

# Provider Newsblast



An **Anthem** Company

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

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## Medicaid:

### Centers of Pain Excellence network

Amerigroup Community Care has partnered with axialHealthcare, a leader in pain care management, to implement the Pain Medication and Care Improvement Program to ensure high-quality pain care for Amerigroup members. As part of this program, Amerigroup has created the Centers of Pain Excellence (COPE) network comprised of top performing pain care practitioners and facilities.

#### COPE

Equipped with health plan claims data, axialHealthcare conducts an advanced analytic review of pain care services and pain medication prescribing to create COPE, a designation awarded to top performing advanced pain management practitioners. The criteria and qualifications used to identify COPE providers are based on a number of proprietary measures developed by axialHealthcare including following best practices for opioid prescribing, effectively managing care coordination, and utilizing diagnostic and treatment interventions appropriately.

#### Provider assessment: evaluation criteria

Providers offering advanced pain management procedures are considered for inclusion in COPE. To qualify for evaluation, a provider must perform at least 10 advanced pain management techniques on five or more patients within 12 months and cannot solely perform trigger point injections. Examples of advanced pain management procedures include epidural steroid injections, facet joint intervention, sacroiliac joint injections, discography, spinal cord stimulation, vertebral augmentation, nerve blocks and trigger point injections.

#### Designation criteria

To become a COPE-designated provider, practitioners who meet the evaluation criteria must also meet axialHealthcare's standard for high-quality care. Quality of care is assessed using a variety of metrics including the following:

- Appropriate diagnoses supporting advanced pain management procedures
- Use of conservative treatment prior to advanced pain management
- Appropriate frequency of advanced pain management procedures
- Appropriate use of anesthesia
- Appropriate use of advanced imaging
- Care coordination including both behavioral health and ancillary pain services
- When available, axialHealthcare's risk identification and mitigation practitioner score, which is designed to give providers a better understanding of their opioid prescribing practices

Provider assessment for inclusion in COPE is repeated quarterly.

#### Benefits for COPE providers

- Recognized as top practitioners delivering advanced pain management
- Opportunity for increased health plan member referrals
- Access to supportive resources such as newsletters (as designated by the health plan)

## **COPE utilization**

COPE-designated providers are listed in a directory within the Practice Portal of axialPRACTICE. The directory enables providers with access to the Practice Portal to guide patients in complex episodes of pain to high-quality care from COPE practitioners.

## **Consult**

Thanks to the deep integration across the axialHealthcare product suite, the Clinical Consult Services team delivers ongoing support to COPE providers as well as providers who are considering patient referral to a designated COPE practitioner.

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# **Removal of Intensive Outpatient Program and Partial Hospitalization Program preauthorization requirement**

**Summary of change:** Beginning January 1, 2018, Amerigroup Community Care is removing the preauthorization requirement for intensive outpatient (IOP) and Partial Hospitalization Program (PHP) services for in-network providers with these levels of service in their contract.

## **What this means**

Amerigroup is removing the requirement for preauthorization for IOP and PHP for members under the Medicaid benefit only. The provider will still be expected to provide medically necessary services per the *Amerigroup Medical Necessity Guidelines*.

## **Are there exclusions?**

There are exclusions. Removal of the preauthorization requirement only applies to requests under primary use of the Medicaid benefit. Members who have Amerigroup Amerivantage (Medicare Advantage) will be required to get preauthorization for both the IOP and PHP levels of care.

## **Which revenue and/or procedure codes will be removed?**

The following codes have been removed from preauthorization under Amerigroup:

- Revenue codes 0905 and 0906 for IOP
- Revenue codes 0912 and 0913 for PHP
- HCPCS codes of H0015 for substance abuse IOP and S9480 for mental health IOP

## **How do I find the guidelines?**

*Amerigroup Medical Necessity Guidelines* can be found under the following link through the provider site: <https://providers.amerigroup.com/QuickTools/Pages/MedicalPolicies.aspx>.

- Select **Tennessee**.
- Select the blue font sentence for *Amerigroup Medical Policy in the PDF*.
- Select **UM Guidelines**.
- Select **By Category**.
- Select **BEH**.

Both levels of care are found under *Psychiatric Disorder Treatment* and *Substance-Related and Addictive Disorder Treatment* documents.

