Provider NewsBlast

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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:

Medicaid *Provider Manual* update

The latest update to the Amerigroup Community Care *Provider Manual* is now available online. Please take an opportunity to review the updated material by visiting https://providers.amerigroup.com/TN > Provider Resources & Documents > Manuals & QRCs > Medicaid Provider Manual.

TN-NB-0087-18

CARE Survey materials

C = Community Resources
A = Acting for Better Health
R = Reducing Stigma
E = Empowerment

Improving health in Tennessee is a team effort, and we want to help.

Previously we invited you to take the *Providers CARE Survey*. This questionnaire is designed to help us get to know your patients and their needs. It also lets you share feedback about learning opportunities that may be useful for your practice team.

To fill out the survey, please visit https://www.tn.gov/tenncare/providers/literacy-communication-cultural-competency-and-disparities-in-health-care.html. Your answers will not have your name on them and will be combined with information from other providers.

It matters where your patients **live**, **work**, and **play**. Good health outcomes start in the communities where your patients live. By taking the survey, you'll give us information about challenges your patients are facing in their communities. Our goal is to help you improve your patients' health by:

- **C** = Connecting them with community resources (like food pantries and housing help).
- **A** = Acting for better health by teaching them about their care needs.
- **R** = Reducing stigma by showing compassion to others and taking time to think about your actions and thoughts about yourself and others.
- **E** = Empowering yourself and others. Take the time to listen to your patients. Treating them with kindness and support can help them take the steps they need for better health and supporting them on their journeys to better health.

Improving health in Tennessee is a team effort. Take the ***Providers CARE Survey*** and help us learn more about the needs of your patients and learning opportunities that can assist your practice.

Your answers will not have your name on them and will be combined with information from other providers.

Thank you for caring about the health of your community.

TN-NB-0058-18

CVS Caremark specialty pharmacy — prior authorization update

Summary of update: To help prevent delays in shipment, Amerigroup Community Care providers should remind patients filling prescriptions at CVS Caremark that they will be contacted by the pharmacy prior to their medication being dispensed. Medical injectables that require prior authorization (PA) must have PA before CVS Caremark can dispense the medication. Once PA is received, providers should fax the approval letter and prescription order to CVS Caremark. You may contact CVS Caremark by:

- Fax — 1-866-336-8479
- Phone — 1-877-254-0015

TN-NB-0080-18

Behavioral health *Medical Policies* and *Clinical Utilization Management Guidelines* update

Effective November 15, 2018, Amerigroup Community Care will begin using *MCG Care Guidelines 22nd Edition, Behavioral Health* for review. This represents a change from the behavioral health (BH) clinical guidelines currently used. As of the date stated above, reviews will be conducted using MCG Care Guidelines.

The following services, specific to the Tennessee health plan, will continue to use Amerigroup *Medical Policies* and *Clinical Utilization Management Guidelines*:

- Continuous treatment team for adults and youth
- Comprehensive child and family treatment team
- Applied behavioral analysis
- Program of assertive community treatment
- Supported housing and enhanced supported housing
- Tennessee systems of support
- Tennessee Health Link adult and child medical necessity criteria
- Tennessee Medicaid BH transitional support community-based services
- Tennessee psychosocial rehabilitation medical necessity criteria FITT program — intensive in-home behavioral health services
- Transcranial magnetic stimulation — *Amerigroup Medical Policy BEH 00002*

All other services in the Behavioral Health Benefit will follow the *MCG Care Guidelines 22nd Edition, Behavioral Health* including all levels of substance abuse services, inpatient psychiatric, residential psychiatric services and ECT services.

Please share this notice with other members of your practice and office staff.

Note: Existing precertification requirements have not changed.

To search for specific policies or guidelines, visit https://medicalpolicies.amerigroup.com/search or view the *Medical Policies and Clinical Utilization Management Guidelines*.

TN-NB-0083-18-B

Waitlists for behavioral health providers

Background: Amerigroup Community Care will periodically contact our network of behavioral health providers to assess your availability. We are reaching out to ensure that our members have access to care within appointment availability standards and that they are not placed on a waitlist. If you are not able to provide care within the appointment availability standards (outlined below), please direct members to call Member Services at 1-800-600-4441.

Requirements for behavioral health providers

To ensure members receive care in a timely manner, behavioral health providers must maintain appointment availability standards. The appointment availability standards for nonmedical outpatient services are within 10 business days for standard requests and 48 hours for urgent requests.

What should I do when I have reached my capacity to provide timely care?

If you are at capacity and not able to provide services to a member, please direct the member to contact Member Services at 1-800-600-4441.

TNPEC-2464-18

Frequency and resubmission code requirements

Summary of change: Effective November 1, 2018, Amerigroup Community Care will reject or deny claims that have a frequency code or resubmission code other than 1, 2, 3, 4, 5, 7 or 8.

What this means to you:

Professional claim form (*CMS-1500*) resubmission code and institutional claim form (*UB-04*) frequency code with any numerical or alphabetical character other than 1, 2, 3, 4, 5, 7 or 8 will be rejected or denied.

