

# Provider Update

## January 2016 News Bulletin

### Claims tip of the month

We encourage providers to utilize Amerigroup Washington, Inc. central resources when submitting claims disputes. Why? They are staffed to specifically manage disputes so they should be able to respond more quickly than our local team. Our Provider Services Center is available by phone, and this team is able to adjust claims in our claims payment system whereas our local team is not. Their phone number is 1-800-454-3730. You may also submit payment disputes to our central disputes center by mailing them to the following address:

Payment Dispute Unit  
Amerigroup Washington, Inc.  
P.O. Box 61599  
Virginia Beach, VA 23466-1599

Please note that all payment disputes must be submitted within 90 days of providers receiving explanations of payment.

### New provider orientation – format change

Please note that we have changed the format of our new provider orientations effective January 1, 2016. We are no longer offering our webinar version of orientation, but instead, our Provider Service representatives will be providing these at provider offices at your convenience, within 60 days of providers' contracts and credentialing being completed. If you have not previously attended an orientation or need a refresher, please contact your Provider Services representative. The Health Care Authority requires that all newly contracted providers receive new provider orientation.

### The Healthcare Effectiveness Data and Information Set tips and best practices

We have plenty of tools available to help providers properly chart and bill for HEDIS® services. See our provider website at [providers.amerigroup.com](http://providers.amerigroup.com) under the *Quality Management* tab for printable tools. If you would like in-person training for your practice, send an email with your request to [wa1provrelations@amerigroup.com](mailto:wa1provrelations@amerigroup.com) or contact your local Provider Services representative.

### Amerigroup in the community

On December 3, 2015, Amerigroup was honored to give a grant to Gilda's Club for the second year in a row. The funds will support the Cancer Education for Teens (CET) program. Since 2005, Gilda's Club Seattle has reached more than 41,800 teens in King, Pierce, Snohomish and Thurston high schools with its CET program, which is unique to Washington State.

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# Provider Update

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## **Provider community meetings**

We are coming to you! Amerigroup will be hosting breakfast/lunch meetings in several counties where all contracted providers will be welcomed. Counties where we will host these meetings during the first quarter of 2016 are Benton, King, Pierce, Skagit, Snohomish, Spokane and Yakima. At these meetings, we will be discussing our operational updates, provider services model and value added benefits for members and payment enhancements for providers, among other topics. Look for a faxed invitation and be sure to RSVP.

## **Innovative provider partnerships**

Are you providing services to your patients in a way that improves their compliance or outcomes? Do you have ideas about how Amerigroup could partner with you to positively impact members for whom you provide care? We want to hear from you! Please contact your local Provider Services representative with your ideas.

## **Updated Value Added Benefit – acupuncture**

We recognize that members and providers find value in alternative therapies to traditional western medicine. In recognition of this, effective January 1, 2016, Amerigroup will pay for three visits per calendar year per member for acupuncture. Use the following CPT codes: 97810, 97811, 97813, 97814; no authorization is required. We are not amending provider contracts to include these services, but if you provide acupuncture in your practice, do be sure to notify us so we may credential you. Send your information to [wa1provrelations@amerigroup.com](mailto:wa1provrelations@amerigroup.com).

## **Provider member communication**

We recognize that one of providers' greatest challenges is around member communication. Do members know their benefits? Do members listen and understand what providers are telling them? Are members compliant with the directions providers give them? This year, we will be providing monthly tips for how providers can affect the answers to these questions and how Amerigroup can support providers in these efforts. Look for our articles every month and look forward to the second quarter of 2016, when we roll out provider support of a national member communication program.



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# Provider Update

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## Outpatient therapies authorization requirements change

Good news! Amerigroup reviewed its history of outpatient authorizations for pediatric physical, speech and occupational therapy. We determined that we were denying very few services and thus, are removing prior authorization requirements effective January 15, 2016. Below is a summary of the requirements for physical, speech and occupational therapy.

*Children* (Ages 0 to 20 years): No authorizations are required.

*Adults*: Precertification is not required for evaluations, but initial treatment and subsequent treatments require precertification.

Therapies for rehabilitative care are covered as medically necessary.

Benefit levels for adults:

- 24 15-minute units of physical therapy visits
- 24 15-minute units occupational therapy visits
- Six 60-minute speech therapy visits

We approve up to one evaluation and six occupational/physical/speech therapy visits when authorization is requested without clinical evaluation. With evaluation, an additional six visits may be approved. Up to six visits of speech therapy may be approved with or without evaluation.

