# June 2016 news bulletin

## Claims tip of the month: Circumcisions

Amerigroup Washington, Inc. pays providers for newborn circumcisions. We pay contracted providers up to $150 for our members. Use CPT code 54150, 54160 or 54161. This is not a covered service through Washington Apple Health. Thus, if a provider bills more than $150 for this service, they must follow the rules specified by Washington Administrative Code (WAC) 182-502-0160, which addresses billing Medicaid patients for services. Note of primary concern is to fully inform the member, before the services are rendered, of the amount of billed charges for which he or she will be responsible. As part of complying with the WAC, providers must complete and have the patients sign the Health Care Authority (HCA) Client Agreement to Pay for Non-Covered Services. A copy of this form is located at https://providers.amerigroup.com/pages/wa.aspx under **Forms**.

## Amerigroup in the community

A community member recently nominated Amerigroup for the International Examiner's 2016 Reader's Choice Awards under the category “Favorite Business Giving to Asia Pacific Islander (API) Causes.” We are honored to be recognized in this way.

If you would like to view this survey or cast your vote for Amerigroup, visit https://www.surveymonkey.com/r/2016RCAs.

## Easy to do business with

Amerigroup recently conducted a survey of our contracted hospitals to obtain feedback on our utilization review services. We were delighted to hear that our counterparts in the hospitals are very pleased with the services they are receiving from the Amerigroup Utilization Management (UM) staff. In fact, 90 percent of responders scored our services at 1 or 2, in a range of 1 to 5, where “1” represented the most favorable score. Anecdotally, we heard comments such as:

- “Out of all of the insurances, your nurse is number 1. I have never had to hold a patient waiting for the nurse to get back to me.”
- “We absolutely love working with our nurse. She is always pleasant, personable and easy to work with. She goes out of her way to ensure patient criteria is met and will ask questions rather than simply denying.”

Thank you for participating in our survey and we’re glad to hear you are so pleased with our UM team.

If you have an idea for how we can be easier to do business with, please let your local Provider Services representative know.

## Zika virus testing update

On April 28, the Food and Drug Administration (FDA) granted an Emergency Use Authorization (EUA) to Focus/Quest Diagnostics for the use of a Zika virus Ribonucleic Acid (RNA) Qualitative Real-Time Reverse Transcription Polymerase Chain Reaction (RT-PCR) Test:
fda.gov/downloads/medicaldevices/safety/emergencysituations/ucm498274.pdf.
This is the first Zika virus test to be offered by a commercial laboratory and it will likely cause some confusion, as providers will now be able to order testing commercially. Below is key information with which providers should be familiar:

- At this point, RT-PCR is the only test that will be offered commercially. Enzyme-linked immunosorbent assay (ELISA) Immunoglobulin M (IgM) testing is still only available at the Centers for Disease Control and Prevention (CDC).
- RT-PCR should only be ordered if a patient is exhibiting clinical signs and symptoms consistent with Zika virus infection AND the specimen was collected within seven days of illness onset
- Positive RT-PCR results are indicative of current infection
- A negative RT-PCR result on a specimen collected > or = four days after illness onset does not rule out infection. A specimen should be obtained and sent to Washington Public Health Laboratories (WA PHL) for ELISA IgM testing at CDC
- RT-PCR testing is NOT indicated for asymptomatic individuals, including asymptomatic pregnant women, and a negative RT-PCR result on an asymptomatic person does not rule out infection
- For patients whose illness onset was >seven days prior to specimen collection, or for asymptomatic pregnant women, specimens should continue to be sent to WA PHL following local health jurisdiction (LHD) approval for ELISA IgM testing at CDC
- Providers should consider ordering testing for dengue and chikungunya if the patient is exhibiting clinical signs and symptoms consistent with Zika or other arboviral infections

## CPT codes associated with Zika-related imaging and lab test procedures

The following CPT codes have been established for the coding and billing of Zika-related procedures:

76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation

76802 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; each additional gestation

76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

76810 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation

76816 Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan, transabdominal approach, per fetus)

59000 Amniocentesis; diagnostic

76946 Ultrasonic guidance for amniocentesis, imaging supervision and interpretation

86790 Antibody, virus, not elsewhere specified

86382 Neutralization test, viral

A92.8 is reported by the Department of Health as the most commonly used ICD-10 code for services related to the Zika virus. Amerigroup allows this ICD-10 with the ultrasound codes 76811, 76815, 76816 and 76817. As a reminder, Amerigroup allows 2 routine ultrasounds per pregnancy without prior authorization (PA). For other medically necessary ultrasounds, authorization is not required when billed with the ICD-10 code reflecting medical necessity. For a list of the approved codes, visit https://providers.amerigroup.com/pages/wa.aspx and select “Prenatal ultrasound reimbursement” under **Maternal Child Program**. All other CPT codes listed above do not require PA.

