

Provider News Bulletin



Amerigroup Washington, Inc.

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

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

June 2017



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New Apple Health requirement: lead screening for children

New to 2017, Apple Health is now reviewing the lead screening rates for Medicaid members. Lead Screening in Children (LSC) is a HEDIS® measure that looks at the percentage of children 2 years of age who have had one or more capillary or venous lead blood tests for lead poisoning by their second birthday. This may be completed during the child's well-visit (EPSDT).



As a reminder, EPSDT visits provide complete health and developmental histories that assess for physical and mental health; developmental and substance use disorder conditions; a comprehensive, unclothed physical exam; immunizations according to age and health history; laboratory tests, including appropriate blood lead screening; health education and anticipatory guidance for both the child and caregiver; and screenings for vision, dental, substance use conditions, mental health and hearing.

For EPSDT billing guidelines, please visit <https://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides>.

WA-NL-0082-17

Utilization Management affirmative statement

Amerigroup Washington, Inc., as a corporation and as individuals involved in Utilization Management (UM) decisions, is governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Amerigroup does not specifically reward practitioners or other individuals for issuing denials 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.



WA-NL-0079-17

Washington Apple Health managed care contract

On April 17, 2017, the Health Care Authority (HCA) released the Washington Apple Health managed care contract amendment (number nine) for review by contracted plans. Amerigroup Washington, Inc. internal business owners are assessing the changes now, and Regulatory is well ahead of the curve. We are starting to see the inclusion of requirements specified as part of the federal Medicaid "mega rule" which will come into effect over the next year.

Amerigroup will be part of a feedback review to HCA, consolidated through our membership in the Association of Washington Health Plans. After review of MCO input, HCA will determine revisions and issue the final draft to plans on June 14, 2017, for signature. The amendment will be effective July 1, 2017.

WA-NL-0083-17

HEDIS coding training

Amerigroup Washington, Inc. continues to deliver on our commitment to partnership with the launch of the 2017 WA HEDIS Session Two. This series of interactive training sessions is designed to help providers, office managers, coders and staff truly master accurate HEDIS® documentation for maximum quality ratings and associated performance guarantees.

In Session Two, Amerigroup will provide a focus on perinatal, infant and pharmacy management of chronic obstructive pulmonary disease (COPD) to satisfy state and National Committee for Quality Assurance (NCQA) requirements. The information offered in these trainings will help providers gain state and NCQA compliance with just their claims, therefore, minimizing or eliminating the need for chart reviews.

As with Session One, these seminars are conveniently timed for office lunch hour closures. All are welcome as the information offered may be helpful to office staff and providers. Each of the trainings in this series awards a 1.0 continuing education unit. Additionally, reference desktop materials will be shared at the end of each session for all who attend.

Session Two is scheduled for Wednesday, June 21, 2017, from noon 1 p.m. Pacific time. The measures discussed during this session will include the following:

- Timeliness of prenatal care
- Postpartum care
- Frequency of prenatal care
- Medical management of COPD
- Well-child visits for ages [0-15 months]

Visit [WA HEDIS Session Two](#) to register.

If you have any additional questions, please feel free to contact Brigita Fody Landstrom at 206-674-4481.

WA-NL-0081-17

Wheelchair component or accessory, not otherwise specified to require prior authorization

Effective October 1, 2017, Amerigroup Washington, Inc. requires prior authorization (PA) for wheelchair components or accessories, not otherwise specified (NOS). Federal and state law as well as state contract language including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage.



Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following code:

- K0108 — wheelchair component or accessory, NOS

To request PA, you may use one of the following methods:

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Web: Interactive Care Reviewer tool via <https://www.availity.com>

For detailed PA requirements, please refer to the provider website (<https://providers.amerigroup.com/WA> > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730.

