You can access the Precertification Lookup Tool through the Availity Portal. The Precertification Lookup Tool will let you know if clinical edits apply, information such as the medical necessity criteria used in making the authorization decision and if a vendor is used — without the need to make a phone call.

### Where is the Precertification Lookup Tool located on Availity?

Navigate to the Precertification Lookup Tool on the Availity Portal by selecting either 1) Payer Spaces or 2) Patient Registration from [Availity's homepage](#). You can also reach Availity via phone at 1-800-AVAILITY (1-800-282-4548). Access to the information does not require an Availity role assignment, tax ID or NPI.

#### Through Availity Payer Spaces:

- Select Amerigroup from the *Payer Spaces* menu.
- Select the **Applications** tab.
- Select the **Precertification Lookup Tool**.

#### From the Patient Registration menu:

- Select **Authorizations and Referrals**.
- Select the **Precertification Lookup Tool** link located under *Additional Authorizations & Referrals*.

Once you have accessed the Precertification Lookup Tool, choose a line of business from the menu selection offered, then type the CPT®/HCPCS code or a code description to determine if a prior authorization is required.

### Other ways to access:

If you are currently accessing the Precertification Lookup Tool either through your health plan's public or secure provider portal, those options are still available for you.

AGPCRNL-0067-19

## Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. Note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### August 2019 update

#### Notes/updates:

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

- \*GENE.00023 — Gene Expression Profiling of Melanomas
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- \*GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations
- \*MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
  - Revised title
  - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- \*SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
  - Revised title
  - Combined the three INV&NMN statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- \*TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- \*CG-ANC-07 — Inpatient Interfacility Transfers
  - Added NMN statements regarding admission and subsequent care at the receiving facility
- \*CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
  - Revised title
  - Expanded Scope
  - Revised MN statement to include upper extremities
- The following AIM Specialty Health® updates were approved:
  - \*Spine Surgery
  - \*Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
  - Sleep Disorder Management Diagnostic & Treatment Guidelines
  - Advanced Imaging
    - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
    - \*Imaging of the Abdomen and Pelvis
- MCG Customization for Repair of Pelvic Organ Prolapse (W0163) — Updated Coding Section

## Medical Policies and Clinical UM Guidelines update (cont.)

### Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care of New Mexico, Inc. View the update online for a list of the policies.



**Read more online.**

### Clinical UM Guidelines

On August 22, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on September 26, 2019. View the update online for a list of the guidelines.

AGPCRNL-0074-19

## Prior authorization (PA) requirements

### Global 3M19 Medical Policy and Technology Assessment Committee PA requirement updates

Effective February 1, 2020, PA requirements will change for several services covered by Amerigroup Community Care of New Mexico, Inc. for Amerigroup Amerivantage (Medicare Advantage) members.



**Read more online.**

AGPCRNL-0070-19

### E0784, K0553 and K0554

Effective February 1, 2020, PA requirements will change for the following to be covered by Amerigroup Community Care of New Mexico, Inc. for Amerigroup Amerivantage (Medicare Advantage) members.

#### PA requirements will be added to the following:

- E0784 — Ext Amb Infusn Pump Insulin
- K0553 — Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, one month supply = one unit of service
- K0554 — Receiver (monitor), dedicated for use with therapeutic glucose continuous monitor system

AGPCRNL-0076-19

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> • **Phone:** 1-866-805-4589

Not all PA requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the provider self-service tool on the Availity Portal by going to <https://providers.amerigroup.com> > Login. Contracted and noncontracted providers unable to access Availity can call the Provider Services at 1-866-805-4589 for PA requirements.