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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Centers for Disease Control and Prevention predicts another moderately severe flu season predominated by influenza A (H3N2)

The Centers for Disease Control and Prevention (CDC) released its report in June on influenza activity during last year's flu season and announced the composition of the 2015–16 influenza vaccine.

According to the CDC, the 2014–15 influenza season was moderately severe overall and especially severe in adults aged 65 years and older, with predominant circulation of influenza A (H3N2) viruses. Previous influenza A (H3N2)-predominant seasons have been associated with increased hospitalizations and deaths, especially among children under 5 years of age and adults 65 years of age and older.

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Influenza activity peaked during late December, with influenza A (H3N2) viruses predominant early in the season. Influenza B became the predominant virus starting in late February, through the end of the flu season in May.

The Food and Drug Administration has recommended a change in the influenza A and influenza B components for the 2015–16 influenza vaccine, according to the report. Vaccine recommendations are based on several factors, including global influenza surveillance, genetic characterization, antigenic characterization, antiviral resistance and the candidate vaccine viruses available for production.

Since 2010, the CDC has recommended that everyone six months of age and older received a flu vaccine annually with rare exception.

We are launching our annual member outreach campaign to encourage high-risk members to visit their provider for a flu vaccine. Outreach includes automated outbound telephone calls, text messages and newsletter articles. Providers can expect an increase in phone calls and early appointments for the flu vaccine.

Antiviral drugs used to lessen flu duration and symptoms, as well as many cough and cold products, are included on the formulary found on our provider website at providers.amerigroup.com/TN > Provider Resources & Documents > Pharmacy > Formulary.

Flu surveillance and patient education materials are available at the CDC website. For more information about vaccine coverage, contact Provider Services at 1-800-454-3730.

Tramadol: Drug safety communication

The FDA has launched an investigation into whether the painkiller tramadol causes breathing problems when used off-label in pediatric patients.

Recently, a five-year-old in France took one dose of tramadol oral solution after a surgery to remove his tonsils and adenoids. The child experienced severely slowed and difficult breathing that required hospitalization. The child was an ultra-rapid metabolizer of tramadol, which means he had a genetic variation that enabled tramadol to be converted into the active form of the opioid more quickly and completely than in other patients.

The FDA states the risk may be increased when giving the medication following a tonsillectomy or adenoidectomy. The FDA is asking healthcare providers to consider prescribing non-tramadol pain relievers for children while it completes its investigation. [1]

Emergency room level 5 professional claim review

Amerigroup Community Care is initiating a review of emergency room (ER) professional claims billed with a level 5 ER E/M code (99285 or G0384) to ensure the documentation meets or exceeds the components necessary to support its billing. The review for the necessary components will be based on the coding guidelines outlined in the AMA CPT coding reference. Documentation will be requested and the review will be performed on a pre-pay basis. The review for selected ER professional claims with level 5 E/M codes is scheduled to begin April 1, 2016.

Send claims medical attachments through Availity

Amerigroup partners with Availity to offer providers the ability to check patients' eligibility and claims status, as well as submit claims and access multiple payer information with a single, secure Availity Web Portal login.

The Medical Attachments feature is now available to providers. You can now use your billing National Provider Identifier (NPI) number to register and submit attachments, with or without a claim, through the Availity Web Portal. This service enables you to submit attachments (e.g., medical records, itemized bills, etc.) prior to claims submissions, with claims submission or as requested by Amerigroup.

To access this new feature, primary access administrators (PAAs) should register today by logging in at availity.com. Click on the Amerigroup medical attachments registration link under your PAA dashboard, and you then assign access to appropriate office staff.

As an Amerigroup provider, you can also now send up to 10 unsolicited attachments through the web portal. You may submit up to 10 attachments for each claim, with a maximum file size of 10MB per attachment. This service includes attachments for secondary claims, and for attachments that are not related to a claim at all. Availity rejects any individual files larger than 10MB and requests that you split larger files into smaller files. Files can be submitted as TIFFs (.tif), JPEGs (.jpg) and PDFs (.pdf). This new feature allows your team to submit supporting medical documentation for claims without prompting by Amerigroup.