WA-NL-0084-17

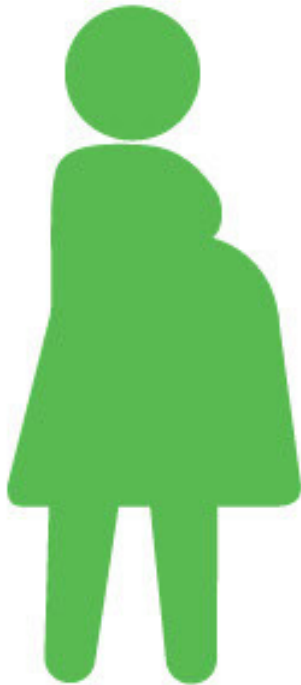
Ending Homelessness Conference

On May 10, 2017, Amerigroup Washington, Inc. sponsored and participated in the Ending Homelessness Conference organized by the Washington Low Income Housing Alliance. The Housing Alliance's annual conference on ending homelessness is the largest statewide gathering of advocates, social service providers and government officials working towards solutions to end homelessness. Over 800 participants attended the conference.

WAPEC-1138-17



New pregnancy notification process using the Availity Web Portal Benefit Look-Up Tool



As you know, Amerigroup Washington, Inc. offers pregnant women several services and benefits through the Taking Care of Baby and Me® program. It is our goal to ensure all pregnant members are identified early in their pregnancy, so they can take full advantage of the education, support, resources and incentives Amerigroup provides throughout the prenatal and postpartum period.

We've partnered with Availity, the vendor supporting the Benefit Look-Up Tool you may currently use in your OB office, to send us information about newly identified pregnant women. This new process, including the *HEDIS® Maternity Attestation* form, will help providers connect patients with additional benefits as soon as possible. The reporting process includes a few simple steps.

How it works

When a member of childbearing age visits the OB office, the office associate will be prompted to answer the question "Is the member pregnant?" during the eligibility and benefits inquiry process. If the response is "yes," Amerigroup will inquire about the due date and a *HEDIS Maternity Attestation* form will be generated for the OB office to complete. On this electronic form, the provider will enter other important information including the date of the first prenatal care visit, delivery date and postpartum visit date.

This new, user-friendly workflow will generate timely information that will help members, providers and Amerigroup improve birth outcomes with early intervention and ensure compliance with HEDIS benchmarks.

We will be working hard to ensure providers throughout Washington receive necessary training for this new workflow and that all questions are answered. If you have any specific questions regarding the new Availity maternity attestation, please feel free to reach out to Provider Services at 1-800-454-3730.

WA-NL-0090-17

Provider FAQ — Availity Web Portal Pregnancy Notification and HEDIS Attestation

1. What is the purpose of this new process?

As you know, Amerigroup Washington, Inc. offers pregnant women several services and benefits through the Taking Care of Baby and Me® program. It is our goal to ensure all pregnant women are identified early in their pregnancy so they can take full advantage of the education, support, resources and incentives Amerigroup provides throughout the prenatal and postpartum period.

This new, user-friendly workflow will generate timely information that will help you, your patients and Amerigroup improve birth outcomes with early intervention and will ensure compliance with HEDIS® benchmarks.

2. When will the new pregnancy-related questions display?

When an OB/GYN office conducts an eligibility and benefits inquiry for an Amerigroup member 15-44 years of age in the Availity Web Portal, the system will display pregnancy-related questions. If the office confirms the patient is pregnant, a *HEDIS Maternity Attestation* form will be generated. If the patient is not pregnant, the desired eligibility and benefits information will display, and no further action is required.

3. Does the new *HEDIS Maternity Attestation* form replace the need for an OB global authorization?

Responses provided in the Availity pregnancy notification system do not replace the need to submit a request for OB global authorization. A request for OB global authorization can be submitted by phone or fax as well as online through the secure provider self-service website that can be accessed through the Availity Web Portal.

4. How should the office reply when a patient presents as a transfer from another OB provider?

You should answer the pertinent pregnancy questions and complete the *HEDIS Maternity Attestation* form as usual. Even though the first prenatal visit question typically relates to prenatal care in the first trimester or within 42 days of plan enrollment, you can simply enter the date you first provided prenatal care for the patient.

5. If a patient transfers out of our practice during her prenatal course, how should the office complete the *HEDIS Maternity Attestation* form?

It is OK to leave the HEDIS attestation in a pending status as it provides Amerigroup with pertinent prenatal care information up to the point that the patient transfers out of the practice. The form will remain in place until it is automatically retired 19 months later.

