

# Provider News Bulletin



Amerigroup Washington, Inc.

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

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

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## Intracardiac electrophysiological studies and catheter ablation to require prior authorization

Effective April 1, 2017, intracardiac electrophysiological studies and catheter ablation will require prior authorization (PA). All requests with dates of service beginning on or after April 1, 2017, must be submitted for PA.

Please refer to the provider self-service tool for detailed authorization requirements. To locate the provider self-service tool:

- Go to <https://providers.amerigroup.com> and select your state
- Under Provider Resources & Documents, select Quick Tools and then select Precertification Lookup Tool.

Noncompliance with new requirements may result in denied claims. PA requirements will be added to the following codes: 93600, 93602, 93609, 93610, 93612, 93615, 93616, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 93650, 93653, 93654, 93656 and 93660.

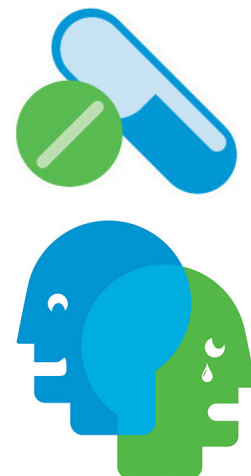
Please use one of the following methods to request PA:

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Web: <https://providers.amerigroup.com>

Federal and state law, state contract language, CMS guidelines and definitions, as well as specific contract provisions and exclusions take precedence over these PA rules and must be considered first when determining coverage.

## Behavioral Health Medication Management program

The Amerigroup Community Care Behavioral Health (BH) Medication Management program addresses the specific needs of NJ FamilyCare members using medications prescribed for their BH. Our goal is to improve the quality of care provided to our members and promote medication adherence. We focus on age appropriate use of medications, thus reducing the use of unnecessary medications.



The outreach and education programs also support providers and members on BH-related HEDIS<sup>®</sup>\* measures that use medication utilization as a quality measurement tool such as:

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

If you have questions, please call Pharmacy Operations at 1-800-719-4871. Note, calls will be answered and/or returned Monday-Friday from 8:30 a.m.-4 p.m. ET.

\* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

## HEDIS

It's HEDIS time again. Through our representatives at Datafied, we will request medical records from your office beginning in January and running through May. So we can maximize the amount of data we are able to report, please respond as quickly as you are able. The statewide performance measure set is reliant upon data collected through the HEDIS medical record process. We thank you for working with us to make this a success.



If you would like to arrange electronic data feeds to reduce or eliminate HEDIS chart requests in the future, please contact our Quality department by email at [healthpromotionteam@amerigroup.com](mailto:healthpromotionteam@amerigroup.com). We have team members ready to work with you to streamline the administrative burden.

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## Amerigroup Washington, Inc. in the community



On Saturday, November 19, 2016, Amerigroup hosted an appreciation event for members up-to-date on their well-child visits and vaccines. The event was part of a back-to-school wellness and immunization contest run in community clinics throughout King, Pierce and Snohomish counties.

Attendees enjoyed a soccer clinic with Seattle Sounders FC coaches and the goalkeeper, Charlie Lyon. Amerigroup volunteers and their families were also present to make sure the event was fun for members.

Below are a few quotes from joyful parents who brought their children to the event:

- "Thank you, Amerigroup, for inviting us to this fun event. It will be a lifetime memory for my daughter."
- "I didn't tell my kids where we were going; I kept it as a secret until last minute. They screamed out so much happiness when we arrived."
- "I told my kids that shot at the doctor was worth it."



## Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5®) updates

In an effort to keep our providers well-informed of changes occurring in the behavioral health community, we wanted to share some updates from the DSM-5.

When transitioning from the DSM-IV-TR to the DSM-5, the provider community moved from use of a multiaxial system to the current use of a nonaxial system upon diagnosis. While the information included in the diagnosis remains much the same, the axes are not included in DSM-5.

Although formatted differently, the same information is found within the DSM-5 diagnostic system. DSM-5 combines DSM-IV-TR axes I-III diagnoses into one list, as shown in Table 1.

**Table 1: DSM-5 diagnosis:**

DSM-IV multiaxial system	DSM-5 nonaxial system
<b>Axis I:</b> clinical disorder (d/o) and other conditions that are focus of treatment	Combined attention to clinical disorders, including personality disorders and intellectual disability, other conditions that are the focus of treatment, and medical conditions.
<b>Axis II:</b> personality d/o and mental retardation	
<b>Axis III:</b> general medical conditions	
<b>Axis IV:</b> psychosocial and environmental stressors	Reason for visit and psychosocial and contextual factors via expanded list of V codes and Z codes.
<b>Axis V:</b> Global Assessment of Functioning (GAF)	Disability included in notation. World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) included as option.

Additional conditions and problems relevant to the presenting symptoms, diagnoses and treatment are also listed as ICD-10-CM Z codes. These can be found in the section of DSM-5 entitled Other Conditions That May Be a Focus of Clinical Attention. In addition, Axis V GAF was removed from DSM-5. Alternatively, WHODAS 2.0 is included in section III of DSM-5.