## Emergency contraception clarification

We recently recognized providers and members may not have understood the requirements for obtaining over-the-counter emergency contraception medications. Amerigroup requires neither a prescription nor plan authorization for members to receive these medications. We will pay for these medications. If we see an individual member who appears to be utilizing this form of contraception with high frequency, we may reach out to provide them case management assistance but will not make any requirements of them to change their behavior.



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# Provider Update

## Medical Policies Updates

On November 5, 2015, the Amerigroup Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies. These medical 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 [medicalpolicies.amerigroup.com/search](http://medicalpolicies.amerigroup.com/search) to search for specific policies. Existing precertification requirements have not changed.

Medical policy effective date	Medical policy number	Medical policy	Medical policy (new/revised)
November 23, 2015	DRUG.00079	Bendamustine Hydrochloride (TREANDA®)	New
November 9, 2015	DRUG.00080	Mepolizumab (Nucala®)	New
January 5, 2016	THER-RAD.00011	Image-guided Radiation Therapy (IGRT) with External Beam Radiation Therapy (EBRT)	New
November 23, 2015	DRUG.00039	Trastuzumab (Herceptin®)	Revised
November 9, 2015	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	Revised
January 5, 2016	LAB.0031	Advanced Lipoprotein Testing	Revised
January 5, 2016	MED.0103	Automated Evacuation of Meibomian Gland	Revised
January 5, 2016	MED.00113	Therapeutic Apheresis	Revised
January 5, 2016	SURG.00024	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Revised
January 5, 2016	THER-RAD.00008	Neutron Beam Radiotherapy	Revised
January 5, 2016	DME.00035	Electric Tumor Treatment Field (TTF)	Revised
January 5, 2016	MED.00080	Cryopreservation of Oocytes or Ovarian Tissue	Revised

## Category Changes

The following three medical policies have changed category placement. They were not reviewed at the November 5, 2015, MPTAC meeting. The new category is listed below.

Previous category and number	New category and number
RAD.00014	THER-RAD.00001 Brachytherapy for Oncologic Indications
RAD.00016	THER-RAD.00003 Intravascular Brachytherapy (Coronary and Non-Coronary)
RAD.00056	THER-RAD.00009 Intraocular Epiretinal Brachytherapy

# Provider Update

## Clinical Utilization Management Guidelines update

On November 5, 2015, the Amerigroup MPTAC approved the following Clinical Utilization Management (UM) Guidelines. 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 November 18, 2015.

On November 5, 2015, the clinical guidelines were made publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines subsidiary website. Visit [medicalpolicies.amerigroup.com/search](http://medicalpolicies.amerigroup.com/search) to search for specific policies. Existing precertification requirements have not changed.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	Revised or new
January 1, 2016	CG-DME-37	Air Conduction Hearing Aids	New
January 5, 2016	CG-MED-53	Cervical Cancer Screening for Women Under 21 Years of Age	New
January 5, 2016	CG-MED-54	Strapping	New
January 5, 2016	CG-SURG-52	Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures	New
January 5, 2016	CG-THER-RAD-01	Fractionation and Radiation Therapy: Bone Metastases and Whole-Breast Irradiation Following Breast-Conserving Surgery	New
January 5, 2016	CG-THER-RAD-02	Special Radiation Physics Consult and Treatment Procedure	New
January 5, 2016	CG-DRUG-45	Octreotide acetate (Sandostatin®; Sandostatin® LAR Depot)	Revised
January 5, 2016	CG-SURG-43	Knee Arthroscopy	Revised
January 5, 2016	CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion	Revised
January 5, 2016	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Revised

## Affirmative statement about incentives

As a corporation and as individuals involved in utilization management (UM) decisions, we are governed by the following statements:

UM decision-making is based only on appropriateness of care and service and existence of coverage. We do not specifically reward practitioners or other individuals for issuing denial of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.



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## Pharmacy management information

Need up-to-date pharmacy information? Log in to our website at [providers.amerigroup.com/WA](http://providers.amerigroup.com/WA) to access our formulary, prior authorization form, processes and Preferred Drug List. Have questions about the formulary or need a paper copy? Call our Pharmacy department at 1-800-454-3730. Pharmacy technicians are available Monday through Friday from 5 a.m. to 5 p.m. Pacific time and Saturdays from 7 a.m. to 11 a.m. Pacific time.

## Member rights and responsibilities

We want to keep you informed of our members' defined rights and responsibilities. These can be found in your provider manual and on our website at [providers.amerigroup.com/WA](http://providers.amerigroup.com/WA). If you'd like us to mail you a copy, call Provider Services at 1-800-454-3730.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call 1-800-600-4441.



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