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

TN-NB-0079-18

Prior authorization requirements for subcutaneous implantable defibrillator system

Effective March 1, 2019, prior authorization (PA) requirements will change for the subcutaneous implantable defibrillator system 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:

- Subcutaneous Implantable defibrillator system — insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation (33270)

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 > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-800-454-3730 for PA requirements.

TN-NB-0084-18

Prior authorization requirements for Sublocade

Effective February 1, 2019, prior authorization (PA) requirements will change for the injectable/infusible drug Sublocade 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:

- Sublocade (Probuphine) — implant (J0570)
- Sublocade — injectable (Q9991, Q9992)

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 >

Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-800-454-3730 for PA requirements.
TN-NB-0077-18

Coding spotlight: substance use disorders and smoking

Drug addiction or substance use disorders affect a person's brain and in turn their behavior. Drug addiction can start with the experimental use of a drug in a social situation or with exposure to prescribed medications. This can lead to an inability to control the use of the legal or illegal drugs and medications. When a patient is diagnosed with a substance use disorder, the diagnosis is often more complex, as such conditions are susceptible to be both psychological and physiological signs, symptoms, manifestations and comorbidities. This article aims to equip you with the information you need to provide high-quality care to patients struggling with substance use as well as how to code for the services provided to them.

Drug and substance addiction in the U.S.
The U.S. Department of Health and Human Services declared a public health emergency in 2017 due to an unprecedented opioid epidemic. Drug overdose deaths and opioid-involved deaths continue to increase in the U.S.[1]

Smoking is the leading preventable cause of death in the United States. According to the Centers for Disease Control (CDC), 15.5 percent of all adults (37.8 million people) were current cigarette smokers in 2016.[2]

Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease (COPD) and many other diseases. There are also health dangers of involuntary exposure to (second-hand) tobacco smoke.

Health risks of drug use and smoking
Drugs can have significant and damaging short-term and long-term effects, including psychotic behavior, seizures or death due to overdose. Dependence on drugs can create a number of dangerous and damaging complications, such as accidents, suicide, family/work/school problems and legal issues. Smoking causes diminishing overall health and smokers are at the risk of developing several serious health conditions such as stroke, coronary artery disease, and COPD. Smoking increases risks for preterm delivery.[3]

Diagnosis and treatment
Diagnosing substance use disorders requires a thorough evaluation and includes an assessment by a psychiatrist or a psychologist. Blood, urine or other lab tests are used to assess drug use.

People with behavioral disorders are more likely to experience a substance use disorder and people with a substance use disorder are more likely to have behavioral health issues when compared to the general population. According to the National Survey of Substance Abuse Treatment Services, about 45% of Americans seeking treatment of substance use/abuse have also been diagnosed with behavioral health problems.[4]

When diagnosing a substance use disorder, most mental health professionals use criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

Treatment depends on the type of substance used and any related medical or behavioral health disorders that the patient may have. Some treatment options include:
- Chemical dependence treatment programs
- Detoxification
- Behavioral therapy
- Self-help groups

There are a lot of treatments to support tobacco cessation, including behavioral therapies and FDA-approved medications. Some treatment options to help ensure tobacco cessation include:
- Nicotine replacement therapy (NRT), as well as bupropion and varenicline
- Combination of behavioral treatment and cessation medications
- Mobile devices and social media help to boost tobacco cessation
- Tobacco cessation treatments are not recommended for adolescents due to lacking high-quality studies
- Behavioral counseling can be provided either in person or by telephone and a variety of approaches are available such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), telephone support lines, text messaging, web-based services and social media.[5]

HEDIS® quality measures

Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment (IET) is a measure that assesses the percentage of plan members' ages 13 years and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: initiation of AOD treatment and engagement of AOD treatment.

Initiation of treatment is the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

Engagement of treatment is the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days after the initiation visit.[6] This measure now includes medication-assisted treatment (MAT) as an appropriate treatment for people with alcohol and opioid dependence. This measure also adds telehealth to treatment options.

Use of Opioids at High Dosage (UOD) is a first year quality measure that focuses on members 18 years and older with the rate per 1,000 beneficiaries receiving prescription opioids for ≥ 15 days during the measurement year at a high dosage (average morphine equivalent dose > 120 mg).[7]

Use of Opioids from Multiple Providers (UOP) is a first year quality measure that assesses members 18 years and older, the rate per 1,000 receiving a prescription for opioids for ≥ 15

days during the measurement year who received opioids from multiple providers. Three rates are reported:

- *Multiple prescribers* – the rate per 1,000 members receiving prescriptions for opioids from four or more different prescribers during the measurement year
- *Multiple pharmacies* – the rate per 1,000 members receiving prescriptions for opioids from four or more different pharmacies during the measurement year
- *Multiple prescribers and multiple pharmacies* - the rate per 1,000 members receiving prescriptions for opioids from four or more different prescribers *and* four or more different pharmacies during the measurement year.[7]

Unhealthy Alcohol Use Screening and Follow-Up (ASF) is a measure that assesses the percentage of members 18 years and older who were screened for unhealthy alcohol use using a standardized tool and, if screened positive, received appropriate follow-up care.

