

Provider News Bulletin



An Anthem Company

Amerigroup Washington, Inc.

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

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

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Amerigroup Washington, Inc. in the community

On Thursday, August 24, 2017, Neighborhood House and Amerigroup unveiled a new 200-square-foot Sprinter health van that will bring onsite health education and screenings at no cost to King County residents who face barriers in accessing health services.



Amerigroup provided the co-branded Sprinter van, and multilingual community health workers from Neighborhood House are staffing the van as it travels around King County. Information on preventing substance abuse and other chronic diseases, referrals to health services, rapid testing for HIV and hepatitis C, and linkage to substance abuse and mental health treatment services is offered by the community health workers.

“Amerigroup has long been one of our partners, so when they heard that we needed a mobile health van, they came through with a vehicle for our needs,” says Neighborhood House Director of Community Health Programs Warya Pothan. “This mobile health van allows for our community health workers — who are culturally and language competent — to connect with diverse community members that have unique needs and often shy away from clinics or health services.”

“Amerigroup remains committed to ensuring members of the community have greater access to in-language health education and services across King County,” said Amerigroup Washington, Inc. President Craig Smith. “We are thrilled to work with Neighborhood House given their community health workers’ long-lasting presence in King County and their mission to offer health care solutions across all communities that most need the care.”



This opportunity is possible thanks to Amerigroup Fleet Services, which provided the Sprinter van and drove it across country to get it here. We are now working to identify other nonprofits around the state, including rural areas, to see if this type of opportunity can be expanded.

WA-NL-0128-17

Timely childhood and adolescent immunizations

It's not just back to school time; it is back to the doctor time as well. Child immunizations are required, and children are not able to start school until they are completed. Incomplete immunizations may cause a child to miss a day of school or more.

Childhood immunizations (including influenza shots) must be completed before children reach 24 months of age. Adolescent immunizations (including HPV) must be completed before each child's 13th birthday. Missing these important shots — by even one day — results in noncompliance.

Tip:
Turn sports physicals into Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) visits



Many Fall sports start at the beginning of school — or even before school starts — and sports physicals and other forms must be completed and submitted to the member's school before he/she steps on the field. Take advantage of

sports physical appointments and turn them into EPSDT visits! Best practice includes implementing change at the time of scheduling to ensure you have ample time to conduct **both** a sports physicals and an EPSDT visits. Amerigroup Washington, Inc. will pay for both services conducted during the same visit.

WA-NL-0125-17

Influenza prevention: flu shots are still the best

The Centers for Disease Control and Prevention estimates anywhere between 3,000-49,000 people die each year from influenza (flu)-related causes. While CDC recommends everyone 6 months and older receive a vaccine, flu shots are especially important for high-risk patients.



Encourage your patients to be vaccinated as soon as possible. To support your proactive efforts to contact patients with flu shot reminders, we're sending our members letters and emails to let them know we are offering \$5 Subway gift cards when they get a flu shot from one of our participating pharmacies or in-network provider offices.

This year, we've partnered with local pharmacies including:

- Albertson's.
- Bartell Drugs.
- Haggen.
- Safeway.
- QFC.

Adult members with pharmacy benefits can get flu shots at no cost to them. They just need to visit a partner pharmacy during flu shot clinic hours and show their member ID. We encourage children to visit their PCP for their flu shot.

If your organization would like to partner with us for a flu campaign during the next flu season, contact your Provider Relations representative.

WA-NL-0123-17

Substance use disorders in pregnancy and neonatal abstinence syndrome

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/ neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly
- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco

Caring for babies born with NAS

While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior. Reduction in any exposure to opioids should be the goal for the fetus and newborn.



Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).

Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

Caring for women with SUD



Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. Providers have a unique opportunity to help break the pattern of opioid misuse and, thus, reduce health consequences for both mother and child.

