

Provider Newsblast



Amerigroup Community Care
providers.amerigroup.com/TN

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

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Smoking Cessation

Let's help improve patients' chances to successfully quit smoking. As you are aware, approximately 69% of smokers would like to quit and nearly half of them attempt to quit yearly. However, only about 5% are successful without proper help. Pharmacotherapies can double a patient's probability of smoking cessation. Nicotine dependence does not only have physical symptoms associated with it but there is also behavior aspects related to cigarette use. Therefore, smoking cessation methods that utilize medication and counseling are more effective than either alone.

Currently there is no preferred product recommendation for one NRT (Nicotine replacement therapy) over another. NRT varies in dosage forms, frequency of use, and rate of nicotine absorption. Although nicotine patches are only applied once daily, they do not treat acute craving due to the steady low dose of nicotine delivered over 24 hours. Therefore, patients on the patch who have difficulty managing craving throughout the day may benefit from combination therapy. It is also possible for bupropion to be used in combination with nicotine replacement products.

Below are **TennCare OTC and prescription covered** smoking cessation products.

Note: these medications are on the auto-exempt list thus they do not count toward the member script limit

Preferred Drugs		Non-Preferred Drugs	
XVI. SMOKING CESSATION AGENTS			
<u>Smoking Cessation Agents</u> ^{QL}			
bupropion SR ^{QL}	nicotine polacrilex lozenge ^{QL}	Commit ^{® QL}	Nicotrol ^{® inhaler} ^{QL}
Chantix ^{® QL}	nicotine transdermal patch ^{QL}	Nicoderm ^{® CQ} ^{QL}	Nicotrol ^{® nasal spray} ^{QL}
nicotine polacrilex gum ^{QL}		Nicorette ^{® gum} ^{QL}	Zyban ^{® QL}

If you need language assistance services in a language other than English, please call us at 1-800-454-3730.

Necesita ayuda con el idioma gratuita? Llame 1-800-454-3730.

You can also dial 711 for telecommunications relay service (TRS) assistance.

If you require materials in alternate formats, please call us at 1-800-454-3730 to make such a request (e.g., provider manual, forms and newsletters in languages other than English or Spanish, braille, large font, etc.).

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Smoking Cessation Counseling Services

<p>Tennessee Tobacco QuitLine 1-800-QUIT-NOW (1-800-784-8669) http://www.tnquitline.org http://www.tnquitline.org/referrals.php</p>	<p>This is a FREE telephone service for <i>all Tennessee residents</i> who want to quit smoking or chewing tobacco. The patient will be assigned a quit coach to provide personalized support. Patients can join the program via phone or online. The Tennessee Tobacco <u>QuitLine</u> offers fax and electronic referral options.</p>
<p>Baby & Me Tobacco Free http://www.babyandmetobaccofree.org</p>	<p>This smoking cessation program is tailored to the needs of pregnant women. The program provides 4 prenatal counseling sessions and monthly postpartum visits for up to 12 months. Pregnant women are referred by their provider to the local Baby & Me Tobacco Free Program site. Services often offered via Department of Health. Please visit the website for program locations.</p>

[New requirement for CPT Category II Code payment opportunity for prenatal/postpartum care](#)

Summary of change: Amerigroup is implementing new requirements when submitting 0500F and 0503F Category II codes.

Effective August 1, 2016, Amerigroup will continue to pay providers \$10 when submitting Category II code 0500F with the following additional requirements:

- You must continue to include the date of the last menstrual period (LMP) on your claim submission. The LMP should be submitted in locator 14 of the CMS 1500 claim form and Loop 2300 for electronic claims
- You must Fax a completed Maternity Care Management Notification Form to 1-866-495-5788
- You must Bill with the appropriate Evaluation & Management code (99201-99205 or 99211-99215) within 30 days of the visit that confirmed the pregnancy

Amerigroup will continue to pay providers \$10 when submitting Category II code 0503F with the following additional requirements:

- Postpartum visit must continue to occur within 21 to 56 days after delivery
- You must include the date of delivery in form locator 14 on the CMS 1500 claim form or Loop 2300 for electronic claims
- You must bill with the appropriate postpartum visit procedure code 59430

Additionally, Amerigroup will now reimburse separately for procedure code 58300 (Insertion of Intrauterine Device [IUD]) in addition to the delivery when performed at the time of delivery. This means the payment will no longer be bundled with the payment for the delivery.

[Maternity Notification/Health Reimbursement Arrangement \(HRA\) form update](#)

Background: We want to remind you that the *Maternity Notification/HRA* form has been updated and uploaded into the Amerigroup provider portal for your use.

