

Provider Newsblast



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

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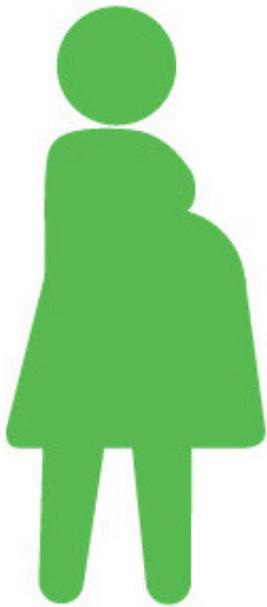
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Screening for substance use disorders in pregnancy



As our nation struggles to deal with the serious health risks posed by the opioid epidemic, Amerigroup Community Care recognizes your essential role in providing services to our members. Opioid misuse can have devastating effects on an individual's health, family and job as well as society as a whole. One of the most serious threats of the epidemic is to the unborn and newborns of women with substance use disorders (SUDs). Among the risks are preterm birth, low birth weight and neonatal abstinence syndrome/neonatal opioid withdrawal syndrome. Additionally, studies show long-term deficits in cognitive function, memory and behavior which are causes for concern for future generations.

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. As an OB provider, you have a unique opportunity to help break the pattern of opioid misuse and, thus, avoid health consequences for both mother and child. The first step is to identify, treat and/or refer to treatment those women who are using/abusing unhealthy substances. Screening, brief intervention and referral to treatment (SBIRT) is a widely accepted evidence-based practice that can help you identify, reduce and prevent misuses of unhealthy substances including opioids.

An effective approach to screening is one that incorporates the practice into your routine prenatal care and flows naturally within the context of the prenatal interview. A short screening done as part of the patient history intake has been shown to accurately identify substance use and at-risk patients. Women who screen positive should immediately be engaged in a brief conversation that may or may not identify a need for treatment.

Evidence-based screening tools include:

- *Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)* — an eight-item questionnaire (www.integration.samhsa.gov > Clinical Practice > SBIRT > Screening > ASSIST).
- *The National Institute on Drug Abuse-Modified ASSIST* — a clinician's screening tool for drug use in general medical settings (<https://www.drugabuse.gov/nmassist>).

Other screening tools can be found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website (www.integration.samhsa.gov > Clinical Practice > SBIRT > Screening).

SBIRT is a covered benefit for TennCare members. Some codes that can be used to indicate SBIRT was provided include: 99408, 99409, H0049 and H0050. For more information on SBIRT reimbursement or coding, visit www.medicaid.gov > Medicaid > Data & Systems > Policy and Program Topics > The National Correct Coding Initiative in Medicaid or contact Provider Services at 1-800-454-3730.

The key to success in helping patients break the pattern of opioid misuse is the availability of and access to treatment.

While OB providers can — with appropriate training and certification — prescribe treatment for opioid dependence, Amerigroup understands you may not be comfortable providing this type of specialized care. To find treatment in your area, use the SAMHSA treatment locator tool at <https://findtreatment.samhsa.gov> or call the SAMHSA National Helpline at 1-800-662-HELP (4357)/TDD: 1-800-487-4889. Amerigroup is also available to assist you with referrals for treatment; for assistance, call Provider Services at 1-800-454-3730.

Screening for substance use disorders in pregnancy (cont.)

Assistance in identification and treatment:

Our Substance Abuse High-Risk OB (SA/HROB) program is dedicated to the identification of pregnant substance users and early initiation to prenatal care and substance use treatment. The intent of the program is to identify pregnant members with current or recent substance use and provide them with care coordination services during and after delivery.

