

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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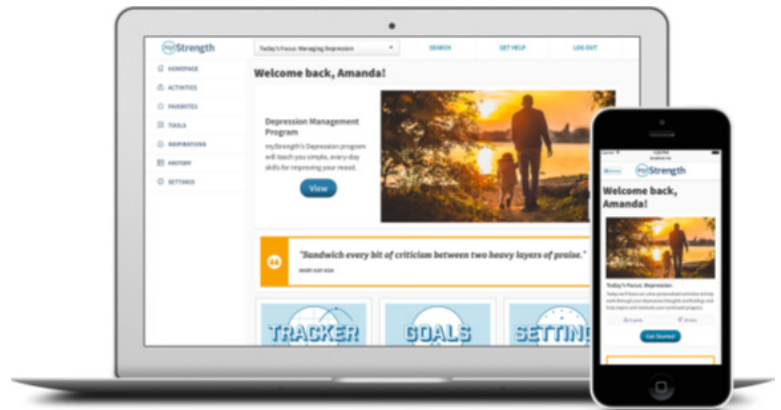
Extend care and empower Washington Apple Health members with online tools

Amerigroup Washington, Inc. presents myStrength

At Amerigroup, we provide resources to foster the overall health and productivity of our members. We are excited to offer myStrength, a digital tool to promote mental health and well-being.

myStrength allows us to extend free and unlimited accounts to Washington Apple Health members. With myStrength, members can:

- Learn techniques to reduce stress.
- Track their mood online.
- Manage depressive or anxious thoughts.
- Access and share inspirations.
- Explore hundreds of articles and activities.



Create your professional account for care providers today!

Use your professional account to demonstrate myStrength for Washington Apple Health members and access clinical tools and materials:

- Go to www.mystrength.com and select **Sign Up**.
- Register with your work email address and enter the access code: **agpwaprov**.
- Complete the registration to create a demo profile you can share with members.

WA-NL-0111-17

Amerigroup Washington, Inc. in the community

Inter-Tribal Sports League sponsorship

To celebrate our ongoing commitment to work with the American Indian and Alaskan Native communities, Amerigroup presented a sponsorship check in the amount of \$1,000 to Bill Kallappa, Nisqually Indian Tribe member, during a recent Seattle Storm basketball game. Bill accepted the check on behalf of the Inter-Tribal Sports League.

Amerigroup is proud to support the league, who will use the sponsorship money to purchase new uniforms and equipment to keep their kids exercising and staying fit.

WA-NL-0110-17

Project Homeless Connect

Amerigroup distributed hundreds of hats at Project Homeless Connect held July 20, 2017, at Evergreen Middle School in Everett, Washington. Attendees received hot meals, backpacks, dental services, legal consultations, showers, ORCA cards, haircuts, family portraits, glasses and shoes — over 2,000 pairs of shoes were given away. In total, over 900 guests were served, and there were 241 children under the age of 18 and 137 under the age of 8.

WA-NL-0124-17

Important notice for Amerigroup Washington, Inc. providers regarding Fresenius dialysis facilities



As of September 1, 2017, Fresenius dialysis facilities are no longer participating providers with Amerigroup.

Members receiving care at a Fresenius dialysis facility will be notified of this network change. Providers are asked to support members' transitions of care to participating dialysis facilities. Continuation of care will be provided in accordance with state requirements.

Participating dialysis facility information can be found in the online directory. Visit <http://amerigroup.prismisp.com> or contact Provider Services at 1-800-454-3730 for more information. Our case managers are also available to assist with the transition.

What if I need assistance?

If you have questions or know of members who need assistance during this transition, please call Provider Services or one of our case managers at 1-800-454-3730. We will be happy to help. Thank you for the care you provide to our members!

WAPEC-1142-17

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

Effective October 1, 2017, Amerigroup Washington, Inc. requires prior authorization (PA) for wheelchair component or accessory, 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

Value-added benefit: peer support counselors registration and renewal payment

Did you know Amerigroup Washington, Inc. pays the registration and annual renewal cost for Washington Apple Health members who want to become and participate as peer support counselors? Although there is no cost for the training, application or test to become a certified peer support counselor, interested members must first become an agency-affiliated counselor, which has a \$60 initial registration fee and a \$50 annual renewal fee that Amerigroup will pay.