6. If we have confirmed the patient is pregnant but suffers an early miscarriage or chooses to end the pregnancy, how will the office communicate this important information?

In this situation, you should select the option on the *HEDIS Maternity Attestation* form that states “this pregnancy ended or the baby delivered prior to 20 weeks.” This action will allow the office to close out and submit the *Maternity HEDIS Attestation* form for this pregnancy.

7. Do I have to answer all the questions on the *HEDIS Maternity Attestation* form all at once?

No, the workflow is designed so you may enter and save information as it becomes available during the pregnancy. After the delivery and postpartum visit dates are entered, you will be given the option to complete and submit the attestation. Until then, you may save the information you enter and continue on with other tasks.

8. Is there an easy way for me to obtain a list of all patients for whom I need to enter prenatal or postpartum visit dates?

Your organization will receive two notifications to complete the *HEDIS Maternity Attestation* form.

- In order to prompt you to complete the form and enter the first prenatal visit date, the first notification is posted at the time the form is created.
- In order to alert you to schedule the postpartum visit (if not already done) and to enter the postpartum visit date, the second notification is posted 14 days prior to the estimated due date.
- You may access the work queue at any time by going to **Payer Spaces**. Next, select the payer title from the list. Then, select **Amerigroup HEDIS Attestation for Maternity**.

9. How can I get additional help, support or training?

- Availity offers integrated help and on-demand training demonstrations (select **Help | Find Help** and search using the keyword **maternity**).
- You can launch a training demo from associated help topics as well as the HEDIS attestation for maternity work queue.
- If you have technical difficulties related to the HEDIS attestation for maternity workflow, contact Availity at 1-800-282-4548.
- If you have specific member concerns, please contact Provider Services at 1-800-454-3730.

WA-NL-0089-17

Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On February 2, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup Washington, Inc. 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. Please share this notice with other members of your practice and office staff.

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 |
|----------------|-----------------------|---|----------------|
| 3/29/2017 | LAB.00034 | Serological Antibody Testing For Helicobacter Pylori | New |
| 3/29/2017 | SURG.00146 | Extracorporeal Carbon Dioxide Removal | New |
| 3/29/2017 | SURG.00147 | Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders | New |
| 2/16/2017 | DRUG.00068 | Vedolizumab (Entyvio®) | Revised |
| 2/16/2017 | SURG.00103 | Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir) | Revised |

Medical Policies and Clinical Utilization Management Guidelines update (cont.)

Clinical Utilization Management Guidelines update

On February 2, 2017, 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 following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on March 21, 2017.



On February 2, 2017, 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 share this notice with other members of your practice and office staff.

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 |
|----------------|------------------------------|--|----------------|
| 3/29/2017 | CG-MED-56 | Non-Obstetrical Transvaginal Ultrasonography | New |
| 2/16/2017 | CG-DME-38 | Continuous Interstitial Glucose Monitoring | Revised |
| 2/16/2017 | CG-DRUG-28 | Alglucosidase alfa (Lumizyme®) | Revised |
| 2/16/2017 | CG-MED-42 | Maternity Ultrasound in the Outpatient Setting | Revised |
| 2/16/2017 | CG-SURG-27 | Sex Reassignment Surgery | Revised |
| 2/16/2017 | CG-SURG-43 | Knee Arthroscopy | Revised |

WAPEC-1133-17

Amerivantage

Utilization Management affirmative statement

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- UM decision-making is based only on appropriateness of care and service and existence of coverage.
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- 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.

SSO-PEC-0880-17

Reimbursement Policies

Policy Update

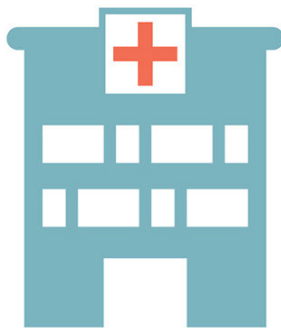
Inpatient Readmissions Update

(Policy 13-001)

Amerigroup Community Care previously announced plans to upgrade from ClaimCheck® to the ClaimsXten auditing system in the second quarter of 2017.