Collaboration with community resources, behavioral health providers, addiction treatment centers and OB providers is imperative to designing programs that engage families at risk for SUDs. Women of childbearing age who are not pregnant and who do not wish to become pregnant should receive family planning counseling. Women who are already pregnant benefit from parenting education as early as possible in their pregnancies so they can be prepared to understand and care for their babies who might experience symptoms of NAS and who often require prolonged hospitalizations after birth. As these infants may remain symptomatic for several months after hospital discharge, they are at higher risk for abuse and maltreatment; therefore, close follow up with ongoing support is imperative.

Substance use disorders in pregnancy and neonatal abstinence syndrome (cont.)

Guidelines and programs which have been shown to improve the care of women at risk of SUDs in pregnancy and their infants include the following:

- **Center for Addiction in Pregnancy:** www.hopkinsmedicine.org/psychiatry/bayview > Clinical Services > Addiction and Substance Abuse > Center for Addiction and Pregnancy (CAP)
- **Fir Square Combined Care Unit:** www.bcwomens.ca > Our Services > Pregnancy & Prenatal Care > Pregnancy, Drugs & Alcohol
- **Improving Outcomes for Infants and Families Affected by NAS — A Universal Training Program:** <https://public.vtoxford.org> > Quality & Education > NAS Universal Training Program
- **Protecting Our Infants Act: Final Strategy:** <https://www.samhsa.gov> > Topics > Specific Populations > Age- and Gender-Based Populations > Pregnant Women and Infants > Protecting Our Infants Act: Final Strategy
- **Public Health Strategies to prevent Neonatal Abstinence Syndrome:** Ko JY, Wolicki S, Barfield WD, et al. “CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome,” *MMWR Morb Mortal Wkly Rep* 2017 66: 242-245. doi: <http://dx.doi.org/10.15585/mmwr.mm6609a2>.
- **Rooming In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost:** Volpe Holmes, A, et al. “Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost,” *Pediatrics* 137 (2016): 6. doi: 10.1542/peds.2015-2929
- **Sheway: A Community Program for Women and Children:** <http://sheway.vcn.bc.ca>
- **Snuggle ME webinar series:** www.mainequalitycounts.org > Programs > Snuggle ME Webinar Series



Support

We are here to support you, our pregnant members and their little ones on the way. If you would like more information about our OB Case Management Program or if you have a member who needs behavioral health case management, contact Provider Services at 1-800-454-3730.

WA-NL-0113-17

Administrative day billing guideline facts

Administrative days are days of an inpatient hospital stay when an acute inpatient or observational level of care is not medically necessary and one of the following is true:

- Outpatient level of care is not applicable.
- Appropriate nonhospital placement is not readily available.

Administrative days are paid at the administrative day rate. We may perform retrospective utilization reviews on inpatient hospital admissions to determine appropriate use of administrative days.



Interim billing

We require hospitals to bill interim claims using the appropriate patient status code for “still inpatient” in 60-day intervals unless the client is discharged prior to the next 60 days. Hospitals must submit each interim bill claims as an adjustment to the previous interim bill claim and include:

- The entire date span between the admission date and the current date of service billed.
- All inpatient hospital services provided for the date span billed.
- All applicable diagnosis and procedure codes for the date span billed.

Note, billing for administrative days is an exception to the Interim Bill Claim Policy.

How do I bill for administrative days?

To receive payment for medical administrative days, hospitals should bill administrative days with revenue code 0191; all associated charges for these days should be on a claim separate from the acute care stay. This does not require prior authorization for fee-for-service members.

For the acute care stay claim, claims should be billed with inpatient status code 30 to indicate you are submitting a separate claim for administrative days; additionally, include a claim note that stating an administrative days claim is to follow.