What this means to you: The *Maternity Notification/HRA* form has been updated to comply with the new CPT Category II 0500F code for initial prenatal care and to capture the pregnant member's date of last menstrual period. The *Maternity Notification/HRA* form will be sent in to the appropriate managed care organization after the initial prenatal visit has taken place.

What is the impact of this requirement?

Beginning August 5, 2016, providers are to fax the new *Maternity Notification/HRA* form if billing for CPT Category II 0500F code for Amerigroup members:

- 0500F — Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Also, report date of visit and, in a separate field, the date of the last menstrual period — LMP).

Providers will submit the form to the Amerigroup Maternal/Child Program by fax to 1-866-495-5788.

Reimbursement Policy Information

New Policy: Reimbursement for Maximum Units Per Day

(Policy 15-003, effective 01/01/2017)

Amerigroup allows reimbursement for a procedure or service that is billed for a single date of service by the same provider and/or provider group up to the maximum number of units allowed per day.

When the number of units assigned to a procedure or service exceeds the daily maximum allowed, our claims editing system will allow the number of units billed within the maximum limit; units billed in excess of the maximum per day limit will not be eligible for reimbursement.

Refer to the Reimbursement for Maximum Units Per Day [reimbursement policy](#) on the Amerigroup provider site for additional information.

Policy Reminder: DME Modifiers for New, Rented, and Used Equipment

(Policy 06-053, effective 3/14/16)

Amerigroup allows reimbursement for new, rented or used equipment appended with the appropriate modifier. The listed modifiers must be billed in the primary or first modifier field to determine appropriate reimbursement:

- Modifier NU: new equipment
- Modifier RR: rented equipment
- Modifier UE: purchase of used equipment

These modifiers are appropriate for Durable Medical Equipment (DME), prosthetics and orthotics. These modifiers are inappropriate for supplies unless required under state or CMS guidelines. Claims for supplies appended with Modifier NU, RR or UE may be denied.

For more information, refer to the DME Modifiers for New, Rented and Used Equipment [reimbursement policy](#) on the Amerigroup provider website.

MEDICAID Policy Update

Durable Medical Equipment (Rent to Purchase)

(Policy 06-052, effective 10/01/2016)

Amerigroup allows reimbursement for Durable Medical Equipment (DME).

Reimbursement is based on the rental price up to the maximum allowed for the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Components of Rental DME

Supplies and accessory components associated with rental DME are not separately reimbursed and considered all-inclusive in the rental reimbursement.

The reimbursement limit for rented DME is 10 months. Once the limit is met, claims submitted for the rental of the item will be denied.

Circumstances Affecting Rental Reimbursement

- A new reimbursement period limit will begin for rental periods with a break in coverage of more than 60 days
- If a member changes suppliers during the rental period, a new rental period will not start over

Amerigroup allows reimbursement for oxygen equipment for a maximum of 36 months; however, we will continue to reimburse for oxygen contents.

For additional information, refer to Durable Medical Equipment (Rent to Purchase) policy at providers.amerigroup.com.

MEDICARE Policy Update

Durable Medical Equipment (Rent to Purchase)

(Policy 06-052, effective 10/01/16)

Amerigroup allows reimbursement for Durable Medical Equipment (DME).

Reimbursement is based on the rental price up to the maximum allowed of the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Components of Rental DME

Supplies and accessory components associated with rental DME are not separately reimbursed and considered all-inclusive in the rental reimbursement.

The reimbursement limit for rented DME is 13 months. Once the limit is met, claims submitted for the rental of the item will be denied.

Circumstances Affecting Rental Reimbursement

- A new reimbursement period limit will begin for rental periods with a break in coverage of more than 60 days
- If a member changes suppliers during the rental period, a new rental period will not start over

Amerigroup allows reimbursement for oxygen equipment for a maximum of 36 months; however, we will continue to reimburse for oxygen contents.

For additional information, refer to Durable Medical Equipment (Rent to Purchase) policy at providers.amerigroup.com.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program.

[Clinical Utilization Management \(UM\) Guidelines](#)

Effective July 1, 2016, the Clinical UM Guidelines listed below were adopted by the medical operations committee for the Government Business Division.

To see the full utilization management guidelines, visit the Amerigroup [Medical Policies and Clinical UM Guidelines subsidiary website](#).

