

Provider Post

News and updates you need to know



Spring Edition 2022

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Accessing Case Management Services

AmeriHealth Caritas Louisiana offers several care and case management services including:

- **Integrated Care Management** – a health and education management service providing holistic health solutions
- **Episodic Care Management** – for members with short-term and/or intermittent needs including co-morbidities
- **Bright Start** – a maternity management program
- **Complex Care Management** – for members requiring long-term care for chronic illnesses

Please review the AmeriHealth Caritas Louisiana Provider Handbook for more details on these services.

Case Management focuses on prevention, education, lifestyle choices and adherence to treatment plans, and is designed to support your plan of care for patients with complex chronic diseases, such as asthma, diabetes, or coronary artery disease.

Members receive educational materials, and if identified as high risk, will be assigned to a Care Manager for one-on-one education and follow up. For more information, or to refer a patient to the Complex Case Management program, call **1-888-643-0005**.

Obtaining Utilization Management (UM) Criteria

AmeriHealth Caritas Louisiana will provide its Utilization Management (UM) criteria to network providers upon request. To obtain a copy of AmeriHealth Caritas Louisiana UM criteria:

- Call the UM Department at **1-888-913-0350**
- Identify the specific criteria you are requesting

- Provide a fax number or mailing address

You will receive a faxed copy of the requested criteria within 24 hours or written copy by mail within five business days of your request.

Providers may also request prior authorization requirements used to make a medical necessity determination by sending an email to: **HB424Request@amerihealthcaritas.com**. Prior authorization requirements will be furnished to the requesting provider within 24 hours of request.

Please remember that AmeriHealth Caritas Louisiana has Medical Directors and Physician Advisors who are available to address UM issues or answer your questions regarding decisions relating to Prior Authorization, DME, Home Health Care and Concurrent Review. To contact these resources call the Peer-to-Peer Hotline at: **1-866-935-0251**.

Important Details Regarding Pharmacy Updates

Effective **April 1, 2022**, Louisiana Department of Health (LDH) made the following changes to the Single Preferred Drug List (PDL):

- A diagnosis code requirement was added to Azstarys™ (serdexmethylphenidate/dexmethylphenidate), Empaveli™ (pegcetacoplan), Invega Hafyera™ (paliperidone palmitate), and Lybalvi™ (olanzapine/samidorphan)
- Prescriptions for Azstarys™ will reject for therapeutic duplication if this medication is prescribed concurrently with another ADHD medication
- Prescriptions for Lybalvi™ will reject for therapeutic duplication if this medication is prescribed concurrently with another oral antipsychotic medication
- Prescriptions for Invega Hafyera™ will reject for therapeutic duplication if this medication is prescribed concurrently with another injectable antipsychotic medication
- Prescriptions for Opzelura™ (ruxolitinib) require claim history of one of the following medications in the past six months: Opzelura™, Topical corticosteroid or Topical calcineurin inhibitor
- Prescriptions for Azstarys™, Invega Hafyera™, and Lybalvi™ require a clinical authorization when prescribed for patients six years of age or younger
- Prescriptions for Rezurock™ (belumosudil), Qulipta™ (atogepant), and Skytrofa™ (lonapegsomatropin-tcgd) require clinical authorization
- Loreev XR™ (lorazepam) is not covered for patients 17 years of age or younger
- Prescriptions for Loreev XR™ will reject for therapeutic duplication if this medication is prescribed concurrently with another anxiolytic medication or for additive toxicity if prescribed with an opioid
- The maximum allowable daily dose for Nucynta® (tapentadol) is 700mg/day. The maximum allowable daily dose for Nucynta ER® (tapentadol ER) is 500mg/day.

Written notification of these changes was mailed on **February 14, 2022**.

The full list of medications requiring diagnosis codes can be found here:

<http://www.ldh.la.gov/assets/HealthyLa/PDL/7.30.2020/Louisiana.Medicaid.ICD-10.Chart.docx>

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the single PDL which is inclusive of the Louisiana Uniform Prescription Drug Prior Authorization form, medication list and applicable criteria.

Colorectal Cancer Screening Saves Lives

Routine screening is the best way to prevent colorectal cancer, and helps find the disease at an early stage, when treatment works best. The American Cancer Society (ACS) now recommends that people at average risk of colorectal cancer begin regular screening at age 45. If you have patients that are 45-75 years old, you should recommend that they

get screened for colorectal cancer regularly.