Unsolicited attachments streamline the claims process and can improve your revenue cycle by capturing required documentation needed to adjudicate a claim up front. Plus, the web portal captures, transmits, stores and retrieves your medical attachments, providing an electronic history that is easily accessible, now or in the future.

To access additional training on this new Availity feature:

1. Log in to the Availity Web Portal at availity.com.
2. Click the **Web Portal Users Login** link in the upper right corner.
3. On the Availity portal login page, enter your Availity user ID and password.

1 Young, K, FDA Examining Tramadol Use in Children, NEJM Journal Watch, September 22, 2015.

4. Click **Log in**.
5. At the top of any Availity portal page, click **Help** | **Get Trained**. *(Make sure you do not have a pop-up blocker turned on or the next page may not open.)*
6. In the new window a list of available topics will open. Locate and click **Medical Attachments**.
7. Under the **Recordings** section, click **View Recording** (next to Amerigroup Medical Attachments).

Imaging site scores for outpatient diagnostic imaging could impact reimbursement

Amerigroup is dedicated to meeting the evolving needs of our members and ensuring that they receive the most appropriate care possible. We are pleased to introduce a new program for imaging services administered by AIM Specialty Health® (AIM).

Effective November 1, 2015, Amerigroup Medicare Advantage plans will begin collecting information about the imaging capabilities of all Amerigroup Medicare Advantage contracted providers who provide the technical component of the following outpatient diagnostic imaging services for our individual Medicare Advantage members:

- Computed tomography (CT)
- Magnetic resonance (MR)
- Positron emission tomography (PET)
- Nuclear medicine (NUC)
- Ultrasound
- X-Ray
- Echocardiograph

Emergency room outpatient diagnostic imaging services are excluded.

AIM's online registration tool, OptiNet®, will continue to collect modality-specific data from providers who render imaging services in areas such as: facility qualifications, technician and physician qualifications, accreditation, equipment, and technical registration. This information is used to determine conformance to industry-recognized standards, including those established by the American College of Radiology (ACR) and the Intersocietal Accreditation Commission (IAC).

That data will continue to be used to calculate site scores for providers who render imaging services to our individual Medicare Advantage members. Each modality or piece of equipment will receive its own score. Providers with an imaging site score of 76 or higher for the applicable modality will see no change in reimbursement.

- Effective March 1, 2016, for providers who have not completed the online registration: Claims with dates of service on or after March 1, 2016, for any of the outpatient diagnostic imaging services listed above will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only. Other services on the claim, including the professional component of the outpatient diagnostic imaging service, will be processed as usual as long as required authorizations are in place.
- Effective March 1, 2016, for providers with an imaging site score below 76 for the applicable modality for any of the outpatient diagnostic imaging services listed above: Claims with dates of service on or after March 1, 2016, for any of the outpatient diagnostic imaging services listed above will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only. Other services on the claim, including the professional component of the outpatient diagnostic imaging service, will be processed as usual as long as required authorizations are in place.

Members cannot be balance billed if a line-item denial occurs.

Please note that any decision to deny reimbursement and/or approval of an imaging service is separate and apart from the determination of the medical necessity of the same service.

Please note that the line-item denial for a site score below 76 for the applicable modality applies only to individual Medicare Advantage claims at this time.

AIM will send the site score to the provider within one business day of the provider's completion of the online registration. Providers may use the online registration at any time to update their score.
Providers who score below 76 will receive individualized information they can use to improve their score.

Amerigroup strongly encourages any provider who scores below 76 to improve their site score for the applicable modality before the line item denial of claims begins on claims submitted for dates of service on or after March 1, 2016. Providers who have not registered and therefore have no score also will be subject to line-item denials for claims submitted for dates of service on or after March 1, 2016.

AIM will conduct random audits to ensure that the provider's survey information is supported by documentation. Recovery of technical component payments will occur for those providers found to have had a score less than 76 at the time of the outpatient diagnostic imaging service.

Contracted providers will be asked to update their online information periodically.

The provider registration is available online at aimspecialtyhealth.com/goweb. Simply select Amerigroup from the drop down menu. Only those providers who have completed the provider registration will be able to view their information online. Site information will be available for review online starting November 1, 2015. If you have questions or need help completing the registration, please call AIM Customer Service at 1-800-252-2021.