Guideline number:	Clinical UM Guidelines name/title:
CG-ANC-04	Ambulance services: air and water
CG-ANC-05	Ambulance services: ground; emergent
CG-ANC-06	Ambulance services: ground; nonemergent
CG-BEH-01	Assessment for autism spectrum disorders and Rett Syndrome
CG-BEH-02	Adaptive behavioral treatment for autism spectrum disorder
CG-BEH-03	Psychiatric disorder treatment
CG-BEH-04	Substance-related and addictive disorder treatment
CG-BEH-05	Eating and feeding disorder treatment
CG-BEH-07	Psychological testing
CG-BEH-09	Assertive community treatment (ACT)
CG-BEH-10	Basic skills training/social skills training
CG-BEH-11	Mental health support services
CG-BEH-12	Psychosocial rehabilitation services
CG-BEH-13	Targeted case management (TCM)

CG-BEH-14	Intensive in-home behavioral health services
CG-DME-01	External (portable) continuous insulin infusion pump
CG-DME-03	Neuromuscular stimulation in the treatment of muscle atrophy
CG-DME-05	Cervical traction devices for home use
CG-DME-07	Augmentative and alternative communication (AAC) devices/speech generating devices (SGD)
CG-DME-08	Infant home apnea monitors
CG-DME-09	Continuous local delivery of analgesia to operative sites using an elastomeric infusion pump during the postoperative period
CG-DME-10	Durable medical equipment
CG-DME-12	Home phototherapy devices for neonatal hyperbilirubinemia
CG-DME-13	Lower limb prosthesis
CG-DME-15	Hospital beds and accessories
CG-DME-16	Pressure reducing support systems groups one, two and three
CG-DME-18	Home oxygen therapy
CG-DME-19	Therapeutic shoes, inserts or modifications for individuals with diabetes
CG-DME-20	Orthopedic footwear
CG-DME-21	External infusion pumps for the administration of drugs in the home or residential care settings
CG-DME-22	Ankle-foot orthotics and knee-ankle-foot orthotics (braces)
CG-DME-23	Lifting devices for use in the home
CG-DME-24	Wheeled mobility devices: manual wheelchairs – lightweight, standard or heavy duty
CG-DME-25	Seat lift mechanisms
CG-DME-31	Wheeled mobility devices: wheelchairs – powered/motorized, with or without power seating systems and power operated vehicles (POVs)

CG-DME-33	Wheeled mobility devices: manual wheelchairs – ultra lightweight
CG-DME-34	Wheeled mobility devices: wheelchair accessories
CG-DME-35	Breastfeeding pumps
CG DME-36	Pediatric gait trainers
CG-DME-37	Air conduction hearing aids
CG DME-38	Continuous interstitial glucose monitoring
CG-DME-39	Dynamic low-load prolonged-duration stretch
CG-DRUG-01	Off-label drug and approved orphan drug use
CG-DRUG-03	Beta interferons and glatiramer acetate for treatment of multiple sclerosis
CG-DRUG-04	Use of low molecular weight heparin therapy, fondaparinux (Arixtra [®]) and direct thrombin inhibitors in the outpatient setting
CG-DRUG-05	Recombinant erythropoietin products
CG-DRUG-07	Hepatitis C pegylated interferon anti-viral therapy (archived April 5, 2016)
CG-DRUG-08	Enzyme replacement therapy for Gaucher disease
CG-DRUG-09	Immune globulin (Ig) therapy
CG-DRUG-11	Infertility drugs
CG-DRUG-13	Hepatitis B interferon anti-viral therapy
CG-DRUG-15	Gonadotropin releasing hormone analogs
CG-DRUG-16	White blood cell growth factors
CG-DRUG-19	Progesterone therapy as a technique to prevent preterm delivery in high-risk women
CG-DRUG-20	Enfuviritide (Fuzeon)
CG-DRUG-21	Naltrexone (Vivitrol [®]) injections for the treatment of alcohol and opioid dependence
CG-DRUG-24	Repository corticotropin injection (H.P. Acthar [®] gel)

CG-DRUG-27	Clostridial collagenase histolyticum injection
CG-DRUG-28	Alglucosidase alfa (Lumizyme [®] , Myozyme [®])
CG-DRUG-29	Hyaluronan injections in the knee
CG-DRUG-30	Oprelvekin (Neumega)
CG-DRUG-33	Palonosetron (Aloxi [®])
CG-DRUG-34	Docetaxel (Docefrez [™] , Taxotere [®])
CG-DRUG-38	Pemetrexed disodium (Alimta [®])
CG-DRUG-40	Bortezomib (Velcade [®])
CG-DRUG-41	Zoledronic acid
CG-DRUG-42	Asparagine-specific enzymes (Asparaginase)
CG-DRUG-43	Natalizumab (Tysabri [®])
CG-DRUG-44	Pegloticase (Krystexxa [®])
CG-DRUG-45	Octreotide acetate (Sandostatin [®] ; Sandostatin [®] LAR Depot)
CG-DRUG-46	Fosaprepitant (Emend [®])
CG-DRUG-47	Level-of-care: specialty pharmaceuticals
CG-DRUG-48	Azacitidine (Vidaza [®])
CG-DRUG-49	Doxorubicin hydrochloride liposome injection
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane [®])
CG-DRUG-51	Romidepsin (Istodax [®])
CG-DRUG-52	Temsirolimus (Torisel [®])
CG-DRUG-53	Drug dosage, frequency and route of administration
CG-LAB-09	Drug testing or screening in the context of substance use disorder and chronic pain
CG-MED-08	Home enteral nutrition
CG-MED-21	Anesthesia services and moderate (conscious) sedation

