Provider NewsBlast

Amerigroup
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Medicaid:

Introducing a new clinical criteria web page for injectable, infused or implanted drugs covered under the medical benefit

Beginning March 1, 2019, providers will be able to view the clinical criteria website to review clinical criteria for all injectable, infused or implanted prescription drugs.

This new website provides clinical criteria documents for all injectable, infused or implanted prescription drugs and therapies covered under the medical benefit. These clinical criteria documents are not yet being used for clinical reviews but are available to providers for familiarization of the new location and formatting.

If you have questions or feedback, please email us at druglist@anthem.com.

TN-NB-0124-18

CPT codes for applied behavioral analysis

Effective January 1, 2019, the American Medical Association released new Category I codes and revised Category II codes for applied behavioral analysis. Amerigroup Community Care will continue to reimburse the codes defined in your contract: *Payments specified as "Fee Schedule" refer to the AMERIGROUP Tennessee fee schedule in effect as of the date of service for the market(s) and program(s) covered by the basic agreement at the time service is initiated to the member. AMERIGROUP shall have sixty (60) days to load and begin processing claims based on changes to the Fee Schedule. Fee Schedule changes will be applied on a prospective basis.*

TN-NB-0121-18

Billing appropriate modifiers for 340B-acquired drugs under the hospital outpatient prospective payment system

As of January 1, 2018, designated hospitals are required to report appropriate modifiers for 340B-acquired drugs on bill-type 13X outpatient prospective payment system claims.

CMS established the following modifiers to report 340B-acquired drugs:

- **Modifier JG** — drug or biologic acquired with 340B drug-pricing program discount
- **Modifier TB** — drug or biologic acquired with 340B drug-pricing program discount, reported for informational purposes

Claims received and adjudicated without the appropriate modifier or with an invalid modifier may result in recoupment or a refund request.

For more information, please refer to *Billing 340B Modifiers under the Hospital Outpatient Prospective Payment System* at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Billing-340B-Modifiers-under-Hospital-OPPS.pdf.

TN-NB-0118-18

Neonatal intensive care unit post-traumatic stress disorder program

On February 1, 2019, Amerigroup Community Care is launching a case management (CM) program for screening of post-traumatic stress disorder (PTSD) in parents of infants hospitalized in the neonatal intensive care unit (NICU). This CM program will support mothers and families at risk for PTSD due to the stressful experience of having a baby in the NICU.

What is the purpose of this program?
The NICU PTSD program seeks to improve outcomes for families of babies who are in the NICU by screening and facilitating referral to treatment for PTSD in parents.

How will it work?
Case managers will reach out by phone to parents of babies who have been in the NICU for 30 days or more. They will screen and facilitate referral for treatment of PTSD.

What is PTSD?
PTSD is an anxiety disorder that may develop after exposure to a terrifying event or ordeal. However, people who see another person experience a life-threatening event can also suffer from PTSD:

- PTSD is diagnosed when the stress symptoms persist for more than a month.
- Symptoms of PTSD include intrusive memories (e.g., flashbacks and upsetting dreams), attempts to avoid thinking or talking about the event, and hyperarousal (e.g., irritability or anger).
- Onset of symptoms of PTSD may be delayed for even a year after the initiating event.

Why screen for PTSD in parents of long-term NICU patients?

- Admittance of infants to a NICU in the United States is one in 10.
- Incidence of parental NICU-related PTSD varies from 20-41 percent.
- Treatment of PTSD is possible if identified.
- Lack of treatment can affect the health of the parent and the child.
- Risk for children cared for by mothers with PTSD is significantly higher for psychological aggression, child abuse and neglect.
- Impacts on children with parents having PTSD can be adverse and long-term (e.g., lower cognitive performance and conduct disorders).

TN-NB-0115-18

Update: Place of service code 09 — Prison/Correctional Facility

Effective March 1, 2019, Amerigroup Community Care will reject or deny claims that have a place of service code of 09 — Prison/Correctional Facility.

Any *Professional Claim Form CMS-1500* with a place of service code of 09 will be rejected or denied as a billing error.

Claims, including corrected claims, received after the applicable timely filing deadlines will be denied.