## Core provider agreement requirement updated effective date

42 C.F.R. 455.410(b) states the following: "*The State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers*."

Any provider who renders a service to a Medicaid client, or orders (including prescribing) or refers a client for a service for which Medicaid is the payer, must be a participating provider with the Medicaid agency (Health Care Authority HCA). There are no exceptions and all providers are subject to this requirement.

Effective October 1, 2016, instead of the previous July 1 effective date, managed care organizations (MCOs) will be financially penalized if the paid claims encounters they submit to the HCA do not reflect National Provider Identifier (NPI) numbers associated with providers holding Washington State Medicaid Core Provider Agreements (CPAs). Thus, we will be diligently comparing our providers' information to the HCA list of contracted providers and contacting any providers who do not hold CPAs. If you do not currently have a CPA, you must apply with HCA online at hca.wa.gov/medicaid/providerenroll/Pages/index.aspx.

Providers are not required to accept Medicaid fee-for-service members but must have an active CPA. This allows the HCA to ensure specific communications reach all Medicaid providers and that all providers specifically adhere to state and federal requirements, which are also part of providers' agreements with managed care plans.

Instructions on how to become a nonbilling provider are given at the link below on the HCA website. As explained on the website, if a provider who already has a CPA submits a nonbilling application, the CPA is replaced by the agreement given in the nonbilling application.

Please visit hca.wa.gov/medicaid/forms/Documents/13_002.pdf. Or, for nonbilling organizations such as clinics or pharmacies, visit hca.wa.gov/medicaid/forms/Pages/index.aspx.

If you have questions, please call Provider Services at 1-800-454-3730.

## New provider orientation

Did you miss out on new provider orientation? If you have not participated in a new provider orientation and would like to schedule an in-person training for your office, please let your local Provider Relations representative know. If you don't know who that is, please call our Provider Services at 1-800-454-3730 so we may connect you.

## Link4Health

No later than February 1, 2017, provider organizations with certified electronic health records (EHRs) that see Washington Apple Health managed care enrollees must begin submitting clinical summaries from the provider's EHR to the Link4Health Clinical Data Repository (CDR) after each visit.

This repository will provide multiple benefits to providers, patients, managed care organizations (MCOs) and Health Care Authority (HCA), such as those identified below:

- Leverages standards (Consolidated Clinical Document Architecture C-CDA) for sharing clinical summaries already incorporated into certified EHRs
- Submitting standardized clinical summary documents to the CDR meets the Meaningful Use Stage 2 requirement for exchanging care summaries with organizations with different EHR systems
- Supports clinical data exchange with organizations that do not share similar platforms
- Supports access to integrated patient record without an EHR through a clinical portal
- Provides more timely, detailed information about clinical care and will include items such as dental, social supports, family history
- Offers a common place to share information for those participating in different arrangements such as Accountable Care Organizations (ACOs) or MCOs
- Provides mainstream reporting and analytics capabilities with custom and pre-configured reports (i.e., HEDIS®*, Physician Quality Reporting System PQRS) for the practitioner and the practice across the MCOs
- Reduces the need for chart reviews associated with quality reporting

OneHealthPort is hosting monthly webcasts to share information about how provider organizations and their Electronic Health Record (EHR) vendors can get started with and prepare for C-CDA data submissions to the CDR. Provider webcasts are held monthly on Tuesday mornings from 9 a.m. - 10 a.m. Pacific time beginning on June 14. Please register for one or more of the webcasts by going to https://onehealthport.formstack.com/forms/cdr_clinical_webcast_registration. A meeting invitation will be sent to you with the webcast information once you register.

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

## Specialists assigned as PCPs

Amerigroup allows specialists to be PCPs for children and adults with special health care needs. We remind these specialists that they are responsible for ensuring that assigned children receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

## Medela breast pump availability

Medela or Ameda electric breast pumps are available to all Amerigroup members after delivery of their newborns. Women, Infants, and Children (WIC) program, Maternity Support Services or providers may submit the request form from one month prior to birth until up to 6 months after birth, as long as the mother and baby are enrolled with Amerigroup. This is limited to one electric pump (code E0603) per mother's lifetime. Manual pumps are available for each pregnancy. Pumps are available through Medline. Use the **Electric Breast Pump Request Form** at https://providers.amerigroup.com/pages/wa.aspx under **Maternal Child Program**.

## Pharmacy management information

Need up-to-date pharmacy information? Log in to our website, https://providers.amerigroup.com/WA, to access our Medicaid and Medicare formularies, prior authorization (PA) form, procedures for generic substitution and step therapy. Changes to the formularies may be made monthly and posted on the website on or before the effective date of the change. Have questions about the formulary? Call our Pharmacy department. 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.