If you know of a member who may be interested, call Provider Services at 1-800-454-3730.

WA-NL-0112-17



A message from the Washington State Health Care Authority:

August 23, 2017

Dear Provider,

On October 1, 2017, a new Health Care Authority (HCA) clinical policy pertaining to opioid prescriptions takes effect for Washington Apple Health, both through managed care organizations and fee-for-service.

We're writing to make you aware of the policy and to ask you to "save the date" for a one-hour webinar about the policy. The webinar will be offered twice in September. (See details, page two of this letter.)

New policy helps combat opioid crisis

As you are certainly aware, opioid use disorder (misuse and addiction) is a public health crisis in Washington State and across the country. In October 2016, Governor Inslee issued [Executive Order 16-09](#), marshalling the state's resources to combat this crisis. These efforts include preventing opioid use disorder as well as treating it.

HCA's opioid clinical policy is a prevention and patient safety tool. The focus is on acute prescriptions and on the transition from acute to chronic use, since these are critical to reducing long-term opioid use and the risk of developing opioid use disorder.

Medical organizations support

HCA coordinated with the Washington State Medical Association, Washington State Hospital Association, health plan partners, and others in developing the policy, which aligns with recommendations of the [Centers for Disease Control](#), the [Washington State Agency Medical Directors Group](#), and the [Bree Collaborative](#) around safe and appropriate opioid prescribing.

Summary of policy requirements

Risk of long-term opioid use goes up with every day's supply on the initial prescription, and with every refill. By prescribing the lowest effective dose for the shortest time needed, you can help prevent opioid use disorder.

The policy limits the quantity of opioids that can be prescribed to opiate naïve patients for non-cancer pain.

The limits for new opioid prescriptions will be:

- No more than 18 doses (approximately a 3-day supply) for patients age 20 or younger.
- No more than 42 doses (approximately a 7-day supply) for patients age 21 or older.

You can override these limits if you feel this is medically necessary, by typing "Exempt" in the text of the prescription.

At the point of transition from acute to chronic opioid treatment, defined as six weeks of therapy, the policy requires that you attest that you are following best practices for opioid prescribing. These are listed on the HCA Chronic Opioid Attestation form, which will soon be available online, and include actions such as checking the [Prescription Monitoring Program](#), informing the patient about the risks of opioid use, and using a pain contract. Documentation of these practices should be in the chart, but you are not required to submit supporting materials.

For both acute and chronic prescribing, doses are limited to 90 MED per day, except for exemption situations, or if a peer-to-peer consultation confirms medical necessity.

A message from the Washington State Health Care Authority (cont.)

Exceptions

- Patients who are undergoing active cancer treatment or who are in hospice, palliative care, or end-of-life care are exempt from these restrictions.
- Patients who are already on chronic opioids will be grandfathered under the policy, and will not be subject to these limits or to prior authorization.

You can read the [full policy](#) on the HCA website.

Online resources available soon

Informational materials about the policy will be available soon, including an online Q&A for providers and pharmacists, detailed scenarios to explain how the policy would be applied in different situations, and a patient handout.

These materials will be available on the [HCA website](#) by the end of August.

Join a webinar on the opioid policy

The Health Care Authority will host a one-hour webinar for prescribers and pharmacists on two different dates in September. Registration is now open.

Monday, Sept. 11, noon to 1 p.m.

Register: <https://attendee.gotowebinar.com/register/6493409294646854657>

Tuesday, Sept. 19, 7 to 8 a.m.

Register: <https://attendee.gotowebinar.com/register/6099874291856535809>

Important step

The opioid clinical policy is an important step in helping children and adults in Washington avoid opioid use disorder, and supporting safe and effective use of opioids. I appreciate your engagement with this effort to lower the effects of the opioid crisis in our state.