Please note that if you have already completed the registration in connection with another health plan, you do not need to re-enter your information. Please review what has been prepopulated, make any updates and submit your information to register for Amerigroup. To copy your registration, select Copy from the Actions column on the site list after you log in and follow the steps when prompted.

The online registration tool was designed with convenience in mind. You can save your data as you go which means you will not need to complete it in one sitting. These resources are accessible on AIM's ProviderPortal℠ website (accessible via aimspecialtyhealth.com/goweb). Once you complete the registration, the tool will remain available so you can update your information at any time. We recognize your office is busy and we appreciate the time spent completing the registration.

Below is some additional information on the Medicare Advantage Utilization Management Policy:

- This policy has been established to ensure site imaging of low tech and high tech modalities; to include the following: Computed tomography (CT), Magnetic resonance (MR), Positron emission tomography (PET), Nuclear medicine (NUC), Ultrasound, X-Ray or Echocardiography

- In accordance with MMCM Ch. 1, Sec. 20, Amerigroup contracts with a network of CMS approved providers to deliver the benefit package approved by CMS. The Coordinated Care Plan (CCP) network is approved by CMS to ensure that all applicable requirements are met, including access and availability, service area, and quality requirements.
- Amerigroup providers will be required to complete the OptiNet survey tool to calculate site scores for the applicable modality for providers who render imaging services to individual Medicare Advantage members. The imaging site score is derived using measures and a methodology as outlined by the American College of Radiology. (i.e., an industry based standard). If providers do not complete the survey or have an imaging site score of less than 76, further action will be taken as outlined in this policy.
- For providers and imaging services governed by this policy, AIM's Portal and MACESS application will only display providers on the service provider list that have completed a survey and met the minimum site threshold of 76 for the applicable modality.
- When a member goes for any of the following: CT, MR, PET, NUC, Ultrasound, X-Ray or Echocardiography at a provider that does not meet the minimum site score of 76 for the applicable modality, the request for payment associated with the above listed procedures will be denied. Any associated professional services that are otherwise deemed medically necessary and are covered by the applicable benefit plan will be approved and paid.
- The health plan's claims system (Facets) will be configured to deny the technical component of any imaging services set forth above that are provided during the period in which the provider had an imaging site score less than 76 for the applicable modality.
- Any denied technical component of a claim for imaging services for providers with an imaging site score of less than 76 for the applicable modality will not subsequently be paid if the site score is raised to or above the minimum score of 76 for the applicable modality after the date of service. The full claim will not be denied; only the technical component of the service not meeting the minimum standard will be denied. The provider may not charge or hold the member liable for the denied technical component. The member is only responsible for paying the Medicare plan–allowed cost-sharing amount.
- Should the provider disagree with the site survey score for the applicable modality, the provider shall follow the health plan's provider payment dispute resolution process. Call the health plan provider services area.
- Please note that any decision to deny reimbursement and/or approval of an imaging service subject to this policy is separate and apart from the determination of the medical necessity of the same service.
- Providers who score below the threshold of 76 for the applicable modality will be able to improve their score at any time by correcting any issues that are impacting their score and completing the survey. Once the score meets 76 for the applicable modality or better, the provider will be eligible for review and payment of claims that otherwise meet coverage and medical necessity criteria. The survey tool includes questions about the provider's policies, procedures, accreditation and equipment associated with the provider's imaging site of care.
- Site survey questions cover site specific details such as:
  - Site hours
  - Site accessibility
  - Site measures
  - Site accreditation
  - Site certification of added qualifications (CAQ)
  - Site number of modalities (The number of service modalities offered at the location.)
  - Site MD location (Onsite or offsite physician)
  - Site survey questions vary by modality (e.g., CT, MR and PET).

