

# Provider Newsletter



# Amerigroup

An Anthem Company

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

April 2020

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## COVID-19 information from Amerigroup

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Texas Health and Human Services Commission (HHSC) to help us determine what action is necessary on our part. Amerigroup will continue to follow HHSC guidance policies.

For additional information, reference the *News & Announcements* section of our [website](#).

TXPEC-3523-20

## Reminder: Mid-level practitioners are required to file using their NPI

Amerigroup provides benefits for covered services rendered by nurse practitioners (NPs) and physician assistants (PAs) when operating within the scope of their license. Our policy states that these mid-level practitioners are required to file claims using their specific NPI number — not that of the medical doctor.



We will continue to monitor this area of concern through medical chart review and data analysis. Billing noncompliance can be considered a contract breach.

Amerigroup recognizes the quality of care delivered to our members can be improved by the proper use of NPs and PAs. This notice is in no way intended to discourage their proper use, but rather to clearly define how services should be appropriately billed.

TX-NL-0267-19

## Disease Management can help you care for patients with chronic health care needs

Disease Management programs are designed to assist PCPs and specialists in caring for patients with chronic health care needs. Amerigroup provides members enrolled in the program with continuous education on self-management, assistance in connecting to community resources and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications.



### Who is eligible?

Disease Management case managers provide support to members with:

- Behavioral health conditions such as depression, schizophrenia, bipolar disorder and substance use disorder.
- Diabetes.
- Heart conditions such as congestive heart failure, coronary artery disease and hypertension.
- HIV/AIDS.
- Pulmonary conditions such as asthma and chronic obstructive pulmonary disease.

Our case managers use member-centric motivational interviewing to identify and address health risks such as tobacco use and obesity to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

We welcome your referrals. To refer a member to Disease Management:

- Call 1-888-830-4300 to speak directly to one of our team members.
- Fill out the *Disease Management Referral Form* located on the provider website and fax it to 1-888-762-3199 or submit electronically via the Availity Portal.\*

Your input and partnership is valued. Once your patient is enrolled, you will be notified by the Disease Management case manager assigned. You can also access your patient's Disease Management care plan, goals and progress at any time through the Availity Portal using Patient360. We are happy to answer any questions you might have. Our registered nurse case managers are available Monday-Friday from 8:30 a.m.-5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week.

*\*Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup.*

TX-NL-0268-20

## Medical drug *Clinical Criteria* updates

### November 2019 update

On November 15, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria web posting](#).

TX-NL-0272-20

### December 2019 update

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria web posting](#).

TX-NL-0278-20

The *Clinical Criteria* is publicly available on our [provider website](#). Visit [Clinical Criteria](#) to search for specific policies.

Please submit your questions to [email](#).

## Antibiotic dispensing guidelines

Overuse of antibiotics is directly linked to the prevalence of antibiotic resistance. Promoting judicious use of antibiotics is important for reducing the emergence of harmful bacteria that is unresponsive to treatment. The following HEDIS® measures assess appropriate antibiotic dispensing for pharyngitis, upper respiratory infection and bronchitis/bronchiolitis. Changes for HEDIS 2020 include expanded age range and additional stratifications.



**Read more online.**

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*

NJ-NL-0348-19

## Coding spotlight: HIV and AIDS

### Code only confirmed cases

According to ICD-10-CM coding guidelines for Chapter One, code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline *Section II, H*. In this context, *confirmation* does not require documentation of positive serology or culture for HIV. The provider's diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.



**Read more online.**

TX-NL-0263-19

## Use of Imaging Studies for Low Back Pain (LBP)

The HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), analyzes the percentage of patients 18-50 years of age during the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is used to determine whether imaging studies are overused to evaluate members with low back pain. The measure is an inverted rate. A higher score indicates appropriate treatment of low back pain.



Clinical guidelines for treating patients with acute low back pain recommend against the use of imaging in the absence of red flags (i.e., indications of a serious underlying pathology such as a fracture or tumor). Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.

### Measure exclusions:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

### Helpful tips:

Hold off on doing imaging for low back pain within the first six weeks, unless red flags are present.

Consider alternative treatment options prior to ordering diagnostic imaging studies, such as:

- Nonsteroidal anti-inflammatory drugs.
- Nonpharmacologic treatment, such as heat and massage.
- Exercise to strengthen the core and low back or physical therapy.