WA-NL-0129-17

Payment methodology	Revenue code	PA required?	Notes
Prospective payment system (PPS)	0191	No	Submit on a separate claim from acute care stay.
Certified public expenditure (CPE)			
Critical access hospitals (CAH)			
To qualify for payment for administrative days related to per-diem-paid services such as PM&R, LTAC and inpatient psychiatric, the hospital must request PA and bill approved administrative days with revenue code 0169 on a separate claim.			
Service	Revenue code	PA required?	Notes
PM&R	0169	Yes	Submit on a separate claim from acute care stay.
LTAC			
Inpatient psychiatric			

New HEDIS training — just for providers and staff

Amerigroup Washington, Inc. invites providers, coders, billers, practice managers and health care professionals to attend an upcoming Medicaid perspectives webinar which will discuss priority HEDIS® measures for Washington Apple Health members. This live training allows you the opportunity to hear from HEDIS experts as well as your colleagues.

Session one

The measures discussed during this session include:

- Antidepressant Medication Management
- Controlling High Blood Pressure
- Diabetes Care
- Childhood and Adolescent Immunizations
- Asthma Medication Management
- Well-Child Visits for Ages 3-6 Years

Session two

The measures discussed during this session include:

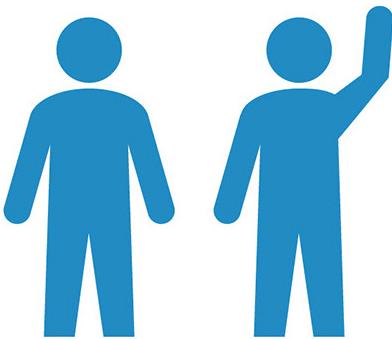
- Timeliness of Prenatal Care
- Postpartum Care
- Frequency of Prenatal Care
- Medical Management of Chronic Obstructive Pulmonary Disease
- Well-Child Visits for Ages 0-15 Months

New — session three

The measures discussed during this session include:

- Well-Child Visits for Ages 0-15 Months
- Well-Child Visits for ages 3-6 Years
- Childhood Immunizations (before 24 months of age)
- Lead Screening for Children (before 24 months of age)
- Adolescent Well-Visits for Ages 12-21 Years
- Adolescent Immunizations (before age of 13 years)
- Enhanced Tobacco Cessation Promotion

In addition, this session will cover the voice of your patients, healthy practice best practices and resources.



Participants will receive an office-ready provider manual after each session for daily staff use.

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

Note, trainings are provided live each quarter and the next session will be held October 5, 2017. If your schedule does not allow for the live sessions, there are also recorded sessions.

WA-NL-0118-17

Protecting your patients from asthma exacerbations

Respiratory viral infections are the most prevalent asthma trigger in the fall, and this increases throughout the winter months. It's during this time that we see increased hospital admissions.



We are here to help! Amerigroup Washington, Inc. shares regular reports of your patients living with asthma (leveraging HEDIS) to help you view your patient's medication compliance. Amerigroup also pays for home delivery of asthma medications to help members stay healthy and out of hospitals and emergency departments.

Helpful tips:

- Consider prescribing home delivery for asthma medications
- Prescribe and educate members on the use of controller medications.
- Educate members on identifying asthma triggers.
- Create an asthma action plan (document it in the medical record).
- Remind members to get their controller medications filled regularly.
- Remind members not to stop taking controller medications even if they are feeling better and are symptom-free.

Regular reporting of members' compliance with asthma medication may also help you manage your patient's needs. The two HEDIS® quality measures that track medication management of members with asthma are:

- **Asthma Medication Ratio:** those 5-85 years of age who are identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year
- **Medication Management for People with Asthma:** those 5-85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period

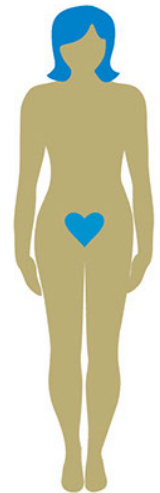
WA-NL-0122-17

Update to coverage guideline for cervical cancer screening and human papillomavirus testing (CG-MED-53)

Effective January 1, 2018, coverage guideline CG-MED-53 that applies to cervical cancer screening and human papillomavirus (HPV) testing will be updated.