In an effort to identify clinically related readmissions to the same facility, licensed clinical staff will review at the time of an inpatient authorization the clinical information submitted regarding the medical treatment and management of an admission that occurred within 2 30 days from a previous admission to the same facility. If an admission is believed to be related, a medical director will contact the admitting physician to confirm that the clinical information is accurate. If the second admission is determined to be clinically related, we will not reimburse for an additional admission as this is considered a continuation of the episode of care. This process will be implemented June 2017.

Based on the information above, the Inpatient Readmissions Reimbursement Policy has been updated. Amerigroup Washington, Inc. will utilize information indicating clinically related readmissions, clinical criteria and/or licensed clinical medical review for readmissions from day 2-day 30 for the second admission determination. For additional information, please refer to the Inpatient Readmissions Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).



SSO-NL-0016-17

Policy Update

Multiple Radiology Payment Reduction

(Policy 12-002, effective 09/15/2015)



Amerigroup Washington, Inc. allows reimbursement for multiple diagnostic imaging procedures. Multiple diagnostic imaging procedures with the exception of CT scan services will be subject to a Multiple Procedure

Payment Reduction when services are performed by the same physician or health care professional with the same NPI on the same date of service during the same patient encounter.

The global and technical component (TC) of certain diagnostic imaging procedures will reimburse at 100 percent of the physician fee schedule or negotiated amount for the service with the highest TC payment. Payment is made at 50 percent for the TC of subsequent services furnished by the same physician to the same patient in the same session on the same day.

A reduced allowance for the second and subsequent procedures will not apply when multiple imaging procedures are billed appended with Modifier 59.

For additional information, please refer to the Multiple Radiology Payment Reduction Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

SSO-PEC-0873-17

Policy Update

Maternity Services

(Policy 14-001, effective 11/01/17)

Amerigroup Washington, Inc. allows reimbursement for global obstetrical codes once per period of a pregnancy (defined as 279 days) when appropriately billed by a single provider or provider group reporting under the same federal Tax Identification Number (TIN). If a provider or provider group reporting under the same TIN does not provide all antepartum, delivery and postpartum services, global obstetrical codes may not be used and providers are to submit for reimbursement only the elements of the obstetric package that were actually provided. Amerigroup will not reimburse for duplicate or otherwise overlapping services during the course of the pregnancy.



What's New?

We have updated the Maternity Services Reimbursement Policy to include outcome of delivery/ weeks of gestation information. You are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims.

Failure to report the appropriate diagnosis code will result in denial of the claim.

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

WA-NL-0046-17

Policy Update

Modifier FX and Reimbursement Policy Update

CMS has added a new Modifier FX, used to indicate X-rays that are taken using film. Reimbursement will be subject to a 20 percent reduction of the applicable fee schedule and/or contracted/negotiate rate. Amerigroup Washington, Inc. will begin following CMS Modifier FX reimbursement guidelines effective September 15, 2017.



Modifier FX (X-ray taken using film) has been added to our reimbursement modifiers list. This modifier is applicable to Medicare Advantage Plans only. For additional information, refer to Modifier Usage Reimbursement Policy (Exhibit A) at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

SSO-NL-0017-17

Policy Update — Medicaid

Modifier 22: Increased Procedural Service (Policy 07-020, effective 11/01/17)

Amerigroup Washington, Inc. allows reimbursement for procedure codes appended with Modifier 22. Beginning November 1, 2017, reimbursement will be based on 100 percent of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure.

Refer to Modifier 22:
Increased Procedural Service
Reimbursement Policy for more
information at <https://providers.amerigroup.com> > Quick Tools
> Reimbursement Policies >
[Medicaid/Medicare](#).

WA-NL-0043-17



Policy Update — Amerivantage

Modifier 22: Increased Procedural Service (Policy 07-020, effective 11/01/17)

Amerigroup Washington, Inc. allows reimbursement for procedure codes appended with Modifier 22. Reimbursement is based on 120% of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure.

Refer to Modifier 22:
Increased Procedural Service
Reimbursement Policy for more
information at <https://providers.amerigroup.com> > Quick Tools
> Reimbursement Policies >
[Medicaid/Medicare](#).

SSO-NL-0010-17