Through the program, members are connected with providers/facilities for early medication assistance treatment intervention in order to increase their resiliency and the delivery of healthy babies as well as to reduce the number of infants with neonatal abstinence syndrome (NAS). The SA/HROB program encompasses identification, assessment and interventions including monitoring and referrals:

- **Identification:** Members are identified through various sources such as self-reporting via an OB screener; referrals from behavioral health, ER diversion case management or *Inpatient Census Reports*; and completed *OB Notification Forms* from OB providers.
- **Assessment:** Once identified, outreach and comprehensive assessment by a SA/HROB care coordinator or a high-risk OB case manager is conducted to create tailored interventions. The assessment provides a clinical screening for disease history that includes OB history and completes the SA/HROB assessment for members with current substance use.
- **Intervention:** After initial outreach, members receive continued follow-up to fulfill care coordination needs such as appointment assistance, transportation assistance, and ongoing education and motivation.
- **Monitoring and referrals:** SA/HROB care coordinators work with OB providers and substance use treatment providers as needed to monitor program members and provide resources. Additionally, they notify NAS care coordinators when members with SUDs deliver and help coordinate care as needed. All NAS or substance-exposed infants are referred to the NAS program and followed by the NAS care coordinator.

TN-NL-0087-17

Wheelchair component or accessory, not otherwise specified to require prior authorization

Effective October 1, 2017, Amerigroup Community Care requires prior authorization (PA) for wheelchair component or accessory, not otherwise specified (NOS). Federal and state law as well as state contract language 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 code:

- K0108 — wheelchair component or accessory, NOS

To request PA, you may use one of the following methods:

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Web: Interactive Care Reviewer tool via <https://www.availity.com>

For detailed PA requirements, please refer to the provider website (<https://providers.amerigroup.com/TN>) > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730.

TN-NL-0089-17



Home health services: new phone number

For home health services after hours (Monday-Friday, 5 p.m.-8 a.m. Central time) or on weekends (Friday 5 p.m.-Monday 8 a.m. Central time), please call 1-844-385-5244 and leave a voicemail with your name; a call back number; the member's name, ID number and date of birth; and details concerning the issue. Your call will be returned within 24 hours.

Missed visit reports can be faxed to 1-866-920-6003.

TN-NL-0097-17

Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On February 2, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup Community Care. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on the Amerigroup provider website on the effective date listed below. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.



Effective date	Medical Policy number	Medical Policy title	New or revised
3/29/2017	LAB.00034	Serological Antibody Testing For Helicobacter Pylori	New
3/29/2017	SURG.00146	Extracorporeal Carbon Dioxide Removal	New
3/29/2017	SURG.00147	Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders	New
2/16/2017	DRUG.00068	Vedolizumab (Entyvio®)	Revised
2/16/2017	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised

Medical Policies and Clinical Utilization Management Guidelines update (cont.)

Clinical Utilization Management Guidelines update

On February 2, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on March 21, 2017.

On February 2, 2017, the clinical guidelines were made publicly available on the Amerigroup *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
3/29/2017	CG-MED-56	Non-Obstetrical Transvaginal Ultrasonography	New
2/16/2017	CG-DME-38	Continuous Interstitial Glucose Monitoring	Revised
2/16/2017	CG-DRUG-28	Alglucosidase alfa (Lumizyme®)	Revised
2/16/2017	CG-MED-42	Maternity Ultrasound in the Outpatient Setting	Revised
2/16/2017	CG-SURG-27	Sex Reassignment Surgery	Revised
2/16/2017	CG-SURG-43	Knee Arthroscopy	Revised

TNPEC-1847-17

Reimbursement Policies

Policy Update — Medicaid & Amerivantage Maternity Services

(Policy 14-001, effective 11/01/17)

Amerigroup Community Care allows reimbursement for global obstetrical codes once per period of a pregnancy (defined as 279 days) when appropriately billed by a single provider or provider group reporting under the same federal Tax Identification Number (TIN). If a provider or provider group reporting under the same TIN does not provide all antepartum, delivery and postpartum services, global obstetrical codes may not be used and providers are to submit for reimbursement only the elements of the obstetric package that were actually provided. Amerigroup will not reimburse for duplicate or otherwise overlapping services during the course of the pregnancy.



What's New?