Important items to note:

- Cervical cancer screening with cytology, with or without HPV testing, for women under 21 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed (i.e., organ transplant recipients or seropositive for HIV).
- Cervical cancer screening with HPV testing, alone or in combination with cytology, for women younger than 30 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed.
- There is no change to the medical necessity criteria for cervical cancer screening with cytology and without HPV testing for women ages 21-65 years of age.



If you have questions about this communication, received it in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

WA-NL-0130-17

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at our June 29, 2017, pharmacy and therapeutics committee meeting.

Effective November 1, 2017, the changes outlined below apply to all Amerigroup Washington, Inc. members. Remember to read the footnotes at the end of the table.



Effective for all patients on November 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
ABORTIFACIENTS	MIFEPREX 200 MG TABLET	NON-PREFERRED	N/A
TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)	DEXMETHYLPHENIDATE ER CAPS	PREFERRED	N/A
ADRENERGIC ANTAGONISTS & RELATED DRUGS	CLONIDINE HCL ER 0.1 MG TABLET	ADD PA*	GENERIC STIMULANT MEDICATIONS (I.E., METHYLPHENIDATE, DEXTROAMPHETAMINE /AMPHETAMINE, DEXTROAMPHETAMINE)
CONTRACEPTIVES	TODAY CONTRACEPTIVE SPONGE	PREFERRED	N/A
DRY EYE	XIIDRA 5% EYE DROPS	PREFERRED WITH PA	NATURAL TEARS
	RESTASIS 0.05% EYE EMULSION	NON-PREFERRED WITH PA/ST	NATURAL TEARS
GLAUCOMA	ISTALOL 0.5% EYE DROPS TIMOPTIC 0.25% OCUDOSE DROP TIMOPTIC 0.5% OCUDOSE DROP	NON-PREFERRED	TIMOLOL OPHTHALMIC SOLUTION
	AZOPT 1% EYE DROPS		DORZOLAMIDE OPHTHALMIC SOLUTION
	BETAXOLOL HCL 0.5% EYE DROP	PREFERRED	N/A
HIV ANTIRETROVIRALS	REYATAZ 50 MG POWDER PACKET VIREAD POWDER RETROVIR 200 MG/20 ML VIAL VIDEX 2 GM PEDIATRIC SOLN VIDEX 4 GM PEDIATRIC SOLN TYBOST 150 MG TABLET	PREFERRED	N/A
HUNTINGTON'S DISEASE	INGREZZA 40 MG CAPSULE	ADD PA AND QL* 2 CAPS PER DAY	N/A
IMMUNOSUPPRESSANT DRUGS	MYCOPHENOLIC ACID DR 180 MG TB MYCOPHENOLIC ACID DR 360 MG TB	PREFERRED	N/A
MACULAR DEGENERATION	VISUDYNE 15 MG VIAL MACUGEN 0.3 MG/90 MICROLITERS	NON-PREFERRED	N/A
POVIDONE - ARTIFICIAL TEARS	SOOTHE HYDRATION 1.25% EYE DROPS	NON-PREFERRED	NATURAL TEARS
TOPICAL ANTIFUNGALS	KETOCONAZOLE 2% FOAM	NON-PREFERRED WITH ST	KETOCONAZOLE CREAM/ SHAMPOO
WILSON'S DISEASE - CHELATING AGENTS	SYPRINE 250 MG CAPSULE DEPEN 250 MG TITRATAB	PREFERRED WITH PA	N/A
	CUPRIMINE 250 MG CAPSULE	NON-PREFERRED WITH PA	N/A

Quarterly pharmacy formulary change notice (cont.)