## **What if I need assistance?**

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

TNPEC-2098-17

## Amerivantage:

### Improve member medication regimen

Amerigroup\* Community Care and the Centers for Medicare & Medicaid Services consider medication review and reconciliation a top priority to help ensure members take their medications safely. Our pharmacists use medication review and reconciliation to help members understand what medications they are taking, why they are taking them, how they should be taking their medication and to answer any questions or concerns they have about their medication regimen.

Amerigroup may contact you to discuss members' medications as part of either the Medication Therapy Management (MTM) or the Medication Reconciliation Post Discharge (MRPD) programs:

- The MTM program starts with a letter welcoming members to participate in a private medication review with one of our pharmacists over the phone. This free service gives members the opportunity to ask questions about the medicines they are taking and to review prescription and over-the-counter drugs to prevent drug reactions, and helps members get the most benefit from their medications at the lowest cost. At the end of the discussion, your patient is encouraged to share a written summary of their medication list and any medication-related concerns with you.
- Medication Reconciliation Post Discharge is a HEDIS and Centers for Medicare & Medicaid star ratings measure for 2018. The MRPD program helps members with their medications after they have been discharged from an inpatient hospital stay. Amerigroup pharmacists will work with you and the member to identify and correct any medication related problems to reduce the risk of readmission. To complete this measure per HEDIS specifications, it is necessary to include the appropriate documentation in the member's chart. **The medication reconciliation post-discharge HEDIS measure medical record documentation must include the following:**
  1. Date medication reconciliation was performed
  2. Notation stating that current medication and discharge medication lists were reviewed
  3. Signature of prescribing care provider, clinical pharmacist or registered nurse who performed medication reconciliation
  4. If medications were provided at discharge, please include the member's next steps such as:
    - a. Take new medications as prescribed.
    - b. Discontinue all discharge medications.
  5. Notation if no medications were prescribed at discharge

Amerivantage MTM and MRPD program is a service of the Medicare Advantage Plan. For information related to TennCare MTM pilot, [click here](#).

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## **Medical Policies and Clinical Guidelines updated**

The Amerigroup Community Care Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies. These medical 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 provider website on the effective date listed below.

[Visit \*Medical Policies and Clinical UM Guidelines\*](#) to search for specific policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

<b>Medical Policy Effective Date</b>	<b>Medical Policy Number</b>	<b>Medical Policy</b>	<b>Medical Policy (New/Revised)</b>
12/27/2017	DRUG.00112	Gemtuzumab Ozogamicin (Mylotarg®)	New
12/27/2017	DRUG.00118	Copanlisib (Aliqopa®)	New
11/9/2017	MED.00123	Axicabtagene ciloleuce (Yescarta™)	New
11/9/2017	DME.00040	Automated Insulin Delivery Devices	Revised
12/27/2017	DRUG.00050	Eculizumab (Soliris®)	Revised
12/27/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
12/27/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
11/9/2017	DRUG.00081	Eteplirsen (Exondys 51™)	Revised
12/27/2017	DRUG.00109	Durvalumab (Imfinzi™)	Revised
12/27/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
11/9/2017	SURG.00089	Balloon and Self-Expanding Absorptive Sinus Ostial Dilation	Revised
12/27/2017	TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias	Revised
12/27/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised
12/27/2017	TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	Revised
12/27/2017	TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma	Revised
12/27/2017	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised
12/27/2017	TRANS.00030	Hematopoietic Stem Cell Transplantation for Germ Cell Tumors	Revised
12/27/2017	CG-DME-40	Electrical Bone Growth Stimulation	New
12/27/2017	CG-DME-41	Ultraviolet Light Therapy Delivery Devices for Home Use	New
12/27/2017	CG-DRUG-65	Tumor Necrosis Factor Antagonists	New
12/27/2017	CG-DRUG-66	Panitumumab (Vectibix®)	New
12/27/2017	CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	New
12/27/2017	CG-DRUG-69	Ustekinumab (Stelara®)	New

