Provider Newsletter

Amerigroup
An Anthem Company

https://providers.amerigroup.com/tx

August 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 *COVID-19 News and Resources* section on the homepage of our **website**.

TXPEC-3523-20/TXPEC-3523-20/AGPCARE-0423-20

Medical drug *Clinical Criteria* updates

February 2020 update

On November 15, 2019, and February 21, 2020, 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-0296-20

March 2020 update

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup. Please note, this does not affect the prescription drug benefit. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the ***Clinical Criteria* web posting**.

TX-NL-0311-20

The *Clinical Criteria* is publicly available on our **provider website**. Visit ***Clinical Criteria*** to search for specific policies.

Please submit your questions to **email**.

InterQual 2020 update

The effective date for Memorial Hermman Hospital to use InterQual® 2020 criteria will be June 20, 2020. On this effective date, Memorial Hermman Hospital providers should begin using InterQual 2020 Acute Adult and Pediatric criteria.

TX-NL-0300-20

New MCG Care Guidelines 24th edition

Effective August 1, 2020, Amerigroup will use the new acute viral illness guidelines that have been added to the 24th edition of the MCG Care Guidelines. Based on the presenting symptoms or required interventions driving the need for treatment or hospitalization, these guidelines are not a substantive or material change to the existing MCG Care Guidelines we use now, such as systemic or infectious condition, pulmonary disease, or adult or pediatric pneumonia guidelines.

Inpatient Surgical Care (ISC):

- *Viral Illness, Acute — Inpatient Adult (M-280)*
- *Viral Illness, Acute — Inpatient Pediatric (P-280)*
- *Viral Illness, Acute — Observation Care (OC-064)*

Recovery Facility Care (RFC):

- *Viral Illness, Acute — Recovery Facility Care (M-5280)*

TX-NL-0312-20

Texas Health Steps webinar training schedule

Do you have questions regarding Texas Health Steps? Please join one of our online provider trainings hosted by Amerigroup.

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 Medicaid Transportation Program (MTP). All sessions will be held from noon to 1 p.m., Central time.

Thursday, August 13, 2020
Call line: **1-203-607-0564**
Access code: 161 211 9067
Web Link: **Click here to join Webex Meeting**
Password: vmPYU9jBG22

Thursday, September 10, 2020
Call line: **1-203-607-05**
Access code: 161 211 9067
Web Link: **Click here to join Webex Meeting**
Password: vmPYU9jBG22

Thursday, October 8, 2020
Call line: **1-203-607-0564**
Access code: 161 211 9067
Web Link: **Click here to join Webex Meeting**
Password: vmPYU9jBG22

Thursday, November 12, 2020
Call line: **1-203-607-0564**
Access code: 161 211 9067
Web Link: **Click here to join Webex Meeting**
Password: vmPYU9jBG22

Thursday, December 10, 2020
Call line: **1-203-607-0564**
Access code: 161 211 9067
Web Link: **Click here to join Webex Meeting**
Password: vmPYU9jBG22

TX-NL-0314-20

What Matters Most online training course: improving patient experience

The *What Matters Most* online training course for providers and office staff addresses gaps in care and offers approaches to communication with patients. The course is available at no cost and is eligible for one CME credit by the American Academy of Family Physicians. The *What Matters Most* online training course can be accessed at: **www.patientexptraining.com**.

TX-NL-0315-20

Provider data update

Amerigroup partners with AIM Specialty Health®* (AIM), a leading specialty benefits management company that provides services for radiology, cardiology, genetic testing, oncology, musculoskeletal, rehabilitation, sleep management, and additional specialty areas. Partnerships like this require that Amerigroup provider demographic information (group or practice name, additional providers added to the group/practice, location) is current and accurate to eliminate provider and member abrasion.

In the event the provider's demographic information has not been updated in the Amerigroup system, the data will also be missing from the provider data that goes to AIM. Therefore, providers may not be able to locate the requested record in AIM's system. While the provider's information can be manually entered to build a case, the record will appear to be out-of-network, and the case will adjudicate accordingly.

Amerigroup provider data updates flow to AIM via the provider data extract, but the data flow does not work in the reverse back to Amerigroup.

It is important that providers make the following changes or updates with Amerigroup, not AIM:

- Group or practice name
- TIN
- NPI
- Address (add/remove location(s), corrections)
- Phone numbers
- Fax numbers
- Any additional changes

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup.*

TX-NL-0303-20

Submit behavioral health authorizations via our online Interactive Care Reviewer tool

Effective September 1, 2020, Amerigroup is excited to announce an enhanced process for submitting behavioral health authorization requests via the Interactive Care Reviewer (ICR) tool. The enhanced ICR tool will provide the opportunity for quicker decisions and eliminate wait times associated with faxes and telephonic intake.

The ICR tool will use sophisticated clinical analytics to approve an authorization instantly for higher levels of care such as inpatient, intensive outpatient and partial hospitalization.