Therapeutic class	Drug	Revised status	Potential alternatives
ACROMEGALY	SOMAVERT 15 MG VIAL	ADD QL* 1 VIAL PER DAY	N/A
ANTIBIOTIC	SUPRAX 500 MG/5 ML SUSPENSION	ADD QL* 40ML PER FILL 1 FILL PER 30 DAYS	N/A
OTIC ANTIBIOTICS	ACETASOL HC	REVISE QL* 10ML PER 30 DAYS	N/A
	ACETASOL HC		N/A
	CETRAXAL 0.2% EAR SOLUTION CIPROFLOXACIN 0.2% OTIC SOLN	ADD QL* 28 DOSES PER 30 DAYS	N/A
	CIPRO HC OTIC SUSPENSION	ADD QL* 10ML PER 30 DAYS	N/A
	CIPRODEX OTIC SUSPENSION	REVISE QL* 7.5ML PER 30 DAYS	N/A
	OTOVEL 0.3%-0.025% EAR DROPS	ADD QL* 28 VIALS PER 30 DAYS	N/A
INJECTABLE ANTICOAGULANTS	ENOXAPARIN SODIUM FONDAPARINUX SODIUM FRAGMIN	REMOVE PA*	N/A
ANTI-HISTAMINES	KARBINAL ER 4 MG/5 ML SUSP	ADD QL* 40ML PER DAY	N/A
	RYVENT 6 MG TABLET	ADD QL* 4 TABS PER DAY	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	RYDAPT 25 MG CAPSULE	ADD PA AND QL* 8 CAPS PER DAY	N/A
	KISQALI ZEJULA	ADD PA*	N/A
	ALUNBRIG 30MG TAB	ADD PA AND QL* 2 TABS PER DAY	N/A
	ALUNBRIG 90MG		N/A
	XERMELO	ADD PA AND QL* 3 TABS PER DAY	N/A
BOWEL PREPS	GOLYTELY PACKET COLYTE WITH FLAVOR PACKETS GAVILYTE-C SOLUTION GAVILYTE-G SOLUTION GAVILYTE-N SOLUTION NULYTELY WITH FLAVOR PACKS SOL TRYLYTE	ADD QL* 4000 MLS PER 30 DAYS	N/A
	PREPOPIK POWDER PACKET	ADD QL* 32 TABS PER 30 DAYS	N/A
	SUPREP BOWEL PREP KIT	ADD QL* 1 KIT PER 30 DAYS	N/A
THIRD GENERATION CEPHALOSPORINS	CEFTRIAZONE VIALS	ADD QL* 1 INJ PER FILL 1 FILL PER 30 DAYS	N/A

Quarterly pharmacy formulary change notice (cont.)

Therapeutic class	Drug	Revised status	Potential alternatives
CYSTIC FIBROSIS	ORKAMBI 125MG/100MG	ADD PA AND QL* 4 PER DAY	N/A
DIABETES (SGLT2/DPP4 COMBO)	QTERN	ADD QL* 1 TAB PER DAY	N/A
MISCELLANEOUS GASTROINTESTINAL AGENTS	VIBERZI	ADD QL* 2 TABS PER DAY	N/A
HEPATITIS B	VEMLIDY 25 MG TABLET	ADD PA AND QL* 1 TAB PER DAY	N/A
HIGH BLOOD PRESSURE	DUTOPROL 100-12.5 MG TABLET DUTOPROL 25-12.5 MG TABLET DUTOPROL 50-12.5 MG TABLET	ADD QL* 2 TABS PER DAY	N/A
	METOPROLOL TARTRATE 100 MG TAB	ADD QL* 4 TABS PER DAY	N/A
	METOPROLOL TARTRATE 50 MG TAB	ADD QL* 2 TABS PER DAY	N/A
	VERAPAMIL 40 MG TABLET	ADD QL* 4 TABLETS PER DAY	N/A
IBD	UCERIS 2 MG RECTAL FOAM	ADD QL* 2 KITS PER 28 DAYS	N/A
NEUROGENIC ORTHOSTATIC HYPOTENSION	NORTHERA 100 MG CAPSULE	ADD QL* 3 TABS PER DAY	N/A
	NORTHERA 200 MG CAPSULE	ADD QL* 6 TABS PER DAY	N/A
NOCTURNAL POLYURIA	NOCTIVA	ADD PA AND QL* 1 BOTTLE PER 30 DAYS	N/A
PRENATAL VITAMINS	KOSHER PRENATAL PLUS IRON TAB	ADD QL* 1 TAB PER DAY	N/A
	OBSTETRIX ONE SOFTGEL	ADD QL* 1 CAP PER DAY	N/A
	PRENATAL PLUS-DHA COMBO PACK	ADD QL* 2 TABS/CAPS PER DAY	N/A
	PRIMACARE SOFTGEL	ADD QL* 1 TAB PER DAY	N/A
	TRICARE PRENATAL CHEWABLE TAB	ADD QL*	N/A
	TRICARE PRENATAL WITH DHA PACK	2 TABS/CAPS PER DAY	N/A
	VITAFOL GUMMIES	ADD QL* 1 CHEW TAB PER DAY	N/A
	VITATRUE COMBO PACK	ADD QL*	N/A
PRENA1 TRUE COMBO PACK	2 TABS/CAPS PER DAY	N/A	