<b>Medical Policy Effective Date</b>	<b>Medical Policy Number</b>	<b>Medical Policy</b>	<b>Medical Policy (New/Revised)</b>
12/27/2017	CG-DRUG-70	Eribulin mesylate (Halaven®)	New
12/27/2017	CG-DRUG-71	Ziv-aflibercept (Zaltrap®)	New
12/27/2017	CG-DRUG-72	Pertuzumab (Perjeta®)	New
12/27/2017	CG-DRUG-73	Denosumab (Prolia®, Xgeva®)	New
12/27/2017	CG-DRUG-74	Canakinumab (Ilaris®)	New
12/27/2017	CG-DRUG-75	Romiplostim (Nplate®)	New
12/27/2017	CG-DRUG-76	Plerixafor Injection (Mozobil™)	New

<b>Effective Date</b>	<b>Clinical UM Guideline Number</b>	<b>Clinical UM Guideline Title</b>	<b>Revised or New</b>
12/27/2017	CG-DRUG-77	Radium Ra 223 Dichloride (Xofigo®)	New
12/27/2017	CG-DRUG-78	Antihemophilic Factors and Clotting Factors	New
12/27/2017	CG-DRUG-79	Siltuximab (Sylvant®)	New
12/27/2017	CG-DRUG-80	Cabazitaxel (Jevtana®)	New
12/27/2017	CG-DRUG-81	Tocilizumab (Actemra®)	New
12/27/2017	CG-GENE-01	Janus Kinase 2 (JAK2) V617F Gene Mutation Assay	New
12/27/2017	CG-GENE-02	Analysis of KRAS Status	New
12/27/2017	CG-GENE-03	BRAF Mutation Analysis	New
12/27/2017	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	New
12/27/2017	CG-MED-60	Anesthesia During Cataract Surgery	New
12/27/2017	CG-MED-61	Preoperative Testing for Low Risk Invasive Procedures and Surgeries	New
12/27/2017	CG-MED-62	Resting Electrocardiogram Screening in Adults	New
12/27/2017	CG-MED-63	Treatment of Hyperhidrosis	New
12/27/2017	CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	New
12/27/2017	CG-MED-65	Manipulation Under Anesthesia of the Spine and Joints other than the Knee	New
12/27/2017	CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	New
12/27/2017	CG-MED-67	Melanoma Vaccines	New
12/27/2017	CG-MED-68	Therapeutic Apheresis	New
12/27/2017	CG-SURG-61	Cryosurgical Ablation of Solid Tumors Outside the Liver	New
12/27/2017	CG-SURG-62	Radiofrequency Ablation to Treat Tumors Outside the Liver	New
12/27/2017	CG-SURG-63	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure	New

Effective Date	Clinical UM Guideline Number	Clinical UM Guideline Title	Revised or New
12/27/2017	CG-SURG-65	Recombinant Human Bone Morphogenetic Protein	New
12/27/2017	CG-SURG-66	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)	New
12/27/2017	CG-SURG-67	Treatment of Osteochondral Defects	New
12/27/2017	CG-SURG-68	Surgical Treatment of Femoracetabular Impingement Syndrome	New
12/27/2017	CG-SURG-69	Meniscal Allograft Transplantation of the Knee	New
12/27/2017	CG-DRUG-38	Pemetrexed Disodium (Alimta®)	Revised
12/27/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
12/27/2017	CG-DRUG-61	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications	Revised
12/27/2017	CG-MED-21	Anesthesia Services and Moderate (“Conscious”) Sedation	Revised
11/9/2017	CG-MED-55	Level of Care: Advanced Radiologic Imaging	Revised

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## Reimbursement Policy:

### Policy Update

#### Preventive Medicine and Sick Visits on the Same Day

(Policy 05-016, effective 09/01/2018)

The following article was previously included in the February newsletter with the effective date of February 1, 2018. However, the changes made to our Preventive Medicine and Sick Visits on the Same Day reimbursement policy will not be effective until September 1, 2018.

Amerigroup Community Care allows reimbursement for preventive medicine (i.e., well-child visits) and sick visits on the same day under the following conditions:

- Modifier 25 must be billed with the applicable evaluation and management code for the allowed sick visit — If Modifier 25 is not billed appropriately, the sick visit will be denied.
- Appropriate diagnosis codes must be billed for respective visits.

Reimbursement is based on the fee schedule or contracted/negotiated rate for the preventive medicine and allowed sick visit.

The Preventive Medicine and Sick Visits on the Same Day reimbursement policy can be located at <https://providers.amerigroup.com>.

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