

# Provider Newsblast



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October 2017



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## Clarification: National Provider Identifier registration requirement

### What is a secondary provider?

A secondary provider is any provider who is listed on an institutional or professional Medicaid claim other than a billing provider. The billing provider will be validated if no other NPI is present on the claim.

See examples below of secondary providers:

- Rendering provider
- Referring provider
- Service facility location
- Ordering provider
- Supervising provider
- Attending provider
- Operating provider
- Other operating provider

### What is the secondary provider edit validating?

The edit will validate all secondary provider NPIs present on the claim with dates of service on or after June 1, 2017, who are registered with TennCare. This includes claims for emergency services.

Claim form fields and appropriate electronic data interchange (EDI) loop:

Professional				Institutional			
NPI				NPI			
Form field	Loop	Segment	Qualifier	Form field	Loop	Segment	Qualifier
24J nonshaded	2310B	NM1	82	78 or 79	2310D	NM1	82
24J nonshaded	2420A	NM1	82	EDI only	2420C	NM1	82
17b	2310A	NM1	DN	78 or 79	2310F	NM1	DN
17b	2420E	NM1	DK				
17b	2310D	NM1	DQ				
32a	2310C	NM1	77	EDI only	2310E	NM1	77
				76	2310A	NM1	71
				77	2310B	NM1	72
				78 or 79	2310C	NM1	ZZ

### Why was this edit implemented?

This edit was implemented to be in compliance with CMS federal regulation *42 CFR 455.410(b)*. Enrollment is designed to ensure that all items or services for Medicaid beneficiaries originate from licensed practitioners and/or facilities that have not been excluded from participation in Medicare or Medicaid.

### What if I receive a claim rejection?

Please contact TennCare Provider Services at 1-800-852-2683 or visit their website at [www.tn.gov/tenncare/topic/provider-registration](http://www.tn.gov/tenncare/topic/provider-registration). If this is your first time enrolling, bank information, disclosure of ownership documents, etc. will be required. Once registration is complete, you may resubmit your claim for consideration following our normal claims processing guidelines.

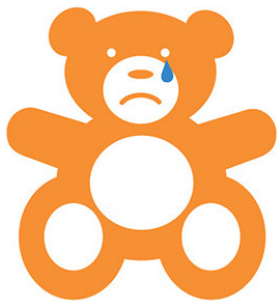
TN-NL-0110-17

## Substance use disorders in pregnancy and neonatal abstinence syndrome

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/ neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly
- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco

### Caring for babies born with NAS



While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior. Reduction in any exposure to opioids should be the goal for the fetus and newborn.

Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).

Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

### Caring for women with SUD

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. Providers have a unique opportunity to help break the pattern of opioid misuse and, thus, reduce health consequences for both mother and child.

Collaboration with community resources, behavioral health providers, addiction treatment centers and OB providers is imperative to designing programs that engage families at risk for SUDs. Women of childbearing age who are not pregnant and who do not wish to become pregnant should receive family planning counseling. Women who are already pregnant benefit from parenting education as early as possible in their pregnancies so they can be prepared to understand and care for their babies who might experience symptoms of NAS and who often require prolonged hospitalizations after birth. As these infants may remain symptomatic for several months after hospital discharge, they are at higher risk for abuse and maltreatment; therefore, close follow up with ongoing support is imperative.



## Substance use disorders in pregnancy and neonatal abstinence syndrome (cont.)

Guidelines and programs which have been shown to improve the care of women at risk of SUDs in pregnancy and their infants include the following:

- **Center for Addiction in Pregnancy:** [www.hopkinsmedicine.org/psychiatry/bayview](http://www.hopkinsmedicine.org/psychiatry/bayview) > Clinical Services > Addiction and Substance Abuse > Center for Addiction and Pregnancy (CAP)
- **Fir Square Combined Care Unit:** [www.bcwomens.ca](http://www.bcwomens.ca) > Our Services > Pregnancy & Prenatal Care > Pregnancy, Drugs & Alcohol
- **Improving Outcomes for Infants and Families Affected by NAS — A Universal Training Program:** <https://public.vtoxford.org> > Quality & Education > NAS Universal Training Program
- **Protecting Our Infants Act: Final Strategy:** <https://www.samhsa.gov> > Topics > Specific Populations > Age- and Gender-Based Populations > Pregnant Women and Infants > Protecting Our Infants Act: Final Strategy
- **Public Health Strategies to prevent Neonatal Abstinence Syndrome:** Ko JY, Wolicki S, Barfield WD, et al. “CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome,” *MMWR Morb Mortal Wkly Rep* 2017 66: 242-245. doi: <http://dx.doi.org/10.15585/mmwr.mm6609a2>.
- **Rooming In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost:** Volpe Holmes, A, et al. “Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost,” *Pediatrics* 137 (2016): 6. doi: 10.1542/peds.2015-2929
- **Sheway: A Community Program for Women and Children:** “<http://sheway.vcn.bc.ca>”
- **Snuggle ME webinar series:** [www.mainequalitycounts.org](http://www.mainequalitycounts.org) > Programs > Snuggle ME Webinar Series



### Support

We are here to support you, our pregnant members and their little ones on the way. If you would like more information about our OB Case Management Program or if you have a member who needs behavioral health case management, contact Provider Services at 1-800-454-3730.