Sincerely,



Daniel S. Lessler, MD
Chief Medical Officer

WAPEC-1203-17

Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On May 4, 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
5/18/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	New
5/18/2017	DRUG.00107	Avelumab (Bavencio®)	New
5/18/2017	DRUG.00109	Durvalumab (IMFINZI™)	New
6/28/2017	MED.00121	Implantable Interstitial Glucose Sensors	New
6/28/2017	MED.00122	Wilderness Programs	New
6/28/2017	SURG.00148	Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy	New
6/28/2017	SURG.00149	Percutaneous Ultrasonic Ablation of Soft Tissue	New
6/28/2017	SURG.00150	Leadless Pacemakers	New
5/18/2017	DME.00040	Automated Insulin Delivery Devices	Revised
5/18/2017	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
5/18/2017	DRUG.00038	Bevacizumab (Avastin®) for Non Ophthalmologic Indications	Revised
5/18/2017	DRUG.00041	Rituximab (Rituxan®) for Non Oncologic Indications	Revised
5/18/2017	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
6/28/2017	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
5/18/2017	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
5/18/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
5/18/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
5/18/2017	DRUG.00083	Elotuzumab (Empliciti™)	Revised
5/18/2017	DRUG.00088	Atezolizumab (Tecentriq®)	Revised
5/18/2017	DRUG.00104	Nusinersen (SPINRAZA™)	Revised
5/18/2017	GENE.00032	Molecular Marker Evaluation of Thyroid Nodules	Revised
5/18/2017	GENE.00035	Genetic Testing for TP53 Mutations	Revised
6/28/2017	SURG.00121	Transcatheter Heart Valves	Revised
5/18/2017	THER-RAD.00004	External Beam Intraoperative Radiation Therapy	Revised
5/18/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised

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

Clinical Utilization Management Guidelines update

On May 4, 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 June 5, 2017.

On May 4, 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
6/28/2017	CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services	New
5/18/2017	CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®)	Revised
5/18/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
6/28/2017	CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	Revised
6/28/2017	CG-SURG-09	Temporomandibular Disorders	Revised
5/18/2017	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Revised
5/18/2017	CG-THER-RAD-01	Fractionation and Radiation Therapy in the Treatment of Specified Cancers	Revised

WAPEC-1161-17

Health information technology updates

The current system for health information technology (IT) updates contains a very large subscription list of those wanting electronic health record (EHR) updates and those wanting clinical data repository (CDR) updates. However, due to the way the system was set up, program updates/information are not able to be sent to these separate groups — updates go to both EHR and CDR subscribers. As certain updates only apply to half the subscriber list, this has created some confusion. To address this, an *EHR Subscriber List* and a *CDR Subscriber List* is being created. Once these lists have reached a subscriber amount equal to the original list, the old list will be deleted. Therefore, subscribe to the list you desire as soon as possible:



- [EHR Subscriber List](#)
- [CDR Subscriber List](#)

CDR updates — Clinical summary data submission volumes continue to grow!

The Link4Health CDR has been open for the past several months for health care organizations that have successfully completed their readiness activities. Providers are submitting their clinical summaries in a standard electronic format called a *Continuity of Care Document (CCD)* after each outpatient encounter or inpatient admission.

This accomplishment is the result of significant work by OneHealthPort (OHP) and the state health information exchange (HIE) in collaboration with providers and their EHR vendors. OHP has approved a \$600 HIE subscription incentive for providers submitting CCD files by June 1.

Below is a recap of some of the key activities of the CDR team during the past month:

- Plans are being finalized for additional provider outreach to reinforce the many benefits of the CDR and how it fits into the broader Healthier Washington Strategy.
- Mapping is underway to update the data segmentation white paper, addressing SNOMED and LOINC codes for restricted and very restricted data.
- OHP is refining weekly reporting on system statistics.
- Additional training materials have been developed and are under review.
- Planning is underway for next steps with the CDR.

Although participation in the CDR it is not a direct requirement of the Meaningful Use Program at this point in time, many providers have not been able to meet the requirements for sharing care summaries with others. However, these providers can now meet this objective by contributing care summaries to the CDR. Look for an announcement about an upcoming webinar on this topic.

If you have any questions about whether your organization is required to submit data to the CDR, please refer to the [Washington State Health Care Authority Health website](#) or e-mail healthit@hca.wa.gov.

You may also visit the OHP CDR readiness website (insert website) for information on readiness activities, contracting and clinical data exchange technical requirements.

We know automating this level of data sharing results in a work effort for your EHR vendor and your staff. We appreciate your engagement and efforts in this initiative as we continue working collectively in 2017 to better serve members/patients.