Types of colorectal cancer screening tests:

- **Fecal Immunochemical Test (FIT) and/or Fecal Occult Blood Test (FOBT):** uses antibodies to detect blood in the stool. It is done once a year.
- **Flexible Sigmoidoscopy:** uses a short, thin, flexible, lighted tube into the rectum and lower third of the colon. It should be performed every 5 years.
- **Colonoscopy:** similar to flexible sigmoidoscopy except longer, thin, flexible, lighted tube into the rectum and entire colon. Colonoscopy should be performed every 10 years (for people who do not have increased risk of colorectal cancer).
- **CT Colonography:** uses x-rays and computers to produce images of the entire colon. This should be performed every 5 years.

Provider Resources:

- Colorectal cancer screening is part of the Quality Enhancement Program (QEP)
- *Gap in Care Reports, PCP Performance Report Cards* available in NaviNet
- HEDIS Documentation and Coding Guidelines available in NaviNet
- Electronic Data Exchange

Let Us Know Program

How may we assist you in the management of our members?

AmeriHealth Caritas Louisiana is eager to partner with the provider community in the management of our members who may require a helping hand. We are here to help you engage members in their health care by offering the Let Us Know program. We have many support teams and tools available to assist in the identification, outreach, and education of our members, as well as clinical resources for providers in their care management.

There are three ways to let us know about chronically ill members:

1. Fax the [Let Us Know - Member Intervention Request Form](#) to the Rapid Response and Outreach Team (RROT) at **1-866-426-7309**.
2. Complete the [Let Us Know - Member Intervention Request Form](#) and submit by emailing the form to network@amerihealthcaritasla.com.
3. Refer your patient to care management by calling our Rapid Response and Outreach Team at **1-888-643-0005**.

Supplement Your Reimbursement by Using CPT CAT II Codes When Care is provided to Members with Diabetes or Hypertension

As a reminder, AmeriHealth Caritas Louisiana requests that providers use CPT CAT II codes when care is provided to members with diabetes or hypertension. A supplemental reimbursement will be paid when the following services are rendered and billed in conjunction with a diagnosis of diabetes or hypertension:

Description	CPT CAT II Codes	Supplemental Reimbursement	Age Limit	Frequency
Retinal Eye Exam Results*	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F	\$10	18 and over	Once per year
HbA1c Results*	3044F, 3046F, 3051F, 3052F	\$10	18 and over	Once per 90 days
Blood Pressure Results	Systolic: 3074F, 3075F, 3077F Diastolic: 3078F, 3079F, 3080F	\$5	18 and over	One pair per 90 days

When billing these codes, providers will need to enter a charge of \$5 or \$10 to receive the full supplemental reimbursement. Reimbursement will not exceed your billed charges.

***Note: Diabetes diagnosis required.**

AmeriHealth Caritas Louisiana Offers No Cost Language Interpretation Services for Our Members

Members should be advised that interpretation services from AmeriHealth Caritas Louisiana are available at no cost. When a member uses AmeriHealth Caritas Louisiana interpretation services, the provider must sign, date and document the services provided in the medical record in a timely manner.

How to use our interpretation services:

- Inform the member of his or her right to no cost interpretation services.
- Make sure a phone is in the room or use a cell phone.
- Call Member Services at **1-888-756-0004**, 24 hours a day, 7 days a week, with the member ID number, and Member Services will connect you to the necessary interpreter.
- Conduct exam with interpreter over the phone.



Interpretation Tips:

- Speak directly to the patient, not the interpreter.
- Do not rush. Pause every sentence or two for interpretation.
- Use plain language. Avoid slang and sayings. Jokes do not always translate well.
- Check for understanding occasionally by asking the patient to repeat back what you said. This is better than asking, “Do you understand?”

In addition, translation services must be provided to assure adherence to providing services in a culturally competent manner. Please review additional details about [Cultural Competency and Language Services](#) on our website.

Questions?

Online Resources

Here is a look at what is new or recently updated on our website at www.amerhealthcaritasla.com:

- [COVID-19 Updates](#)
- [Newsletters and Updates](#)
- [Provider Handbook](#)
- [Claims Filing Instructions](#)
- [Account Executive List](#)
- [Provider Trainings](#)

If you have questions about any of the content in this provider update, please contact your [Provider Account Executive](#), or call Provider Services at **1-888-922-0007**.