### Other available resources:

- National Committee for Quality Assurance — [NCQA.org](https://www.ncqa.org)
- Choosing Wisely — [Choosingwisely.org](https://www.choosingwisely.org)
- American Academy of Family Physicians — [AAFP.org](https://www.aafp.org)

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*

TXPEC-3397-19

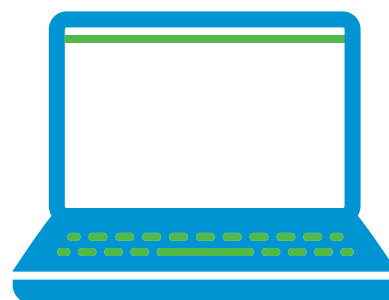
## Provider orientation webinar training schedule

### Would you like more information on how to check eligibility, authorizations or claims status?

Join one of our online provider trainings hosted by Amerigroup. All sessions are held from noon-1 p.m. CT.

Provider orientation webinar schedule 2020	
<b>Wednesday, April 8, 2020</b> Call line: 203-607-0564 Participant code: 647 759 444 Web link: <a href="#">Click Here to Join WebEx Meeting</a> Event password: sVzDsJxE	<b>Wednesday, May 13, 2020</b> Call line: 203-607-0564 Participant code: 647 759 444 Web link: <a href="#">Click Here to Join WebEx Meeting</a> Event password: sVzDsJxE
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TX-NL-0276-20



## Texas Health Steps webinar training schedule

### Do you have questions regarding Texas Health Steps?

Join one of our online provider trainings hosted by Amerigroup. To join the Webex meeting, hover over the desired link below and press Ctrl+Click.

Texas Health Steps webinar 2020	
Online sessions will include an overview of the Texas Health Steps program, billing guidelines, and related programs such as Case Management for Children and Pregnant Women and the Medicaid Transportation Program (MTP). All sessions will be held from noon-1 p.m. CT.	
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TX-NL-0275-20

## New specialty pharmacy network for Amerigroup

### What's changing and when?

Effective February 3, 2020, Amerigroup has a new specialty pharmacy network for STAR, STAR+PLUS, STAR Kids and CHIP members. The new network provides the special care needed when a pharmacy dispenses a specialty drug found on the *Texas Vendor Drug Program Specialty Drug List*.



### How is the new specialty pharmacy network different?

As a partner with the state in providing quality health care for our Medicaid and CHIP populations, Amerigroup continuously looks for ways to increase efficiency and save taxpayer money. The new network provides an opportunity to slow prescription drug cost growth and enables members with complex medical conditions to stay more compliant with their specialty drug regimens.

### Which pharmacies are in-network for the new specialty pharmacy network?

IngenioRx Specialty Pharmacy,\* Cook Children's Pharmacy and Maxor Pharmacy are in the new specialty network.

### How will members be notified of their in-network pharmacies?

If claims data indicates that a member has been filling prescriptions outside of the new specialty pharmacy network, they will receive a letter with information about how to find an alternative in-network pharmacy.

### Excluded and nonparticipating pharmacies

We have notified excluded pharmacies of their exclusion from the new specialty pharmacy network. Nonparticipating pharmacies will receive reject messages, instructing them to call Pharmacy Member Services to direct members to an in-network pharmacy.

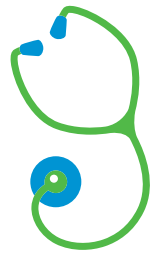
*\* IngenioRx Specialty Pharmacy is an independent company providing specialty pharmacy services on behalf of Amerigroup.*

TX-NL-0257-19



## Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. Note, not all of the services and codes referenced within these guidelines are reimbursed under Medicaid or CHIP. Please refer to Medicaid/CHIP guidelines for coverage and reimbursement information.



To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### Notes/updates:

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

- \*SURG.00028 — Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding “prostate volume less the 30 mL”
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- \*SURG.00037 — Treatment of Varicose Veins (Lower Extremities)
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures
- \*SURG.00047 — Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- \*SURG.00097 — Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary
- \*CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary
- \*CG-MED-68 — Therapeutic Apheresis
  - Added diagnostic criteria to the condition “chronic inflammatory demyelinating polyradiculoneuropathy” (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the [AIM Specialty Health®\\*\\* page](#):
  - \*Joint Surgery
  - \*Advanced Imaging—Vascular Imaging

## Medical Policies and Clinical UM Guidelines update (cont.)

### Medical Policies

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup. These guidelines take effect 30 days from posting. View the update online for a list of the policies.



