

Provider News Bulletin



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Amerigroup Washington, Inc.

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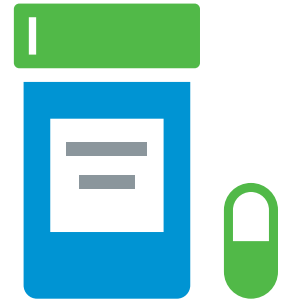
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New review process for not otherwise classified drug codes

Effective February 1, 2018, Amerigroup Washington, Inc. is implementing a new review process for not otherwise classified (NOC) drug codes. Our Reimbursement Policy for “Unlisted or Miscellaneous Codes” requires NOC drug codes be submitted with the correct national drug code (NDC). As a large number of NOC drug claims do not contain the NDC, we will review claims to ensure the presence of a NDC, and claims without an NDC will be denied.

The scope of review will include both professional and facility claims for Medicaid members. The NOC drug codes listed below will suspend and be routed for review. Note, to ensure billed drugs are a benefit and covered per our medical policies or state policies, Amerigroup may request that you submit medical records.



NOC drug codes and descriptions as of May 4, 2017:	
A9150	Nonprescription drug
A9152	Single vitamin/mineral/trace element — oral, per dose, not otherwise specified (NOS)
A9153	Multiple vitamins (with or without minerals and trace elements) — oral, per dose, NOS
C9399	Unclassified drug or biological
J1566	Immune globulin injection — intravenous, lyophilized, NOS (500 mg)
J1599	Immune globulin injection — intravenous, nonlyophilized, NOS (500 mg)
J3490	Unclassified drug
J3590	Unclassified biological
J7199	Hemophilia clotting factor — NOC
J7599	Immunosuppressive drug — NOC
J7699	NOC drugs — inhalation solution administered through durable medical equipment (DME)
J7799	NOC drugs — drugs (other than inhalation drugs) administered through DME
J7999	Compounded drug — NOC
J8498	Antiemetic drug — rectal/suppository, NOC
J8499	Prescription drug — oral, nonchemotherapeutic, NOS
J8597	Antiemetic drug — oral, NOS
J8999	Prescription drug — oral, chemotherapeutic, NOS
J9999	Antineoplastic drugs — NOC
S5000	Prescription drug — generic
S5001	Prescription drug — brand name
90749	Unlisted vaccine/toxoid

WA-NL-0131-17

Increase your quality scores while our members earn rewards

Did you know our members can earn rewards for getting certain health services? And, at the same time, you increase your practice's quality scores by providing members with vaccinations, screenings, visits and medications they need.

To help your practice, all incentives are tied to HEDIS® scores and health initiatives. They include:

Visit:	Ages:	Member incentive:	How do members get it?
Adolescent Well Visit (EPSDT Visit)	12-20 years	\$25 gift card to iTunes	Members need to complete an annual wellness visit.
Adult Annual Wellness Visit	20+ years	\$15 gift card to Subway or WinCo	Members need to complete an annual wellness visit.
Anti-Depressant Medication Management	18+ years	\$15 gift card to Subway or WinCo	Members need to enroll in home delivery for anti-depressant medication.
Breast Cancer Screening	50-74 years	\$20 gift card to Subway or WinCo	Members need to complete an approved mammogram.
Cervical Cancer Screening	21-64 years	\$20 gift card to Subway or WinCo	Members need to complete a cervical cancer screening.
Diabetic Retinal Eye Exam	18-75 years	\$25 gift card to Subway or WinCo	Members need to complete a diabetic retinal eye exam.
Comprehensive Diabetes Care	18-75 years	\$25 gift card to Subway or WinCo	Members need to complete a comprehensive diabetes care screening (eye exam, blood pressure, HbA1c test and nephropathy screen).
Controlling High Blood Pressure (less than 140/90 mm hg)	18-85 years	\$25 gift card to Subway or WinCo	Members need to enroll in home delivery for blood pressure control medication.
Medication Management for Asthma	18-65 years	\$15 gift card to Subway or WinCo	Members need to enroll in home delivery for asthma medication.
Timeliness of Prenatal Care	All	\$10 Healthy Rewards	Members need to complete a prenatal visit in their first trimester or within 42 days of enrollment.
Timeliness of Postpartum Care	All	\$25 Healthy Rewards	Members need to complete a postpartum visit between 21-56 days after delivery.
Well-Child Visit (EPSDT Visits)	0-15 months	\$25 gift card Toys“R”Us	Members need to complete six visits with their PCP before 15 months of age.
	0-24 months	\$25 gift card Toys“R”Us	Members need to complete an annual wellness visit.
	3-6 years	\$25 gift card Toys“R”Us	Members need to complete an annual wellness visit.
	7-11 years	\$25 gift card Toys“R”Us	Members need to complete an annual wellness visit.

To discuss available incentives, reach out to Health Promotions at healthpromotions@amerigroup.com.

WA-NL-0139-17

Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On August 3, 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. RAD.00035 will be archived effective September 15, 2017. CG-MED-58 will be effective September 15, 2017.

Effective date	Medical Policy number	Medical Policy title	New or revised
8/17/2017	DRUG.00111	Guselkumab (Tremfya™)	New
9/27/2017	LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	New
8/17/2017	DRUG.00040	Abatacept (Orencia®)	Revised
8/17/2017	DRUG.00058	Pharmacotherapy for Hereditary Angioedema	Revised
8/17/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
8/17/2017	DRUG.00082	Daratumumab (DARZALEX™)	Revised
8/17/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	Revised
8/17/2017	DRUG.00107	Avelumab (Bavencio®)	Revised
8/17/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
8/17/2017	MED.00051	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Revised
8/17/2017	MED.00081	Cognitive Rehabilitation	Revised
8/17/2017	RAD.00035	Coronary Artery Imaging: Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA), Fractional Flow Reserve derived from Computed Tomography (FFRCT), Coronary Magnetic Resonance Angiography (MRA), and Cardiac Magnetic Resonance Imaging (MRI)	Revised
8/17/2017	RAD.00066	Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy	Revised
8/17/2017	SURG.00055	Cervical Total Disc Arthroplasty	Revised
8/17/2017	SURG.00121	Transcatheter Heart Valve Procedures	Revised



Clinical Utilization Management Guidelines update

On August 3, 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 August 24, 2017.

On August 3, 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
9/27/2017	CG-ADMIN-02	Clinically Equivalent Cost Effective Services — Targeted Immune Modulators	New
9/27/2017	CG-MED-57	Cardiac Stress Testing with Electrocardiogram (ECG)	New
8/17/2017	CG-ANC-06	Ambulance Services: Ground; Non Emergent	Revised
8/17/2017	CG-SURG-27	Sex Reassignment Surgery	Revised

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