Quarterly pharmacy formulary change notice (cont.)

Therapeutic class	Drug	Revised status	Potential alternatives
PULMONARY ARTERIAL HYPERTENSION	ADCIRCA 20 MG TABLET	ADD QL* 2 TABS PER DAY	N/A
	LETAIRIS 10 MG TABLET	ADD QL* 1 TAB PER DAY	N/A
	REVATIO 10 MG/12.5 ML VIAL	ADD QL* 3 VIALS PER DAY	N/A
	REVATIO 10 MG/ML ORAL SUSP	ADD QL* 6ML PER DAY	N/A
SUPPLEMENTS	CRANBERRY 400 MG TABLET CRANBERRY 400MG CAPSULE CRANBERRY 500 MG CAPSULE	ADD QL* 4 PER DAY	N/A
TOPICAL CORTICOSTEROIDS LOW POTENCY	NUCORT LOTION	ADD QL* 60GM PER 30 DAYS	N/A

* No changes in Preferred/Non-Preferred status revision or addition to UM edit only

What action do I need to take?

Please review these changes and work with your patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain prior authorization (PA) to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patients' cases. If for medical reasons your patient cannot be converted to a formulary alternative, call our Pharmacy department at 1-800-454-3730 and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* online at <https://providers.amerigroup.com/WA>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

WAPEC-1209-17

Reimbursement Policies

Policy Update — Medicaid and Amerivantage

Modifier 62: Co-Surgeons

(Policy 06-027, effective 12/15/17)

Amerigroup Washington, Inc. allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62. Each surgeon must bill the same procedure code(s) with Modifier 62. Reimbursement to each surgeon is based on 62.5 percent of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from **different specialties** and performing surgical services during the same operative session.

For more information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

WA-NL-0047-17

Policy Update — Medicaid Portable/Mobile/Handheld Radiology Services

(Policy 06-160, effective 03/15/18)

Amerigroup Washington, Inc. allows reimbursement for portable/mobile radiology services when furnished in a residence used at the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for routine purposes or for reasons of convenience. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.



Transportation and Setup

Amerigroup allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken. Reimbursement for the setup cost of portable radiology equipment is not separately reimbursable.

Handheld Radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

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

WA-NL-0085-17

Policy Update — Amerivantage Portable/Mobile/Handheld Radiology Services

(Policy 06-160, effective 03/15/18)

Amerigroup Washington, Inc. allows reimbursement for portable/mobile radiology services when furnished in a residence used as the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for reasons of convenience. Amerigroup allows preventive screenings performed by portable/mobile radiology studies for routine purposes. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

Transportation and Setup

Amerigroup allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken.

Handheld Radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

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

SSO-NL-0018-17