**Read more online.**

### Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on November 25, 2019. These guidelines take effect 30 days from posting. View the update online for a list of the guidelines.

*\*\* AIM Specialty Health is a separate company providing some utilization review services on behalf of Amerigroup.*

TX-NL-0274-20

## Prior authorization requirements

### New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Amerigroup members.



**Read more online.**

TX-NL-0270-20

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, 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.**

#### To request PA:

- Web: <https://www.availity.com>
- Fax: 1-800-964-3627
- Phone: 1-800-454-3730

Not all PA requirements are listed here. PA requirements are available to providers on our provider website <https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool and in the Availity Portal\* (<https://www.availity.com>). Providers may also call Provider Services for PA requirements at 1-800-454-3730.

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## Medicare-Medicaid Plan

### COVID-19 information from Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan)

Amerigroup STAR+PLUS MMP is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Texas Health and Human Services Commission (HHSC) to help us determine what action is necessary on our part. Amerigroup STAR+PLUS MMP will continue to follow HHSC guidance policies.

For additional information, reference the *News & Announcements* section of our [website](#).

TXPEC-3523-20

### Reminder: Mid-level practitioners are required to file using their NPI

View the [article](#) in the Medicaid section.

TX-NL-0267-19



### Provider orientation webinar training schedule

View the [article](#) in the Medicaid section.

TX-NL-0276-20

## Medical drug *Clinical Criteria* updates

### November 2019 update

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Effective dates are reflected in the [Clinical Criteria web posting](#).

TXD-NL-0179-20

### December 2019 update

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria web posting](#).

TXD-NL-0181-20

The *Clinical Criteria* is publicly available on our [provider website](#). Visit [Clinical Criteria](#) to search for specific policies.

Please submit your questions to [email](#).

## New Medicare Advantage Opioid Treatment Program benefit

Effective January 1, 2020, under the calendar year 2020 Physician Fee Schedule Final Rule, CMS began paying Opioid Treatment Programs (OTPs) through bundled payments for opioid use disorder treatment services in an episode of care provided to people with Medicare Part B (medical insurance). As such, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will also cover these services. We would like to extend an opportunity to opioid treatment providers to join our Amerigroup STAR+PLUS MMP network.

### Under the new OTP benefit, Medicare covers:

- U.S. FDA-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- The dispensing and administration of MAT medications (if applicable).
- Substance use counseling.
- Individual and group therapy.
- Toxicology testing.
- Intake activities.
- Periodic assessments.



Before joining our network, providers must complete the following two steps:

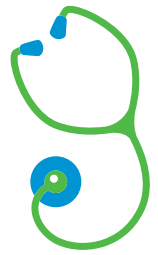
- Enroll in original Medicare [here](#).
- Apply to become a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified OTP provider [here](#).

Once the above steps are completed, providers are eligible to join our Amerigroup STAR+PLUS MMP network. To receive an application packet to become an Amerigroup STAR+PLUS MMP provider, email [medicareadvantagequestions@amerigroup.com](mailto:medicareadvantagequestions@amerigroup.com).

TXD-NL-0180-20

## Medical Policies and Clinical Utilization Management Guidelines update

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  - \*Advanced Imaging—Vascular Imaging

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TXD-NL-0178-20

## Prior authorization requirements

### New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) members.



**Read more online.**

TXD-NL-0177-20

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, 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.**

**To request PA, you may use one of the following methods:**

- Web: <https://www.availity.com>

Not all PA requirements are listed here. PA requirements are available to providers on our provider website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) and in the Availity Portal\* (<https://www.availity.com>). Providers may also call us at 1-855-878-1785 for PA requirements.

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# Medicare Advantage

## COVID-19 information from Amerigroup Community Care

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For additional information, reference the *News & Announcements* section of our [website](#).

AGPCARE-0423-20

## Reminder: Mid-level practitioners are required to file using their NPI

View the [article](#) in the Medicaid section.

TX-NL-0267-19/AGPCARE-0342-19

## Personal Home Helper benefit

Your patient's current supplemental benefit for Personal Home Helper has been reauthorized for 2020. For billing in 2020, use the new authorization number. For more information or to view the new authorization number, sign into the Availity Portal\* or call Provider Services at 1-800-499-9554.

### Submit claims electronically

Availity is well known as a web portal and claims clearinghouse, but they are much more. Availity also functions as an electronic data interchange (EDI) gateway for multiple payers and is the single EDI connection for all of Amerigroup Community Care. It will allow you to submit claims electronically, verify pre-authorization and member information, check claims status, and much more.