We understand that our providers depend upon diagnoses for guiding treatment recommendations, identifying prevalence rates for mental health service planning, identifying patient groups for clinical and basic research, and documenting important public health information. As the understanding of mental disorders and their treatments has evolved, medical, scientific and clinical professionals have focused on the characteristics of specific disorders and their implications for treatment and research. Clinical training and experience are needed to use the DSM-5 for determining a diagnosis. The diagnostic criteria identify symptoms, behaviors, cognitive functions, personality traits, physical signs and syndrome combinations; the durations require clinical expertise in order to differentiate psychiatric disorders from normal life variations and transient responses to stress.





## Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5®) updates continued

Revisions to the DSM-5 may continue to take place. In September 2016, updates were made to the codes used for the diagnoses listed in Table 2. Detailed information about these updates may be viewed in an online supplement published by the American Psychiatric Association located at <http://psychiatryonline.org>. Select **View the DSM-5® Update (September 2016)**.

**Table 2:**

Disorder	Codes effective October 1, 2016
Avoidant/Restrictive Food Intake Disorder	F50.89
Binge-Eating Disorder	F50.81
Disruptive Mood Dysregulation Disorder	F34.81
Excoriation (Skin-Picking) Disorder	F42.4
Gender Dysphoria in Adolescents and Adults	F64.0
Hoarding Disorder	F42.3
Obsessive-Compulsive Disorder	F42.2
Other Specified Depressive Disorder	F32.89
Other Specified Feeding or Eating Disorder	F50.89
Other Specified Obsessive-Compulsive and Related Disorder	F42.8
Pica, in adults	F50.89
Premenstrual Dysphoric Disorder	F32.81
Social (Pragmatic) Communication Disorder	F80.82
Unspecified Obsessive-Compulsive and Related Disorder	F42.9

### Some resources that may best help you include:

- American Medical Association, *Professional Edition CPT* (current procedural terminology), 2016.
- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA, American Psychiatric Association, 2013.
- *ICD-10-CM and ICD-10-PCS Coding Handbook*, 2016.

### Claims tip

It's that time of year again; on January 1 of each year, CMS makes updates and changes to all codes.

Be sure to follow the CMS coding guidelines and ensure your codes are on the current coding lists available for download on the CMS website (<https://www.CMS.gov> > Medicare > Coding > ICD-10 > 2017 ICD-10-CM and GEMs).



## A message from the Washington State Health Care Authority:

### Apple Health (Medicaid): Provider Alert

#### Attention Providers:

Effective for claims with dates of service on and after January 1, 2017, the Health Care Authority (the agency) will change the process for managing Apple Health (Medicaid) benefits for clients with other primary health insurance.

#### What is changing?

Beginning January 1, 2017, the agency will enroll some fee-for-service Apple Health clients who have other primary health insurance into an agency-contracted managed care organization (MCO). This change does not affect all fee-for-service Apple Health clients who have other primary health insurance. The agency will continue to cover some clients under the fee-for-service Apple Health program, such as dual-eligible clients whose primary insurance is Medicare.



#### What do you need to know?

- Affected clients will have three identification cards: a Provider One card, a card from their primary insurance company, and a card from their MCO.
- Providers are responsible for verifying the client's eligibility. For information about a client's coverage, including verification of eligibility and MCO-enrollment status, see the ProviderOne Billing and Resource Guide on the agency's Billers and Providers webpage.
- Providers do not have to be part of the client's MCO network to bill for secondary coverage. However, to bill the client's MCO, providers must follow the MCO's billing requirements.
- After billing a client's primary health insurance for a covered service, providers must then bill the MCO or the MCO's pharmacy benefit manager (PBM) to coordinate benefits for copays, deductibles, or other remaining balances. Providers must not bill copays, deductibles, or other remaining balances to the client.
- If a provider bills the client's MCO as a secondary payer, the MCO does not require prior authorization. However, if the client's primary health insurance does not cover the service, the provider must follow the Apple Health MCO's requirements, including prior authorization requirements.

#### For more information:

- See the agency's ProviderOne Billing and Resource Guide and the Provider Billing Resources webpage for future updates to billing guides affected by this change.
- Contact the agency using the secure online form.
- Call the agency's Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022.

## A message from the Washington State Health Care Authority:

### 45 days until CDR launch – Will you be ready and compliant?

The Clinical Data Repository (CDR) will launch on February 1, 2017. You are required to submit if:

- Your organization is part of the provider network for one or more Managed Care Organization (MCO)
- You serve Apple Health Consumers (Medicaid) assigned to managed care
- You have a 2014 certified Electronic Health Record (EHR) system
  - o (if uncertain, please visit the [Certified Health IT Product List](#) to enter your product name and version number)

You may be asking, “What does this do for me?” I invite you to think of one example: Have you or a family member ever experienced a medical/dental/optical urgency while away from home? Most of us have, and know how difficult it is to find a new provider, remember your medication history, allergies, and recent lab values and diagnostic results. The goal of the CDR is to fix this common problem by making a near real-time whole person clinical record available to any authorized provider needing to provide care and care coordination for a patient.

#### What you need to do right now:

Visit the Washington State Health Care Authority’s CDR website hosted by OneHealthPort at <http://www.onehealthport.com/hca-cdr> for information and the first steps you need to follow to prepare to participate in the CDR.

For clarification and questions submit a OneHealthPort HIE Support Request Form. Based on the question indicated on the form (HIE or CDR questions), requests are routed to the appropriate teams for follow-up: <http://www.formstack.com/forms/?1688456-sjNVJY8V7I>

