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Amerigroup Community Care complies with all applicable federal and state civil rights laws, rules and regulations and does not discriminate against members/participants in the provision of services on the basis of race, color, national origin, religion, sex, age or disability. To report a discrimination complaint or to request language, communication or disability assistance for a member/participant, call 1-800-600-4441. Information about civil rights laws can be found on our [website](#) and is available from the [U.S. Department of Health and Human Services](#).

Medicaid:

The Interactive Care Reviewer tool is available — start using today!

The Interactive Care Reviewer (ICR) tool offers a streamlined process to request authorization of inpatient and outpatient procedures as well as locate information on previously submitted requests for Amerigroup Community Care members via the Availity Portal.

What benefits does the ICR tool provide?

- Free and easy to use
- Access almost anywhere
- Preauthorization determinations
- Inquiry capability
- Fax reduction
- Ability to view decision letter
- Ability to save favorites
- Comprehensive view of all your preauthorization requests

How do I gain access to the ICR tool?

You can access the ICR tool through Availity. (Select **Authorizations & Referrals** from the *Patient Registration* drop-down menu in the upper left of the page.)

If you have not yet registered for Availity, go to <https://www.availity.com> and select **Register** at the top of the page. Select your **Organization Type** from the available options at the bottom of the page and follow the registration wizard.

How can I learn more about ICR?

Learn more about ICR by attending one of the monthly webinars. Register for the next webinar [here](#).

Who can I contact with questions?

For questions regarding our ICR tool, please contact your local Provider Network Relations representative or contact Provider Services at 1-800-454-3730.

For questions on accessing our tool via Availity, call Availity Client Services at 1-800-282-4548. Availity Client Services is available Monday-Friday from 8 a.m.-7 p.m. ET (excluding holidays) to answer your questions.

Note: ICR is not currently available for requests involving transplant services or services administered by AIM Specialty Health® or OrthoNet LLC. For these requests, follow the same preauthorization process you use today.

Inhaled nitric oxide policy

Notification of change regarding inhaled nitric oxide (iNO)

Effective for dates of service September 1, 2018, and beyond, the use of iNO during an inpatient stay will be reviewed for medical necessity using Amerigroup Community Care medical policy guidelines for iNO (MED.00076). iNO is a covered service when:

- The member is eligible.
- The use of iNO meets medical necessity criteria.
- iNO is not used for investigational purposes.

The Amerigroup medical policy on the use of iNO, MED.00076, which includes corresponding codes, is available for review at <https://providers.amerigroup.com/TN>. Activate the **Prior Authorization & Claims** drop-down, select **Prior Authorization** from the list, and expand the **Medical Policies and Clinical UM Guidelines Search** menu under *Forms and Other Resources*. Finally, type **MED.00076** in the search bar to view the policy.

This change also requires that the facility notify Amerigroup of iNO use during the course of standard inpatient review. If iNO is medically necessary, we do not require a prior authorization request before initiating therapy; however, we must review and approve the therapy at some point prior to discharge to avoid exclusion of charges for iNO from the claim payment. As noted, the use of iNO will be reviewed for medical necessity as part of the inpatient review process. If we are not alerted to the use of iNO and, therefore, cannot determine medical necessity, or if we determine the use of iNO is investigational and/or not medically necessary and charges for iNO are included in the claim submission, the charges for iNO will not be considered in calculation of reimbursement for the stay.

As part of this change, when iNO is used, providers must submit an itemized list of charges with the claim for the inpatient stay.

Impact on the diagnosis-related group (DRG) payment

Since the charges for medically unnecessary iNO will not be considered, this could impact the DRG outlier threshold, and the stay may not reach outlier status as soon as it would with inclusion of these charges. If the case does reach the outlier threshold, the claim would be adjudicated in alignment with the financial terms of the contract for outliers, without inclusion of charges for iNO not medically necessary or use of iNO that was not disclosed.

The Amerigroup inpatient Utilization Management department, which supports medical necessity reviews for inpatient concurrent reviews, requests that providers fax submission of clinical documentation to 1-877-279-2431. For questions, please call Provider Services at 1-800-454-3730.

TN-NB-0038-18

Prior authorization requirements for injectable/infusible drugs mepolizumab (Nucala) and reslizumab (Cinqair)

Effective September 1, 2018, prior authorization (PA) requirements will change for injectable/infusible drugs mepolizumab (Nucala®) and reslizumab (Cinqair®). 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.**

PA requirements will be added to the following:

- Mepolizumab (Nucala) — injection, 1 mg (J2182)
- Reslizumab (Cinqair) — injection, 1 mg (J2786)

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. PA requirements are available to contracted and noncontracted providers on our provider website (<https://providers.amerigroup.com/TN> > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-800-454-3730 for PA requirements.

TN-NB-0027-18

Prior authorization requirements for Cabazitaxel (Jevtana)

Effective September 1, 2018, prior authorization (PA) requirements will change for injectable drug Cabazitaxel (Jevtana) to be covered by Amerigroup Community Care. 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.**

PA requirements will be added to the following:

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

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 providers on the provider website (<https://providers.amerigroup.com/TN> > Quick Tools > [Precertification Lookup Tool](#)). Additionally, providers may call us at 1-800-454-3730 for PA requirements.

TN-NB-0023-18

Update to CPT codes

Effective September 1, 2018, Amerigroup will reimburse on the following CPT codes: 93270, 93271 and 93299 (in any combination) limited to one per provider per 30 day period.