To get started, go to <https://www.availity.com>.

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AGPCRNL-0087-19

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AGPCRNL-0098-20

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- Enroll in original Medicare [here](#).
- Apply to become a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified OTP provider [here](#).

Once the above steps are completed, providers are eligible to join our MA and MMP networks. To receive an application packet to become a MA and MMP provider under Amerigroup, email [medicareadvantagequestions@amerigroup.com](mailto:medicareadvantagequestions@amerigroup.com).

AGPCRNL-0094-20

## New behavioral health Medicare Advantage individual and Group Retiree Solutions provider fax

Effective March 30, 2020, Medicare Advantage individual and Group Retiree Solutions (GRS) behavioral health providers will have a new fax number for all behavioral health clinical requests and reviews. For behavioral health inpatient Medicare Advantage individual and GRS requests, use the new fax number 1-844-430-1702.

For behavioral health outpatient Medicare Advantage individual and GRS requests, use the new fax number 1-844-430-1703.

Medicare-Medicaid Plans (MMP) are not in scope at this time for this fax number change. Please continue to use the current fax number for MMP.

AGPCRNL-0099-20

## Coding tip for psychological and neuropsychological testing

A change to CPT® codes for psychological and neuropsychological test administration and evaluation services was effective January 1, 2019.\* The new codes do not crosswalk on a one-to-one basis with the deleted codes.

These coding changes separate test administration from test evaluation, psychological testing evaluation from neuropsychological testing evaluation and define the testing performed by a professional or technician. The information below clarifies coding for these services.

**Please note:** Prior authorization (PA) requirements have not changed. Please check the Precertification Look Up Tool for PA requirements for each code.



\* American Psychological Association website: *2019 Psychological and Neuropsychological Testing Billing and Coding Guide*: <https://www.apa.org>

AGPCRNL-0082-19



## Outpatient Rehabilitation Program transition: new prior authorization requirements

Effective April 1, 2020, Amerigroup Community Care will transition the utilization management of our Outpatient Rehabilitation Program to AIM Specialty Health®\* (AIM). AIM is a specialty health benefits company. The Outpatient Rehabilitation Program includes physical, occupational and speech therapy services. Amerigroup has an existing relationship with AIM in the administration of other programs.

This relationship with AIM will enable Amerigroup to expand and optimize this program, further ensuring that care aligns with established evidence-based medicine. AIM will follow the clinical hierarchy established by Amerigroup for medical necessity determination. Amerigroup makes coverage determinations based on guidance from CMS, including national coverage determinations, local coverage determinations, other coverage guidelines and instructions issued by CMS, and legislative changes in benefits. When existing guidance does not provide sufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

AIM will continue to use criteria documented in Amerigroup clinical guidelines *CG.REHAB.04*, *CG.REHAB.05* and *CG.REHAB.06* for review of these services. These clinical guidelines can be reviewed online at [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

Detailed prior authorization requirements are available online at <https://www.availity.com>\* by accessing the Precertification Lookup Tool under *Payer Spaces*. Contracted and noncontracted providers should call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.



\* AIM Specialty Health is a separate company providing utilization review services on behalf of Amerigroup Community Care. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

AGPCARE-0329-19

## 2020 Medicare risk adjustment provider trainings



The Medicare Risk Adjustment Regulatory Compliance team offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.

### Medicare Risk Adjustment and Documentation Guidance (General)

- **When:** The trainings will be offered the first Wednesday of each month from 1 p.m.-2 p.m. ET (from January 8, 2020, to December 2, 2020).
- **Learning objective:** This onboarding training will provide an overview of Medicare risk adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) model, with guidance on medical record documentation and coding.
- **Credits:** This live activity has been reviewed and is acceptable for up to one prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at the link below:

[Medicare Risk Adjustment and Documentation Guidance \(General\)](#)

Note: Dates may be modified due to holiday scheduling.