- Medicaid: 1-800-454-3730
- Amerivantage Part B: 1-866-797-9884, option 5

- Amerivantage Part D: Express Scripts Provider Services, 1-800-338-6180, available 24 hours a day, 7 days a week

To request an exception to Amerigroup formulary, providers must submit a PA request online or use the PA form. Providers must document why other medications are not acceptable by listing other medications tried by the member, adverse effects, inadequate responses or other explanations and medical necessity for nonpreferred medication(s) or for prescribing outside of Food and Drug Administration (FDA) labeling. Upon review by Amerigroup, the provider may also need to provide one or more of the following items as substantiation: copies of medical records and office notes.

Providers can send a request for a prescription coverage determination or an appeal for a Medicare plan via email rather than fax or phone by sending the request to the following address: medicarepartdparequests@express-scripts.com.

## Dual Eligible Special Needs Plans (D-SNPs) training required

In 2016, Amerigroup is offering D-SNPs to people who are eligible for both Medicare and Medicaid benefits or who are qualified Medicare beneficiaries (QMBs). D-SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These plans are $0 premium plans. Some include a combination of supplemental benefits such as hearing, dental, vision as well as transportation to doctors' appointments. Some D-SNP plans also may include a card or catalog for purchasing over-the-counter items.

D-SNPs are a kind of Medicare Advantage plan that are approved by Medicare and also contract with the state Medicaid agency. Providers who see Amerigroup Amerivantage (Medicare Advantage) enrollees in California are "in network" and available to see Amerigroup D-SNP members effective January 1, 2016, unless they have opted out of participating with the D-SNP plan.

**Providers should understand that D-SNP members are protected from all balance billing.** Amerigroup D-SNPs are "zero cost share" plans, meaning we only enroll dual-eligible beneficiaries (people eligible for both Medicare and Medicaid) who have Medicare cost sharing protection under their Medicaid benefits. The provider may not seek payments for cost sharing from dual eligible members for health care services. Providers cannot bill D-SNP members for services not reimbursed by Medicaid or the Amerigroup D-SNP plan, nor can providers balance bill for the difference between what has been paid and the billed charges.

Providers who are contracted for D-SNP plans are required to take annual training to keep up-to-date on plan benefits and requirements, including coordination of care and model of care elements. Providers contracted for our D-SNP plans received notices in January that contained information for online training, either through scheduled WebEx sessions or through self-paced training on https://providers.amerigroup.com/WA. Every provider contracted for our D-SNP plans is required to complete an attestation stating that they have completed the annual training. These attestations are located at the end of the self-paced training document and can be completed by individual providers or at the group level with one signature along with a roster of providers that participate within the group.

To take the self-paced training, please go to the Training Programs link at https://providers.amerigroup.com/pages/home.aspx under your state.

## New preferred diabetic testing supplies

Effective June 1, 2016, the Amerigroup preferred diabetic testing supplies are changing. Trividia Health, the manufacturer of our current preferred diabetic test strips, has discontinued the TRUEresult blood glucose meter system and TRUEtest blood glucose test strips. Our new preferred diabetic test supplies are the TRUE METRIX blood glucose test strips and the TRUE METRIX blood glucose meter system.

Patients will need to be transitioned to the new TRUE METRIX diabetic testing system. Your patients will need a TRUE METRIX glucometer to use along with the TRUE METRIX test strips. A new glucometer will be provided to your patient at no charge. Your patients will need a new prescription for the TRUE METRIX meter and test strips. You may phone or fax a new prescription to the patient's pharmacy, or you may call Trividia Health at 1 866-788-9618 to have the meter delivered to their home at no cost.

For clinical information, product support or downloadable patient education materials, please visit trividiahealth.com. To order professional samples of Trividia Health TRUE METRIX products, please call the TRUE METRIX fulfillment center at 1-866-788-9618.