TN-NL-0107-17

## Medical Policies and Clinical Utilization Management Guidelines update

### Medical Policies update

On May 4, 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
5/18/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	New
5/18/2017	DRUG.00107	Avelumab (Bavencio®)	New
5/18/2017	DRUG.00109	Durvalumab (IMFINZI™)	New
6/28/2017	MED.00121	Implantable Interstitial Glucose Sensors	New
6/28/2017	MED.00122	Wilderness Programs	New
6/28/2017	SURG.00148	Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy	New
6/28/2017	SURG.00149	Percutaneous Ultrasonic Ablation of Soft Tissue	New
6/28/2017	SURG.00150	Leadless Pacemakers	New
5/18/2017	DME.00040	Automated Insulin Delivery Devices	Revised
5/18/2017	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
5/18/2017	DRUG.00038	Bevacizumab (Avastin®) for Non Ophthalmologic Indications	Revised
5/18/2017	DRUG.00041	Rituximab (Rituxan®) for Non Oncologic Indications	Revised
5/18/2017	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
6/28/2017	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
5/18/2017	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
5/18/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
5/18/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
5/18/2017	DRUG.00083	Elotuzumab (Empliciti™)	Revised
5/18/2017	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
5/18/2017	DRUG.00104	Nusinersen (SPINRAZA™)	Revised
5/18/2017	GENE.00032	Molecular Marker Evaluation of Thyroid Nodules	Revised
5/18/2017	GENE.00035	Genetic Testing for TP53 Mutations	Revised
6/28/2017	SURG.00121	Transcatheter Heart Valves	Revised
5/18/2017	THER-RAD.00004	External Beam Intraoperative Radiation Therapy	Revised
5/18/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised



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

### Clinical Utilization Management Guidelines update

On May 4, 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 June 5, 2017.

On May 4, 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
6/28/2017	CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services	New
5/18/2017	CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®)	Revised
5/18/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
6/28/2017	CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	Revised
6/28/2017	CG-SURG-09	Temporomandibular Disorders	Revised
5/18/2017	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Revised
5/18/2017	CG-THER-RAD-01	Fractionation and Radiation Therapy in the Treatment of Specified Cancers	Revised

TNPEC-1887-17

# Reimbursement Policies

## Policy Update — Medicaid and Amerivantage Multiple Delivery Services

(Policy 06-044, effective 03/01/18)

Amerigroup Community Care allows reimbursement for multiple births by a same-delivery or combined-delivery method. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:

- **Vaginal Deliveries** — Vaginal deliveries involved in multiple births should be billed with Modifier 51. Multiple procedure guidelines will apply. Please see Multiple and Bilateral Surgery Reimbursement Policy for more information.
- **Cesarean Deliveries** — Cesarean deliveries involved in multiple births should be billed with Modifier 22. Multiple procedure guidelines will not apply. Please see Modifier 22 Reimbursement Policy for more information.



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

TN-NL-0081-17

## Policy Update — Medicaid Portable/Mobile/Handheld Radiology Services

(Policy 06-160, effective 03/15/18)

Amerigroup Community Care allows reimbursement for portable/mobile radiology services when furnished in a residence used at the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for routine purposes or for reasons of convenience. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

### Transportation and Setup

Amerigroup allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X ray was taken. Reimbursement for the setup cost of portable radiology equipment is separately reimbursable.

### Handheld Radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, refer to the Portable/Mobile/Handheld Radiology Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

TN-NL-0090-17

## Policy Update — Amerivantage Portable/Mobile/Handheld Radiology Services

(Policy 06-160, effective 03/15/18)

Amerigroup Community Care allows reimbursement for portable/mobile radiology services when furnished in a residence used as the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for reasons of convenience. Amerigroup allows preventive screenings performed by portable/mobile radiology studies for routine purposes. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

### Transportation and Setup

Amerigroup allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X ray was taken.

### Handheld Radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, refer to the Portable/Mobile/Handheld Radiology Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

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