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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:

2018 Utilization Management Affirmative Statement concerning utilization management decisions

The following statements govern Amerigroup Community Care, as a corporation and as individuals, involved in utilization management decisions:

- Utilization management decision making is based only on care appropriateness, and service and existence coverage.
- We do not reward practitioners or other individuals for issuing coverage or care denials. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.
- We do not offer financial incentives to decision makers for utilization management determinations that encourage decisions resulting in underutilization or create barriers to care and service.

TNPEC-2165-18

Medical Policy update

Effective December 27, 2017, the Medical Policy and Technology Assessment Committee approved the following revision of the *DRUG.00017 Hyaluronan Injections in Joints Other Than the Knee* policy: Position statement revised from Medically Necessary to **Investigational and Not Medically Necessary** for hyaluronan injections for the treatment of temporomandibular joint disorders.

The *Medical Policies* and *Clinical UM Guidelines* Search is located online at <https://medicalpolicies.amerigroup.com/search>.

For questions regarding this *Medical Policy* update, please contact your Provider Relations representative.

TNPEC-2152-18

Update: Transcutaneous electrical nerve stimulation

Amerigroup Community Care previously communicated about a memo received from the Division of TennCare regarding coding changes for transcutaneous electrical nerve stimulation.

Effective January 1, 2018, code E0730 has been replaced with CPT 64550. This service requires preauthorization.

TNPEC-2132-18

Eight injectable drugs will require prior authorization

Effective June 1, 2018, Amerigroup Community Care will require prior authorization (PA) for eight injectable drugs. Federal and state law, as well as state contract language including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage. **Noncompliance with the new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- J0565 — Injection, bezlotoxumab, 10 mg
- J1428 — Injection, eteplirsen, 10 mg
- J2326 — Injection, nusinersen, 0.1 mg
- J2350 — Injection, ocrelizumab, 1 mg
- J9022 — Injection, atezolizumab, 10 mg
- J9023 — Injection, avelumab, 10 mg
- J9285 — Injection, olaratumab, 10 mg
- Q2040 — Tisagenlecleucel

Please use one of the following methods to request PA:

- **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 by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity can use the Precertification Lookup Tool on our website (<https://providers.amerigroup.com/TN> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730 for PA requirements.

TN-NL-0149-18

Elotuzumab to require prior authorization

Effective May 1, 2018, Amerigroup Community Care requires prior authorization (PA) for elotuzumab. Federal and state law as well as state contract language and CMS guidelines (including definitions and specific contract provisions/exclusions) take precedence over these precertification 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 code:

- J9176 — injection, elotuzumab, 1 mg

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 by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity can use the Precertification Lookup Tool on our website (<https://providers.amerigroup.com/TN> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730 for PA requirements.

TN-NL-0142-17

Amerigroup Community Care to conduct post-payment reviews of distinct procedural service modifiers

In accordance with CMS guidelines, Amerigroup conducts post-payment reviews of professional claims billed with modifiers for distinct procedural services. As part of these reviews, we may contact you with outlying billing practices to request additional documentation related to the services. If billing discrepancies are identified, we will provide you with a written report of our findings and initiate recoupment as appropriate. Findings may assist your office with quality improvement efforts.

For questions regarding post-payment reviews of distinct procedural service modifiers, contact Provider Services at 1-800-454-3730.

TN-NB-0007-18