## Updated clinical practice guidelines now available online

Updated clinical practice guidelines (CPGs) are now available on the Amerigroup self-service website, https://providers.amerigroup.com/WA. These evidence-based guidelines were reviewed and approved by our Enterprise Clinical Quality Committee and Preventive Health Guidelines Work Group, a group of specialists and external practitioners. The guidelines include direct links to the source documents for reference.

| Clinical practice guidelines | | |
|---|---|---|
| **Asthma**<br>**Autism**<br>**Behavioral health**<br>• Attention deficit hyperactivity disorder<br>• Behavioral health screening, assessment and treatment<br>• Bipolar disorder in children and adolescents<br>• Bipolar disorder in adults<br>• Major depression<br>• Management of substance use disorders in adults<br>• Schizophrenia | **Coronary artery disease**<br>**Coronary artery disease for women**<br>**Chronic obstructive pulmonary disease**<br>**Diabetes**<br>• Diabetes mellitus<br><br>**HPV**<br>**Hyperlipidemia**<br>**Hypertension**<br>• Hypertension in adults<br>• Hypertension in children and adolescents<br><br>**Kidney**<br>• Chronic kidney disease | **Maternal health**<br>• Family planning<br>• High-risk obstetrical<br>• Routine antepartum care<br>• Smoking cessation during pregnancy<br>• Postpartum depression (PPD) and postpartum psychosis (PPP)<br><br>**Obesity**<br>• Obesity in adults<br>• Obesity in children and adolescents<br><br>**Sickle Cell Anemia**<br>**Preventive health**<br>• Adult preventive health<br>• Child preventive health<br>• Immunizations for adolescents, adults and children |

**Medicaid reimbursement policy notifications:**

## New policy: medical recalls

(Policy 06-111, effective October 1, 2016)

Amerigroup does not allow reimbursement for repair or replacement of items due to a medical recall. The following are applicable items:

- Durable medical equipment
- Supplies
- Prosthetics
- Orthotics
- Drugs/vaccines

Amerigroup will allow reimbursement of medically necessary procedures to remove and replace recalled or replaced devices. Amerigroup will not be responsible for the full cost of a replaced device if an inpatient or outpatient facility is receiving a partial or full credit for a device due to recall. Payment will be reduced by the amount of the device credit.

For additional information, refer to the Medical Recalls reimbursement policy found at https://providers.amerigroup.com/QuickTools/Pages/ReimbursementPolicies.aspx.

## New policy: Multiple Procedure Payment Reduction (MPPR)

(Policy 15-002, effective October 1, 2016)

When services are performed on the same date, during the same patient encounter and by the same physician or health care professional with the same NPI (or multiple providers in the same group practice with the same group NPI), the following will be subject to MPPR:

- "Always therapy" services
- Cardiovascular procedures
- Ophthalmology procedures

For specific information regarding reimbursement for these services and procedures, refer to the MPPR policy at https://providers.amerigroup.com.

## Policy update: assistant at surgery (Modifiers 80/81/82/AS)

(Policy 06-005, effective July 1, 2013)

Amerigroup allows reimbursement for one assistant surgeon when eligible procedures are billed with Modifiers 80, 81, 82 or AS. Reimbursement is 20 percent of the allowable fee for the primary surgeon. If an applicable modifier is not billed appropriately, the procedure may be denied.

Refer to the Assistant at Surgery (Modifiers 80/81/82/AS) reimbursement policy for more information at https://providers.amerigroup.com.

## Policy reminder: facility take home DME and medical supplies

(Policy 06-081, effective December 10, 2015)

Amerigroup does not allow reimbursement of Durable Medical Equipment (DME) and medical supplies dispensed by a facility for take-home use under the inpatient or outpatient hospital benefit. Facility claims submitted for DME and medical supplies billed with revenue codes denoting take-home use will be denied.

To be considered for reimbursement, claims for take-home DME and medical supplies should be submitted by a DME/supply vendor. Reimbursement is based on the:

- Contract or negotiated rate for participating vendors
- Out-of-network fee schedule or negotiated rate for nonparticipating vendors

Amerigroup allows reimbursement of facility claims for medical supplies dispensed to the member at discharge and billed with revenue codes other than take-home for the following items:

- Crutches
- Medical supplies for no more than 72 hours if the provider was not able to obtain supplies from a vendor by discharge

Refer to the facility take home DME and medical supplies reimbursement policy at https://providers.amerigroup.com.

**Medicare reimbursement policy notifications:**

## New policy: Multiple Procedure Payment Reduction (MPPR)

(Policy 15-002, effective October 1, 2016)

Amerigroup allows reimbursement for multiple procedures unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

When services are performed on the same date of service during the same patient encounter, and are performed by the same physician or health care professional with the same National Provider Identifier (NPI) or multiple providers in the same group practice with the same group NPI, the following will be subject to MPPR:

- "Always therapy" services
- Cardiovascular procedures
- Ophthalmology procedures

For market-specific information regarding reimbursement for these services and procedures, refer to the MPPR policy at https://providers.amerigroup.com.

## Policy reminder: facility take home DME and medical supplies

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Amerigroup does not allow reimbursement of Durable Medical Equipment (DME) and medical supplies dispensed by a facility for take-home use under the inpatient or outpatient hospital benefit. Facility claims submitted for DME and medical supplies billed with revenue codes denoting take-home use will be denied.

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