- Common areas assessed include:
  - Equipment age
  - Equipment quality
  - Accreditation
  - Policies and procedures
  - Technologists
  - MD certification
  - Pediatric availability
- Additional survey questions are in place for echocardiography:
  - Schedule lead times
- Random audits will be performed by AIM to ensure that provider's information entered into the site survey is supported by documentation. If it is determined that a provider's documentation does not support information entered into the OptiNet survey tool by the provider, recovery efforts may occur against that provider subject to the terms of the provider agreement.
- Acronyms/definitions:
  - AIM – vendor that authorizes imaging services on behalf of the Medicare Advantage plans
  - CT - computed tomography
  - MR - magnetic resonance
  - NUC – nuclear medicine
  - OptiNet - one of AIM Network Optimization tools. It's an online tool completed by the provider which is also referred to as survey, registration, or application. The OptiNet survey tool gathers information about providers' training and capability related to technical imaging services, imaging equipment, capacity and access.
  - PET - positron emission tomography
  - UM - utilization management
  - Facets – the health plan's claims system for processing the claims for Medicare Advantage benefits
- Revision history:
  - This UM policy aligns directly with the internal UM policy and procedure, Policy Title: OptiNet, but was reformatted as an appropriate provider facing notification document. Approvals and ownership of this UM policy is from the Medicare Advantage UM leadership team.

Review date	Changes
09/01/2015	• Initial version of this UM policy formatted as provider facing and for posting to the provider portals.

Reminder: Electronic registration/revalidation required

As a reminder, the Bureau of TennCare sent notification on February 2, 2015, and again on May 6, 2015, stating, in order to continue to be eligible to participate in the TennCare program under your NPI and TennCare ID, you ***must*** revalidate your registration information.

What this means to you: You ***must*** revalidate your NPI and TennCare ID registration information by visiting the state's website at www.tn.gov/tenncare and selecting the following links:

For Providers | Provider Registration | Group (Single or Multi-Specialty) | Provider Registration Information

If you have multiple IDs associated with this NPI, you may receive multiple letters. You will be prompted to choose one ID during the revalidation process.

Note: Single/multi-specialty groups, rural health clinics and **federally qualified health centers** who have already registered electronically with TennCare only need to revalidate if you need to make an update to your profile.

What are the consequences of failing to revalidate with TennCare?

- Termination of your TennCare provider number will terminate any contracts you currently hold with any of the managed care organizations (MCOs) (Amerigroup Community Care, BlueCare, TennCare Select, and United Healthcare Community Plan).
- You will not be eligible for any payments from TennCare (crossover claims) or any of its contractors (MCOs, DBM, PBM).
- You will not be able to enter into any single case agreements with an MCO or be paid as an out-of-network provider even with an out of- network authorization number from the MCO.
- You will not be able to access the TennCare online services website used by providers to verify TennCare enrollee eligibility.

Failure to complete this revalidation process will result in termination of your TennCare provider number.

Medical policies and Clinical Utilization Management guidelines update

Summary: On May 7, 2015, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Amerigroup Community Care Medical Policies and Clinical Utilization Management (UM) guidelines, developed or revised to support clinical coding edits. The Medical Policies and Clinical UM Guidelines are publicly available on Amerigroup provider websites. Visit https://medicalpolicies.amerigroup.com/search to search for specific policies.

What this means to you: Several medical policies and Clinical Utilization Management guidelines have been updated. Review the following tables for new policies and revisions to clinical coding edits. Please share this notice with other members of your practice and office staff.

Medical policy effective date	Medical policy number	Medical policy	Medical policy (new/revised)
05/11/15	DRUG.00075	Nivolumab (Opdivo®)	New
07/07/15	DRUG.00076	Blinatumomab (Blincyto™)	New
07/07/15	LAB.00031	Advanced Lipoprotein Testing in Cardiac Disease Risk Assessment and Management	New
07/07/15	MED.00118	Continuous Monitoring of Intraocular Pressure	New
07/07/15	SURG.0140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain	New
05/11/15	DRUG.00006	Botulinum Toxin	Revised
05/11/15	DRUG.00028	Intravitreal and Periocular Injection Treatment for Retinal Vascular Conditions	Revised
05/11/15	DRUG.00038	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Revised
05/11/15	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
05/11/15	DRUG.00048	Eribulin mesylate (Halaven®)	Revised
07/07/15	DRUG.00052	Pertuzumab (Perjeta®)	Revised
05/11/15	DRUG.00055	Denosumab (Prolia®, Xgeva™)	Revised
05/11/15	DRUG.00059	Romiplostim (Nplate®)	Revised
05/11/15	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
05/11/15	DRUG.00067	Ramucirumab (Cyramza®)	Revised