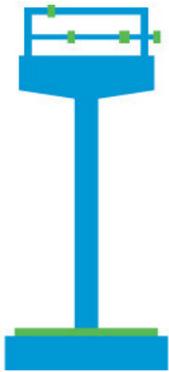
We have updated the Maternity Services Reimbursement Policy to include outcome of delivery/weeks of gestation information. You are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims.

Failure to report the appropriate diagnosis code will result in denial of the claim.

For market-specific information, refer to the Maternity Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

TN-NL-0059-17

**Policy Update —
Medicaid & Amerivantage
Modifier 63: Procedure Performed on
Infants Less Than 4 kg
(Policy 06-015, effective 09/15/2017)**



Currently, Amerigroup Community Care allows additional reimbursement of 120 percent for surgery on neonates and infants up to a present body weight of 4 kg. Effective September 15, 2017, Amerigroup will allow reimbursement for surgery on neonates and infants up to a present body weight of 4 kg when billed with Modifier 63 at 100 percent of the applicable fee schedule or contracted/

negotiated rate. Please note, the neonate weight should be documented clearly in the report for the service.

Assistant surgeon and/or multiple procedure rules and fee reductions apply when:

- An assistant surgeon is used
- Multiple procedures are performed on neonates or infants less than 4 kg in the same operative session

Key Definition

Modifier 63: Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician or other qualified health care professional work commonly associated with these patients. This circumstance may be reported by adding Modifier 63 to the procedure.

In applicable circumstances, Amerigroup does not allow reimbursement for Modifier 63. To view these circumstances, please refer to the Modifier 63: Procedure Performed on Infants Less Than 4 kg Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

TN-NL-0042-16

**Policy Update — Medicaid
Modifier 22: Increased Procedural
Service
(Policy 07-020, effective 11/01/17)**

Amerigroup Community Care allows reimbursement for procedure codes appended with Modifier 22. Beginning November 1, 2017, reimbursement will be based on 100 percent of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure.

Refer to Modifier 22: Increased Procedural Service Reimbursement Policy for more information at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

TN-NL-0056-17

**Policy Update — Amerivantage
Modifier 22: Increased Procedural
Service
(Policy 07-020, effective 11/01/17)**

Amerigroup Community Care allows reimbursement for procedure codes appended with Modifier 22. Reimbursement is based on 120% of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure.

Refer to Modifier 22: Increased Procedural Service Reimbursement Policy for more information at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

SSO-NL-0010-17

Policy Update — Amerivantage Inpatient Readmissions Update (Policy 13-001)



In an effort to identify clinically related readmissions to the same facility, licensed clinical staff will review at the time of an inpatient authorization the clinical

information submitted regarding the medical treatment and management of an admission that occurred within 2 30 days from a previous admission to the same facility. If an admission is believed to be related, a medical director will contact the admitting physician to confirm that the clinical information is accurate. If the second admission is determined to be clinically related, we will not reimburse for an additional admission as this is considered a continuation of the episode of care. This process will be implemented June 2017.

What's New?

Based on the information above, the Inpatient Readmissions Reimbursement Policy has been updated. Amerigroup Community Care will utilize information indicating clinically related readmissions, clinical criteria and/or licensed clinical medical review for readmissions from day 2-day 30 for the second admission determination. For additional information, please refer to the Inpatient Readmissions Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

SSO-NL-0016-17

Policy Update — Amerivantage Modifier FX and Reimbursement Policy Update

CMS has added a new Modifier FX, used to indicate X-rays that are taken using film. Reimbursement will be subject to a 20 percent reduction of the applicable fee schedule and/or contracted/negotiate rate. Amerigroup Community Care will begin following CMS Modifier FX reimbursement guidelines effective September 15, 2017.



Modifier FX (X-ray taken using film) has been added to our reimbursement modifiers list. This modifier is applicable to Medicare Advantage Plans only. For additional information, refer to Modifier Usage Reimbursement Policy (Exhibit A) at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

SSO-NL-0017-17