

# Provider News Bulletin



Amerigroup Washington, Inc.

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

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

December 2016



## Amendment notice

An *Amendment by Notice* was mailed via certified mail to all in-network providers and hospitals between late October and early November 2016. This amendment is a language change to comply with the Office of the Insurance Commissioner (OIC) and Health Care Authority (HCA) requirements. There are no rate changes being made with this amendment. Therefore, attachment A (provider/facility rate sheet) and any other original attachments to your contract are not included within the mailing. Please reach out to your Provider Relations representative with any questions.

## Table of Contents

### Medicaid:

#### Amendment notice

Page 1

#### Interpreter and translation services

Page 2

#### Pregnant women and the influenza (flu) shot

Page 2

#### Tips to spot patient fraud, waste and abuse behaviors

Page 3

#### *Medical Policies and Clinical Utilization Management Guidelines* update

Page 4

#### Appointment availability and after hours access requirements

Page 6

#### Update to the ClaimsCheck® upgrade to ClaimsXten™

Page 7

### Amerivantage:

#### HCPCS codes required for rural health clinic claims

Page 8

### Reimbursement Policies:

#### Corrected Claims

Page 8

## Interpreter and translation services

Amerigroup Washington, Inc. provides interpreter services by phone to members and providers at no cost. Members may call our National Call Center (NCC) at 1-800-600-4441 to access interpreter services during business hours. The member's first point of contact is an interactive voice recognition system that allows them to continue the call in English or Spanish. Members who select Spanish as their preferred language are routed to an NCC associate with a Spanish bilingual skill set. If a Spanish-speaking associate is not available, the member's call is routed to a contracted interpreter to assist.

Amerigroup has contracted interpreters for most spoken languages. Members and providers are connected with interpreters in requested languages through an NCC representative. Interpreter services are also available 24 hours a day, 7 days a week through our 24-hour Nurse HelpLine at 1-866-864-2544. Members with hearing impairments can use 711 for TTY/TDD services.



## Pregnant women and the influenza (flu) shot

The flu is more likely to cause severe illness in pregnant women and those up to two weeks postpartum than in women who are not pregnant.<sup>1</sup> The Centers for Disease Control and Prevention (CDC) states, "the risk of premature labor and delivery increases when pregnant women get the flu, and there is a greater chance of their babies having birth defects."

Additionally, they say only 50 percent of pregnant women in the 2015-2016 flu season obtained a flu shot. In Washington, approximately 89,000 babies were born in the calendar year 2015.<sup>2</sup> Therefore, about 45,000 moms and their babies were left at risk for getting the flu.

All pregnant women enrolled in Amerigroup Washington, Inc. are eligible for flu shots. We encourage you to promote this preventive care measure to your OB patients. For more information on the importance of pregnant and postpartum women obtaining flu vaccines, visit the CDC's website ([www.cdc.gov/flu/protect/vaccine/pregnant.htm](http://www.cdc.gov/flu/protect/vaccine/pregnant.htm)).

1 Centers for Disease Control and Prevention. "Pregnant Women & Influenza (Flu)."

[\[www.cdc.gov/flu/protect/vaccine/pregnant.htm\]](http://www.cdc.gov/flu/protect/vaccine/pregnant.htm).

2 Washington State Department of Health, Center for Health Statistics, 7/2016.


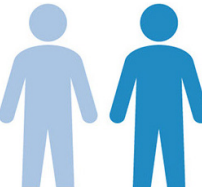


## Tips to spot patient fraud, waste and abuse behaviors

As partners in caring for your patients and our Amerigroup Washington, Inc. members, we share the obligation to employ monitoring of potential fraud, waste and abuse. You may have encountered one of our screening processes in a denied or questioned claim or authorization request.

We also have systems in place to identify potential fraud, waste and abuse by members or people posing as members. Below are two types of fraud you may see that could be signs of member fraud, waste or abuse.



| Fraud type  | Examples  | Red flags   |
|---|---|---|
|  <p><b>Doctor shopping:</b><br/>subscriber goes to many doctors and/or emergency rooms to obtain multiple prescriptions</p>                              | <p>Visiting multiple pharmacies to obtain drug prescriptions</p>              | <ul style="list-style-type: none"> <li>• Patient obtains similar drugs from doctors, emergency rooms</li> <li>• Patient displays excessive or unusual purchase of drugs and durable medical equipment supplies</li> <li>• Patient utilizes numerous pharmacies</li> </ul> |
|  <p><b>Ineligible dependents:</b><br/>including over-age dependents, extended family with same name, ex-spouses and roommates as covered dependents</p> | <p>Listing noncustodial grandchildren or other family members as children</p> | <ul style="list-style-type: none"> <li>• Subscriber and dependent have different addresses or last names</li> <li>• Subscriber refers to covered spouse as an ex</li> <li>• Subscriber mentions recent divorce</li> </ul>   |

### What can providers do if they suspect fraud, waste or abuse?

1. Providers may require patients show their Amerigroup identification card before rendering services.
2. Providers may require adult patients show a government form of photo ID before rendering services.
3. Providers may decline to fill a requested prescription if they suspect patient fraud or abuse.

