

# Provider Update

## Your September News Blast is Available Online!

**Summary:** We've consolidated recent communications and posted them in a single document on our provider self-service site so you can have easy access to the latest from Amerigroup Community Care in Tennessee.

★ **What this means to you:** Go to the **Newsletters** section of our website at [providers.amerigroup.com/TN](http://providers.amerigroup.com/TN) to download a copy of this month's News Blast.

### What topics are covered in this issue?

#### For All Tennessee Providers:

- **Medical Policies Update** – The WellPoint Medical Policy and Technology Assessment Committee approved new and revised Medical Policies applicable to Amerigroup health plans. These medical policies were developed or revised to support clinical coding edits. The medical policies were made publicly available on the Amerigroup Medical Policy and clinical utilization management (UM) guideline subsidiary website. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific policies. Existing precertification requirements have not changed. *PEC-ALL-1274-14*
- **Sleep Management Additional Codes** – Codes will be added to the Sleep Management Program effective November 1, 2014. These codes are in addition to the codes that were previously communicated in a notification sent out during the April-May 2014 time frame as *PEC-ALL-1146-14*. *PEC-ALL-1242*
- **Durable Medical Equipment, Prosthetics, Orthotics and Supplies Coding Requirements** – Effective November 1, 2014, all Medicare and Medicaid claims submitted to Amerigroup on or after November 1, 2014, with Healthcare Common Procedure Coding System (HCPCS) codes for services considered durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) will be required to follow Centers for Medicare and Medicaid Services (CMS) requirements for proper coding, including HCPCS modifier usage. *PEC-ALL-1322-14*
- **Additional Information Regarding Upcoming Changes to Durable Medical Equipment Precertification Requirements** - Beginning January 1, 2015, Amerigroup precertification requirements will change for certain durable medical equipment (DME) items. Federal and state law, state contracts and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. *PEC-ALL-1337-14*
- **Ophthalmology Quality of Care** - Beginning November 7, 2014, we will use clinical editing to ensure specialized ophthalmology services are only reimbursed when billed by providers with specialty types appropriate to the services performed. *PEC-ALL-1299-14*



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- **My PCP Connection** - Remember to only provide services to members on your assigned PCP member listing or the listing of another participating PCP in your group. Our My PCP Connection program helps to centralize a member's treatment information, minimizing the chances of missing or incomplete records. *Excerpt from TNPEC-0620-13*
- **Appropriate Medication Management of Asthma Patients** - Our Quality Management team may reach out to you regarding asthma patients who had an emergency room visit and multiple urgent care visits. They may have needed this emergency care because they did not fill their asthma medication or only filled a rescue medication several times, thus needing a controller medication. *TNPEC-0770-14*
- **Clinical Utilization Management Guidelines Update** – The clinical utilization management (UM) guidelines listed in the NewsBlast represent the guidelines approved and adopted by the WellPoint Medical Operations Committee. Clinical UM guidelines are publicly available on our Medical Policies and Clinical UM Guidelines subsidiary website. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific policies. Existing precertification requirements have not changed. *PEC-ALL-1347-14*

## **What if I need assistance?**

If you have questions about this communication, want to request a paper copy of the News Blast, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at the toll-free phone numbers listed below:

- Medicaid providers call 1-800-454-3730
- Medicare providers call 1-866-805-4589
- Long-Term Services and Supports (HCBS) call 1-866-840-4991



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