- *Unhealthy alcohol use screening* — the percentage of members who had a systematic screening for unhealthy alcohol use
- *Counseling or other follow-up* — the percentage of members who screened positive for unhealthy alcohol use and received brief counseling or other follow-up care within 2 months of a positive screening.

The intent of the measure: alcohol misuse is a leading cause of illness, lost productivity and preventable death in the U.S.[7]

Medical Assistance with Smoking and Tobacco Use Cessation (MSC) is a survey measure that assesses different facets of providing medical assistance with smoking and tobacco use cessation. There are three components of the survey:

- *Advising Smokers and Tobacco Users to Quit:* Adults 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year
- *Discussing Cessation Medications:* Adults 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year
- *Discussing Cessation Strategies:* Adults 18 years of age and older who are current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.

ICD-10-CM: general coding information

When a patient is diagnosed with an alcohol- or drug-related disorder, the diagnosis is often more complex, as such conditions are susceptible to both psychological and physiological signs, symptoms, manifestations, and co-morbidities.

Details are required from the documentation to identify *use, abuse* or *dependence* of the substance.

Based on ICD-10-CM Coding Guidelines, when *use, abuse* or *dependence* of the same substance are documented in the medical record, only one code should be assigned based on the following hierarchy:

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- If both *use* and *abuse* are documented, the code for *abuse* should be assigned
- If both *abuse* and *dependence* are documented, the code for *dependence* should be assigned
- If *use, abuse* and *dependence* are documented, the code for *dependence* should be assigned
- If both *use* and *dependence* are documented, the code for *dependence* should be assigned.[8]

Alcohol dependence and abuse

- Alcohol related disorders are classified to category **F10**-. An additional code for blood alcohol level **(Y90.-)** may be assigned, if applicable
- Alcohol *abuse* is classified under subcategory **F10.**-, Alcohol abuse
- Alcohol *dependence* is classified under subcategory **F10.2-**, Alcohol dependence
- Both categories *alcohol abuse* and *alcohol dependence***,** are further subdivided to specify the presence of *intoxication* or *intoxication delirium*. Additional characters are also provided to specify *alcohol-induced mood disorder*, *psychotic disorder*, and *other alcohol-induced disorders*
- Codes in sub classification **F10.23**-, Alcohol dependence with withdrawal, provide additional detail regarding withdrawal symptoms such as *delirium* and *perceptual disturbance*
- Selection of codes "in remission" for categories **F10-F19** requires the provider's clinical judgment. The appropriate codes for "in remission" are assigned only on the basis of provider documentation, unless otherwise instructed by the classification
- Toxic effect of alcohol is not classified to category F10 but to subcategory **T51.0**- instead.[9]

Drug dependence and abuse

ICD-10-CM classifies drug dependence and abuse in the following categories according to the class of the drug:

F12	Cannabis related disorders
F13	Sedative, hypnotic or anxiolytic related disorders
F14	Cocaine related disorders
F15	Other stimulant related disorders
F16	Hallucinogen related disorders
F17	Nicotine dependence
F18	Inhalant related disorders
F19	Other psychoactive substance related disorders

- In most cases, fourth characters indicate whether the disorder is *nondependent abuse* (1), *dependence* (2), or *unspecified use* (9).
- Additional characters are also provided to specify *intoxication*, *intoxication delirium*, and *intoxication with perceptual disturbance*.
- Patients with substance abuse or dependence often have related physical complications or psychotic symptoms. These complications are classified to the specific drug abuse or dependence, with the fifth or sixth characters providing further specificity regarding any associated *drug-induced mood disorder*, *psychotic disorder*, *withdrawal*, and *other drug-induced disorders* (such as sleep disorder).

Tobacco use and dependence
Category F17. - (nicotine dependence) codes are located in chapter 5 of the ICD-10-CM book.

The Excludes 1 note reminds that this is not the same diagnosis as tobacco use **(Z72.0)** nor the history of tobacco dependence **(Z87.891).** Therefore, the documentation will need to specifically discern between tobacco use and nicotine dependence.

The Excludes 2 note reminds to code tobacco use (smoking) during pregnancy, childbirth and the puerperium **(O99.33-)** and toxic effect of nicotine **(T65.2-).**

If the patient has been in contact with, or in close proximity to, a source of tobacco smoke, then **Z77.22**, Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic), needs to be reported.
Tobacco abuse counseling is reported using code **Z71.6** with the additional code for nicotine dependence **(F17.-).**

ICD-10-CM classifies nicotine dependence by substance:

- F17.20-, nicotine dependence, unspecified
- F17.21-, nicotine dependence, cigarettes
- F17.22-, nicotine dependence, chewing tobacco
- F17.29-, nicotine dependence, other tobacco product.[9]

Each category further breaks down the dependence using a sixth character to denote:

0	Uncomplicated
1	In remission
3	With withdrawal
8	With other nicotine-induced disorders

References:

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9 Leon-Chisen N. (2017). ICD-10-CM and ICD-10-PCS Coding Handbook 2018. American Hospital Association, Chicago, IL.