While we don't want to make the process of obtaining care difficult for members, we also recognize fraud sometimes happens. The health care system depends on all of us to help ensure the right care is delivered to enrolled members. If you have questions about Amerigroup fraud, waste and abuse policies or want to refer a member for questionable behaviors, please call Provider Services at 1-855-270-9583.

## Medical Policies and Clinical Utilization Management Guidelines update

### Medical Policies update

On August 4, 2016, the Amerigroup Washington, Inc. Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies*. 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.**

The Medical Operations Committee also adopted the Interqual Coronary Bypass Procedures Criteria for use in review of the 1-2 vessel coronary artery bypass grafting (CABG) procedures on September 11, 2016.

**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 |
|----------------|-----------------------|---|----------------|
| 10/4/2016      | DME.00039             | Prefabricated Oral Appliances for the Treatment of Obstructive Sleep Apnea          | New            |
| 10/6/2016      | DRUG.00081            | Eteplirsen (Exondys 51™)  | New            |
| 8/18/2016      | DRUG.00087            | Asfotase Alfa (Strensiq™)   | New            |
| 8/1/2016       | DRUG.00088            | Atezolizumab (Tecentriq™)   | New            |
| 8/18/2016      | DRUG.00089            | Daclizumab (Zinbryta™)  | New            |
| 8/18/2016      | DRUG.00091            | Naltrexone Implantable Pellets  | New            |
| 8/18/2016      | DRUG.00092            | Probuphine® (buprenorphine implant)   | New            |
| 8/18/2016      | DRUG.00093            | Sebelipase alfa (KANUMA™)   | New            |
| 10/4/2016      | GENE.00046            | Prothrombin G20210A (Factor II) Mutation Testing                                    | New            |
| 10/4/2016      | GENE.00047            | Methylenetetrahydrofolate Reductase Mutation Testing                                | New            |
| 8/18/2016      | LAB.00032             | Zika Virus Testing  | New            |
| 8/1/2016       | RAD.00066             | Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy          | New            |
| 10/4/2016      | SURG.00144            | Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia | New            |
| 8/18/2016      | BEH.00002             | Transcranial Magnetic Stimulation   | Revised        |
| 10/4/2016      | DRUG.00002            | Tumor Necrosis Factor Antagonists   | Revised        |
| 8/18/2016      | DRUG.00024            | Omalizumab (Xolair®)  | Revised        |
| 8/18/2016      | DRUG.00058            | Pharmacotherapy for Hereditary Angioedema (HAE)                                     | Revised        |
| 8/1/2016       | GENE.00006            | Epidermal Growth Factor Receptor (EGFR) Testing                                     | Revised        |
| 10/4/2016      | GENE.00026            | Cell-Free Fetal DNA-Based Prenatal Testing  | Revised        |
| 10/4/2016      | MED.00051             | Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry                  | Revised        |
| 8/18/2016      | RAD.00042             | SPECT/CT Fusion Imaging   | Revised        |

**Medical Policies and Clinical Utilization Management Guidelines update continued**

| Effective date | Medical Policy number | Medical Policy title   | New or revised |
|----------------|-----------------------|--|----------------|
| 8/18/2016      | SURG.00014            | Cochlear Implants and Auditory Brainstem Implants  | Revised        |
| 8/18/2016      | SURG.00020            | Bone-Anchored and Bone Conduction Hearing Aids   | Revised        |
| 10/1/2016      | SURG.00028            | Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions | Revised        |
| 8/18/2016      | SURG.00055            | Cervical Total Disc Arthroplasty   | Revised        |
| 8/18/2016      | SURG.00103            | Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)                                | Revised        |
| 8/18/2016      | SURG.00121            | Transcatheter Heart Valve Procedures   | Revised        |

**Clinical Utilization Management Guidelines update**

On August 4, 2016, 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 below listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on September 1, 2016.