CG-MED-22	Neuropsychological testing
CG-MED-23	Home health
CG-MED-24	Electromyography and nerve conduction studies
CG-MED-28	Iontophoresis for medical indications
CG-MED-32	Ancillary services for pregnancy complications
CG-MED-38	Inpatient admission for radiation therapy for cervical or thyroid cancer
CG-MED-42	Maternity ultrasound in the outpatient setting
CG-MED-44	Holter monitors
CG-MED-45	Transrectal ultrasonography
CG-MED-46	Ambulatory and inpatient video electroencephalography
CG-MED-47	Fundus photography
CG-MED-48	Scrotal ultrasound
CG-MED-49	Auditory brainstem responses (ABRs) and evoked otoacoustic emissions (OAEs) for hearing disorders
CG-MED-50	Visual, somatosensory and motor evoked potentials
CG-MED-51	Three-dimensional rendering of imaging studies
CG-MED-52	Allergy immunotherapy (subcutaneous)
CG-MED-53	Cervical cancer screening for women under 21 years of age
CG-MED-54	Strapping
CG-OR-PR-04	Cranial remodeling bands and helmets (cranial orthotics)
CG-OR-PR-05	Myoelectric upper extremity prosthesis devices
CG-REHAB-03	Pulmonary rehabilitation
CG-REHAB-04	Physical therapy
CG-REHAB-05	Occupational therapy

CG-REHAB-06	Speech-language pathology services
CG-REHAB-08	Private duty nursing in the home setting
CG-SURG-03	Blepharoplasty, blepharoptosis repair and brow lift
CG-SURG-05	Maze procedure
CG-SURG-08	Sacral nerve stimulation as a treatment of neurogenic bladder secondary to spinal cord injury
CG-SURG-09	Temporomandibular disorders
CG-SURG-12	Penile prosthesis implantation
CG-SURG-18	Septoplasty
CG-SURG-24	Functional endoscopic sinus surgery (FESS)
CG-SURG-25	Injection treatment for Morton's neuroma
CG-SURG-27	Sex reassignment surgery
CG-SURG-30	Tonsillectomy, with or without adenoidectomy for children
CG-SURG-31	Treatment of keloids and scar revision
CG-SURG-32	Pain management: cervical, thoracic and lumbar facet injections
CG-SURG-33	Lumbar fusion and lumbar total disc arthroplasty (TDA)
CG-SURG-36	Adenoidectomy
CG-SURG-38	Lumbar laminectomy, hemi-laminectomy, laminectomy and/or discectomy
CG-SURG-39	Pain management: epidural steroid injections
CG-SURG-40	Cataract removal surgery for adults
CG-SURG-41	Surgical strabismus correction
CG-SURG-42	Cervical fusion
CG-SURG-43	Knee arthroscopy
CG-SURG-44	Coronary angiography in the outpatient setting

CG-SURG-45	Bone graft substitutes
CG-SURG-46	Myringotomy and tympanostomy tube insertion
CG-SURG-47	Surgical interventions for scoliosis and spinal deformity
CG-SURG-48	Elective percutaneous coronary interventions (PCI)
CG-SURG-49	Endovascular techniques (percutaneous or open exposure) for arterial revascularization of the lower extremities
CG-SURG-50	Assistant surgeons
CG-SURG-51	Outpatient cystourethroscopy
CG-SURG-52	Level-of-care: hospital-based ambulatory surgical procedures, including endoscopic procedures
CG SURG-53	Elective total hip arthroplasty
CG SURG -54	Elective total knee arthroplasty
CG-SURG-55	Intracardiac electrophysiological studies (EPS) and catheter ablation
CG-THER-RAD-01	Fractionation and radiation therapy in the treatment of specified cancers
CG-THER-RAD-02	Special radiation physics consult and treatment procedure
CG-TRANS-02	Kidney transplantation