Medical policy effective date	Medical policy number	Medical policy	Medical policy (new/revised)
05/11/15	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
07/07/15	GENE.00023	Gene Expression Profiling of Melanomas	Revised
07/07/15	RAD.00002	Positron Emission Tomography (PET) and PET/CT Fusion	Revised
07/07/15	RAD.00014	Brachytherapy for Oncologic Indications	Revised
05/11/15	SURG.00011	Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
05/11/15	SURG.00033	Implantable Cardioverter-Defibrillator (ICD)	Revised
05/11/15	SURG.00098	Mechanical Embolectomy for Treatment of Acute Stroke	Revised
05/11/15	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised

Clinical Utilization Management guidelines update

On May 7, 2015, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Clinical Utilization Management (UM) guidelines. These clinical guidelines were developed or revised to support clinical coding edits. The Clinical UM Guidelines on this list represent the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on May 18, 2015.

The clinical guidelines are publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines subsidiary website. Visit https://medicalpolicies.amerigroup.com/search to search for specific policies.

Note: Existing precertification requirements have not changed.

Effective date	Clinical UM guideline number	Clinical UM guideline title	Revised or new (new/revised)
07/07/15	CG-DRUG-45	Octreotide acetate (Sandostatin®; Sandostatin® LAR Depot)	New
07/07/15	CG-DRUG-46	Fosaprepitant (Emend®)	New
06/15/15	CG-SURG-47	Surgical Interventions for Scoliosis and Spinal Deformity	New
05/11/15	CG-BEH-05	Eating and Feeding Disorder Treatment	Revised
07/07/15	CG-DRUG-09	Immune Globulin (Ig) Therapy	Revised
05/11/15	CG-DRUG-15	Gonadotropin Releasing Hormone (GnRH) Analogs	Revised
05/11/15	CG-DRUG-16	White Blood Cell Growth Factors	Revised
07/07/15	CG-MED-46	Ambulatory and Inpatient Video Electroencephalography	Revised
07/07/15	CG-MED-47	Fundus Photography	Revised
07/07/15	CG-REHAB-08	Private Duty Nursing in the Home Setting	Revised
07/07/15	CG-SURG-01	Colonoscopy	Revised
07/07/15	CG-SURG-17	Trigger Point Injections	Revised
05/11/15	CG-SURG-44	Coronary Angiography and Cardiac Catheterization in the Outpatient Setting	Revised

The following guideline was adopted through the Medical Operations Committee:

04/11/15	CG-DME-20	Orthopedic Footwear	Adopted

The following Medical Policies and Clinical UM guidelines have been archived on the date listed below:

05/11/15	DRUG.00065	Recombinant Coagulation Factor IX, Fc Fusion Protein (Alprolix™)	Archived
05/11/15	DRUG.00069	Recombinant Antihemophilic Factor, Fc Fusion Protein (Eloctate™)	Archived
05/15/15	RAD.00058	Real-Time Intra-Fraction Target Tracking during Radiation Therapy	Archived
07/07/15	CG-MED-43	Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT)	Archived

Update: Scoliosis and spinal deformity medical necessity reviews

Background: Amerigroup will conduct medical necessity reviews for certain services related to surgical interventions for scoliosis and spine deformity.

What this means to you: Effective January 1, 2016, surgical interventions for scoliosis and spine deformity procedure requests must be reviewed by Amerigroup for prior authorization (PA). Please submit all required clinical information at least three business days before the requested procedure to allow a thorough clinical analysis.

What is the impact of this change?
You may request PA by submitting complete clinical information to Amerigroup by:

- Phone at 1-800-454-3730
- Fax at 1-800-964-3627

Requests submitted with incomplete clinical information may result in denial.

How do I find precertification and code-specific requirements?
Not all precertification requirements are listed here. For code-specific precertification requirements, use the Precertification Lookup tool under the *Quick Tools* menu on our provider website at providers.amerigroup.com.