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

TN-NB-0111-18

Unlisted J codes

Currently, Amerigroup Community Care reimburses unlisted J codes at average wholesale pricing (AWP). Effective February 1, 2019, these codes will be reimbursed at the wholesale acquisition cost (WAC) pricing rate.

TN-NB-0112-18

Medicare Advantage:

Redesigned *Explanation of Benefits*

Amerigroup Community Care recently introduced a redesigned monthly *Explanation of Benefits* (*EOB*) for Amerigroup Amerivantage (Medicare Advantage) members.

The new *EOB* includes:

- Personalized tips to help members save on health care expenses.
- A preventive care checklist — to point out opportunities for screenings or other care.
- Alerts when a claim needs immediate attention.

If you or your members have any questions about how to read the new *EOB*, please call the number on the back of the member's ID card.

SSO-NL-0056-18 75195MUPENMUB 11/16/2018

Eye refraction and routine eye exam billing information

Refractions and routine eye exams are not covered under medical insurance for Amerigroup Amerivantage (Medicare Advantage) members. These benefits may be available through the member's supplemental insurance; and, if so, the services must be billed to the supplemental vendor. Check your patient's member ID card for the name of the vendor.
If you choose to perform the refraction or routine eye exam, please note that you are no longer required to call, email or fax Amerigroup Community Care to request an *Integrated Denial Notice (IDN)*. Please follow the guidance below:

- If you are a supplemental vendor provider:
    - The refraction service and the routine eye exam must be billed to the supplemental vendor. Routine eye care (other than the mandated Original Medicare services) are not covered under the member's medical benefit.
- If you are not a supplemental vendor provider:
    - You **must** document in the chart that a verbal conversation took place with the member stating refractions/routine eye exams are not covered by Amerigroup unless the refraction or eye exam is performed by a provider who is in the supplemental benefit vendor network.
    - You **must** tell the member that they are financially responsible for the cost associated with the refraction and/or routine eye exam.
    - Should Amerigroup receive a complaint from a member concerning the coverage, Amerigroup will request the member's medical record and review it for documentation as detailed above.
    - Should you wish to become a provider in the supplemental network, please contact EyeQuest Provider Services at:
        - EyeQuestProviderServices@dentaquest.com.
        - 1-800-526-9202.

Do not use the Original Medicare *Advanced Beneficiary Notice of Non-Coverage (ABN)*. The *ABN* only applies for Original Medicare members and is not applicable to Amerigroup Amerivantage members. This information is published in our ***Medicare Advantage Provider Manual*** at https://providers.amerigroup.com/ProviderDocuments/ALL_CARE_ProviderManual.pdf **.**

You may request an *IDN* for any service if you have questions about payment. You can call Provider Services via the number on the back of the member's ID card to request an *IDN*. If you issue an *ABN* or any facsimile thereof, as a contracted provider, you will not be able to bill the member for the service.

When billing the refraction or the routine eye exam, be sure to use the GX and GY modifier. If the GY modifier is billed alone, this will cause the contracted provider to be liable for the services.

AGPCRNL-0001-18 75560MUPENMUB 12/28/2018

Reminder — Medicare policies

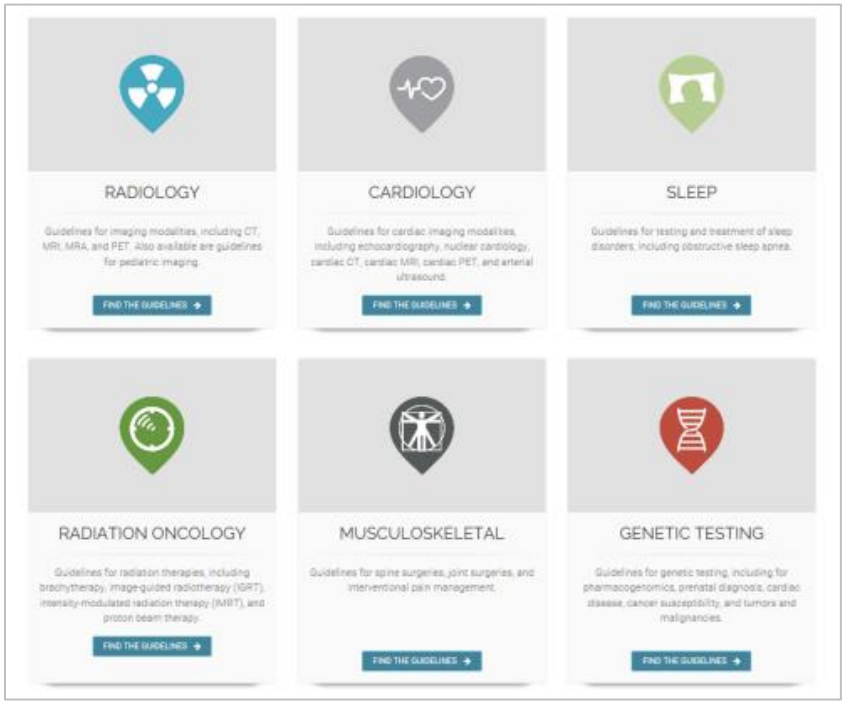
Amerigroup Community Care is required to follow all clinical and reimbursement policies established by Original Medicare in the processing of claims and determining benefits. Amerigroup follows all Original Medicare local coverage determinations, national coverage determinations, Medicare rulings, code editing logic and the *Social Security Act*.