WA-NL-0124-17

Amerigroup Washington, Inc. follows CMS guidelines for clinical trial-related claims

While most clinical trial related claims are paid by original Medicare, Medicare Advantage plans are responsible to pay for certain items and services associated with clinical trials designated by CMS. Per CMS guidelines, Amerigroup Amerivantage (Medicare Advantage) and Medicare Medicaid Plans pay clinical trial related claims classified as coverage with evidence development (CED)/investigational device exemption (IDE) studies for Category B/data collections:

Coverage with Evidence Development	<p>In National Coverage Determinations (NCDs) requiring CED, original Medicare covers items and services in CMS-approved CED studies. Medicare Advantage Organizations are responsible for payment of items and services in CMS-approved CED studies. At this time there are 22 CEDs that CMS requires Medicare Advantage plans to process.</p>
Investigational Device Exemption	<p>Medicare Advantage Organizations are responsible for payment of routine care items and services in CMS-approved Category A and Category B IDE studies, however Medicare Advantage Organizations are only responsible for payment of the CMS-approved Category B devices. Institutional providers shall submit claims for the routine costs of a clinical trial involving a Category A IDE device billing to original Medicare since the Category A IDE device itself is considered experimental and, therefore is not eligible for payment. At this time there are 127 approved Category B IDEs that CMS requires Medicare Advantage plans to process.</p>
Data Collection System	<p>Patients enrolled in a CMS qualifying data collection system registry. Providers shall use modifier Q0 to identify patients whose data is submitted to a data collection system.</p>

SSO-NL-0001-17

Include NPI on surgical procedure UB04 bills

Per CMS, when submitting a claim for an individual Amerigroup Amerivantage (Medicare Advantage) member using a surgical procedure code in the range of 10021-69990 (excluding 10035, 10036, 15780-15783, 15786-15789, 15792, 15793, 20527, 20550-20553, 20555, 20612, 20615, 29581-29584, 36406, 36410, 36415, 36416, 44705, 47531, 47532, 50430, 50431, 59425, 59426, 59430, 62302-62305, 62320-62327, 62367-62370, 69209, 69210) or using revenue code 036X,* the operating provider's NPI number must be in box 77 on the facility *UB-04 (CMS-1450) Claim Form* for outpatient services. If the NPI is required and not included on the claim, it may be denied.

* Note: Revenue code 036X must be billed with a surgical procedure code.

SSO-NL-0021-17

Requesting expedited organization determinations

Expedited organization determinations (per the *CMS Manual* — Chapter 13, Section 50) can be requested by a provider or enrollee when the provider or enrollee believes that waiting for a determination under the standard organization determination timeframe (14 days) could place the enrollee's life or health in jeopardy. Expedited organization determinations are valid only before the service is performed.

Per Section 50.3, if the health plan denies the request for expedited organization determination, the health plan will automatically apply the standard organization determination time frame with prompt oral notice to the enrolled for doing so. Additional information is available on the [CMS website](#).

SSO-NL-0022-17

Home health services for Medicare Advantage members require prior authorization

Effective September 1, 2017, Amerigroup Washington, Inc. requires prior authorization for home health services for Amerigroup Amerivantage (Medicare Advantage) including:

- Skilled nursing
- Home health aide
- Therapies (physical therapy, occupational therapy and speech therapy)
- Medical social worker



Beginning August 21, 2017, prior authorizations for dates of service on or after September 1, 2017 can be obtained via fax, phone or the portal:

- Fax: 1-844-834-2908
- Phone: 1-844-411-9622
- Portal: <https://portal.mynexuscare.com>

A FAQ is available [online](#).

SSO-NL-0020-17

Reimbursement Policies

Policy Update — Medicaid and Amerivantage Multiple Delivery Services (Policy 06-044, effective 03/01/2018)

Amerigroup Washington, Inc. allows reimbursement for multiple births by a same-delivery or combined-delivery method. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:

- **Vaginal Deliveries** — Vaginal deliveries involved in multiple births should be billed with Modifier 51. Multiple procedure guidelines will apply. Please see Multiple and Bilateral Surgery Reimbursement Policy for more information.
- **Cesarean Deliveries** — Cesarean deliveries involved in multiple births should be billed with Modifier 22. Multiple procedure guidelines will not apply. Please see Modifier 22 Reimbursement Policy for more information.

For market-specific information, refer to Multiple Delivery Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

WA-NL-0074-17