On August 4, 2016, 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 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 |
|----------------|------------------------------|---|----------------|
| 8/18/2016      | CG-ADMIN-01                  | Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists | New            |
| 10/4/2016      | CG-DRUG-59                   | Testosterone, Injectable  | New            |
| 10/4/2016      | CG-MED-55                    | Level of Care: Advanced Radiologic Imaging  | New            |
| 10/4/2016      | CG-SURG-57                   | Diagnostic Nasal Endoscopy  | New            |
| 10/4/2016      | CG-SURG-58                   | Radioactive Seed Localization of Nonpalpable Breast Lesions   | New            |
| 10/4/2016      | CG-DRUG-21                   | Naltrexone (Vivitrol®) Injections for the Treatment of Alcohol and Opioid Dependence  | Revised        |
| 8/18/2016      | CG-SURG-27                   | Sex Reassignment Surgery  | Revised        |
| 10/4/2016      | CG-SURG-55                   | Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation   | Revised        |

**What if I need assistance?**

Please share this notice with other members of your practice and office staff. 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 at 1-800-454-3730.

## Appointment availability and after-hours access requirements

To ensure members receive care in a timely manner, PCPs, specialty providers and behavioral health providers must maintain the following appointment availability and after hours access standards.

### Appointment availability requirements

| Appointment type   | Appointment standard  |
|--|---|
| Emergency  | Immediately   |
| Urgent care  | Within 48 hours   |
| Nonurgent sick care  | Within 10 calendar days   |
| Routine or preventive care   | Within 30 calendar days   |
| Prenatal care  | Within 14 calendar days (PCPs and OB/GYN providers)   |
| Newborn care   | Within 14 calendar days (PCPs and pediatricians)  |
| Transitional health care follow-up appointment by a PCP...   | ... shall be available for clinical assessment and care planning within seven calendar days of discharge from inpatient or institutional care for physical or behavioral health disorders, or discharge from a substance use disorder treatment program |
| Transitional health care follow-up appointment by a home care nurse or home care registered counselor... | ... shall be available within seven calendar days of discharge from inpatient or institutional care for physical or behavioral health disorders, or discharge from a substance use disorder treatment program   |

### After-hours access requirements

You are required to abide by the following standards to ensure access to care for our members:

- Offer 24-hour-a-day, 7-day-a-week telephone access for members.  
A 24-hour telephone service may be used. The service may be answered by a designee such as:
  - o An on-call physician
  - o A nurse practitioner with physician backup
- If after-hours calls are initially answered with a recorded message before directing to a live party, this message must include instructions for a member to dial 911, go to the emergency room, or stay on the line if there is an emergency situation and a need to speak to someone immediately.
- Be available to provide medically necessary services.  
You or another physician must offer this service.
- Follow the referral precertification guidelines.  
This is a requirement for covering physicians.



Additionally, we encourage you to offer after-hours office care in the evenings and on Saturdays.

## Update to the ClaimsCheck® upgrade to ClaimsXten™



Earlier this year, Amerigroup Washington, Inc. announced plans for an upgrade from ClaimsCheck to McKesson's next generation claim auditing software, ClaimsXten. Due to the complexity of the software conversion, along with the expansion of software functionality that is now available, the target effective date has been moved from November 1, 2016, to April 30, 2017.

With the new software functionality, edits will be applied with greater accuracy. The new software functionality will also allow for greater flexibility with rule development and configuration.

For additional details regarding this software update, please refer to the original communication posted at <https://providers.amerigroup.com/WA> > Provider Resources & Documents > Newsletters > [August 2016 News Bulletin](#).

# Amerivantage

## HCPCS codes required for rural health clinic claims

All claims for Amerigroup Amerivantage (Medicare Advantage) members from rural health clinics with dates of service on or after April 1, 2016, must contain an appropriate HCPCS code for each service line along with a revenue code. This pertains to contracted and noncontracted providers.

These billing instructions apply to all individual and group-sponsored Medicare Advantage plans including dual special needs plans and Medicare-Medicaid plans.



## Reimbursement Policies

### New Policy - Medicaid

#### Corrected Claims

(Policy 16-001, effective 05/15/2017)

Amerigroup Washington, Inc. allows reimbursement for a Corrected Claim when received within 180 days of the timely filing period. Providers resubmitting paper claims for corrections must clearly mark the claim “**Corrected Claim.**” Corrected Claims submitted electronically must have the applicable frequency code. Failure to mark the claim appropriately may result in denial of the claim as a duplicate.



For additional information, refer to the Corrected Claims reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

### New Policy - Amerivantage

#### Corrected Claims

(Policy 16-001, effective 05/15/2017)

Amerigroup allows reimbursement for a Corrected Claim when received within the applicable timely filing requirements of the original claim. The Corrected Claim must be received within the timely filing limit due to the initial claim not being considered a clean claim. Amerigroup follows the standard of:

- Within 12 months during the timely filing period for participating and nonparticipating providers and facilities

Providers resubmitting paper claims for corrections must clearly mark the claim “**Corrected Claim.**” Corrected Claims submitted electronically must have the applicable frequency code. Failure to mark the claim appropriately may result in denial of the claim as a duplicate.

For additional information, refer to the Corrected Claims reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).