Amerigroup may offer additional benefits that are not covered under Original Medicare. Certain benefits are only covered when provided by a vendor selected by Amerigroup. More information can be found at https://providers.amerigroup.com/TN. You may also contact Provider Services via the phone number shown on the back of the member's ID card.

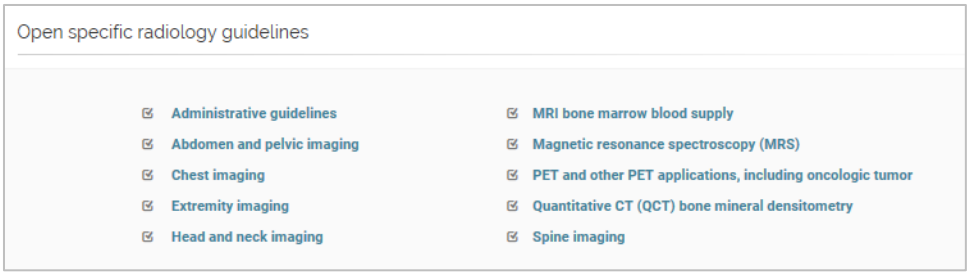
AGPCRNL-0003-19 75560MUPENMUB 12/28/2018

Use grouped CPT codes for AIM Specialty Health authorizations

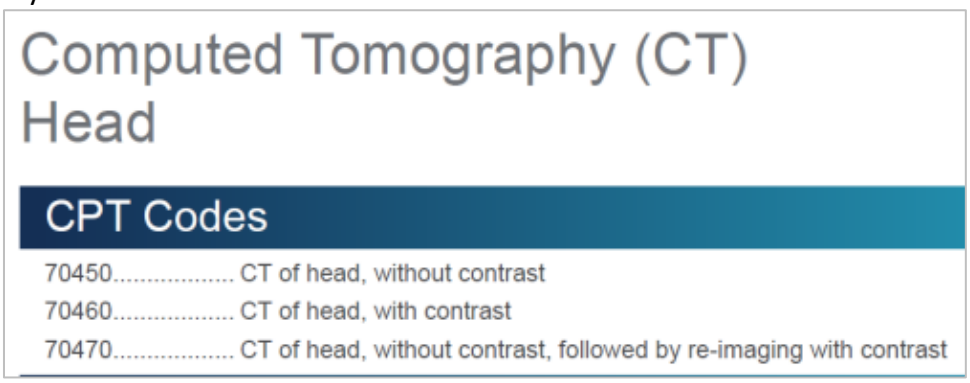
AIM Specialty Health® (AIM) groups CPT codes on authorizations so they can be reviewed together to support a procedure or therapy. Grouped codes are used for procedures such as radiology, cardiology, and sleep and radiation therapy programs. The groupings are listed on the AIM website under *AIM Clinical Appropriateness Guidelines and Cancer Treatment Pathways* as shown below.



Some of the programs provide further explanation of the guidelines to make searching for a set of CPT codes easier.



After opening the guideline document, you are able to view the name of the procedure with the grouped codes. For example, computed tomography (CT) of the head is displayed in the following way:



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