### Medicare Risk Adjustment, Documentation and Coding Guidance (Condition Specific)

- **When:** The trainings will be offered on the third Wednesday of every other month from noon to 1 p.m. ET (from January 15, 2020, to November 18, 2020).
- **Learning objective:** This is a collaborative learning event with Enhanced Personal Health Care (EPHC)\* to provide in-depth disease information pertaining to specific conditions including an overview of their corresponding HCC, with guidance on documentation and coding.
- **Credits:** This live series activity has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

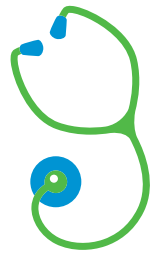
- **Red Flag HCCs Part 1 (January 15, 2020) —**  
Register for a recording of the session: Training will cover HCCs most commonly reported in error as identified by CMS (chronic kidney disease stage 5, ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, end-stage liver disease).  
Link: [Red Flag Hierarchical Condition Categories \(HCCs\), part one](#)
- **Red Flag HCCs Part 2 (March 18, 2020) —**  
Training will cover HCCs most commonly reported in error as identified by CMS (Atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre Syndrome, drug/alcohol psychosis, lung and other severe cancers, diabetes with ophthalmologic or unspecified manifestation)  
Link: [Medicare Risk Adjustment Documentation and Coding Guidance: Red Flag HCC's Part 2](#)
- **Neoplasms (May 20, 2020)**  
Link: [Neoplasms](#)
- **Acute, Chronic and Status Conditions (July 15, 2020)**  
Link: [Acute, Chronic and Status Conditions](#)
- **Diabetes Mellitus and Other Metabolic Disorders (September 16, 2020)**  
Link: [Diabetes Mellitus and Other Metabolic Disorders](#)
- **TBD — This Medicare risk adjustment webinar will cover the critical topics and updates that surface during the year (November 18, 2020):**  
Link: [Topic TBD](#)

*\* Enhanced Personal Health Care is an independent company providing collaborative training services on behalf of Amerigroup Community Care.*

AGPCRNL-0093-20

## Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. **Please note:** The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.



To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### Notes/updates:

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

- \*SURG.00028 — Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding “prostate volume less the 30 mL”
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- \*SURG.00037 — Treatment of Varicose Veins (Lower Extremities)
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures
- \*SURG.00047 — Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- \*SURG.00097 — Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary
- \*CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary
- \*CG-MED-68 — Therapeutic Apheresis
  - Added diagnostic criteria to the condition “chronic inflammatory demyelinating polyradiculoneuropathy” (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the [AIM Specialty Health®\\*\\* page](#):
  - \*Joint Surgery
  - \*Advanced Imaging—Vascular Imaging

## Medical Policies and Clinical UM Guidelines update (cont.)

### Medical Policies

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. View the update online for a list of the policies.



**Read more online.**

### Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on November 25, 2019. View the update online for a list of the guidelines.

*\*\* AIM Specialty Health is a separate company providing utilization review services on behalf of Amerigroup Community Care.*

AGPCRNL-0090-20

## Prior authorization requirements

### New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Amerigroup Community Care members.



**Read more online.**

AGPCRNL-0089-20

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, 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.**

**To request PA, you may use one of the following methods:**

- Web: <https://www.availity.com>

Not all PA requirements are listed here. PA requirements are available to contracted providers through the Availity Portal\* (<https://www.availity.com>). Providers may also call the Provider Services number on the back of the member's ID card for PA requirements.

*\* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.*

# Reimbursement Policies

## Policy Update — Medicaid Unlisted, Unspecified or Miscellaneous Codes (Policy 06-004, effective 08/01/20)

Amerigroup currently allows unlisted enteral supply codes to be submitted without documentation of a written description, office notes or operative report when the code is appended with the applicable modifiers U1-U5. Nursing facilities are also allowed to bill unlisted tracheostomy care procedures without documentation of a written description. Effective August 1, 2020, Amerigroup will allow reimbursement for unlisted, unspecified or miscellaneous codes when submitted on paper with accompanying documentation. Documentation for unlisted, unspecified or miscellaneous drug codes must include the drug name and NDC number, quantity/units, description of recipient's condition, and a copy of the drug invoice.

For additional information, please review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy [here](#).

TX-NL-0260-19

## Policy Update — Medicare Advantage Unlisted, Unspecified or Miscellaneous Codes (Policy 06-004, effective 08/01/20)

Effective August 1, 2020, Amerigroup Community Care will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes. Unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

For additional information, please review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy [here](#).

AGPCRN-0081-19



## Policy Update — Medicare-Medicaid Plan Unlisted, Unspecified or Miscellaneous Codes (Policy 06-004, effective 08/01/20)

Effective August 1, 2020, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes. Unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Reimbursement is based on our review of the unlisted, unspecified or miscellaneous codes on an individual claim basis. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

For additional information, please review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy [here](#).

TXD-NL-0173-19