Benefits of the new ICR tool include:

- Reduction of administrative burden.
- Quicker access to care — 15 minutes for approval in some cases.
- Increased patient focus.
- Prioritization of more complex cases.
- Reduced possibility of errors (such as illegible faxes).
- Increased time spent with patients.

To access the ICR tool, visit **https://www.availity.com**.*

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

TXPEC-3675-20

New emergency room requirement for hospitals

Amerigroup reviewed our emergency room (ER) claims data and identified numerous reimbursements for services with diagnoses that are not indicative of urgent or emergent conditions. As a managed care organization, we promote the provision of services in the most appropriate setting and reinforce the need for members to coordinate care with their PCP unless the injury or sudden onset of illness requires immediate medical attention.

Effective on or after July 1, 2020, for nonparticipating hospitals and on or after September 1, 2020, for participating hospitals, Amerigroup will only process an ER claim for a hospital as emergent and reimburse at the applicable contracted rate or valid out-of-network Medicaid fee for service rate when a diagnosis from a designated auto-pay list is billed as the primary diagnosis on the claim.

If the primary diagnosis is not on the auto-pay list, the provider must submit medical records with the claim. Upon receipt, the claim and records will be reviewed by a prudent layperson standard to determine if the presenting symptoms qualify the patient's condition as emergent. If the reviewer confirms the visit was emergent, according to the prudent layperson criteria, the claim will pay at the applicable contracted rate or valid out-of-network Medicaid fee for service rate. If it is determined to be nonemergent, the claim will pay a triage fee.

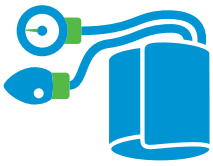
In the event a claim from a hospital is submitted without a diagnosis from the auto-pay list as the primary diagnosis and no medical records are attached, the claim for the ER visit will automatically pay a triage fee.

Amerigroup appreciates the care you provide to our members in a time of need, especially during this unprecedented time in our country. **The diagnosis of COVID-19 or Coronavirus is considered an emergency.** Regardless, we want to collaborate with you to help reduce inappropriate ER use, thereby, reducing crowded conditions in your facility and enhancing our ability to be a prudent payer.

A copy of the current ER diagnosis auto-pay list is available on our provider website at **https://providers.amerigroup.com/TX**. The list of diagnoses, which includes the diagnosis codes for COVID-19 or Coronavirus, will be updated as needed and posted on the website under Provider Resources & Documents > Quick Tools.

TX-NL-0309-20

Controlling High Blood Pressure (CBP)



This HEDIS® measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg).

Record your efforts

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of HTN.
- If no BP is recorded during the measurement year, assume that the member is not controlled.

What does not count for this HEDIS measure?

- If blood pressure is taken on the same day as a diagnostic test or procedure or for a change in diet or medication regimen
- If blood pressure is taken on or one day before the day of any test or procedure
- Blood pressure taken during an acute inpatient stay or an emergency department visit

Read more online.

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

TX-NL-0307-20

Coding spotlight: Provider guide to coding for cardiovascular conditions

In this coding spotlight, we will focus on several cardiovascular conditions; The ICD (International Classification of Diseases) codes from Chapter 9 of the ICD-10-CM are listed in the table below.

Diseases of the circulatory system	Category codes
Acute rheumatic fever	I00-I02
Chronic rheumatic heart diseases	I05-I09
Hypertensive diseases	I10-I16
Ischemic heart diseases	I20-I25
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28
Other forms of heart disease	I30-I52
Cerebrovascular diseases	I60-I69
Diseases of arteries, arterioles and capillaries	I70-I79
Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	I80-I89
Other and unspecified disorders of the circulatory system	I95-I99

Read more online.

TX-NL-0298-20

Updates to AIM Specialty Health advanced imaging *Clinical Appropriateness Guidelines*

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Specialty Health®* advanced imaging of the chest, vascular imaging and AIM oncologic imaging *Clinical Appropriateness Guidelines*.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup.*

TX-NL-0299-20

Read more online.

Prior authorization requirements

Angiographic evaluation of stenotic or thrombosed dialysis circuits

Effective August 1, 2020, Amerigroup will change prior authorization (PA) requirements for angiographic evaluation of stenotic or thrombosed dialysis circuits.

Read more online.

TX-NL-0281-20

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:

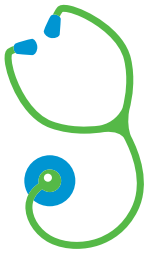
- Web: **https://www.availity.com**
- Fax: **1-800-964-3627**
- Phone: **1-800-454-3730**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers by accessing the Provider Self-Service Tool at **https://www.availity.com** by visiting **https://providers.amerigroup.com/TX** > Login. Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at **1-800-454-3730** PA requirements.

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

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 or CHIP guidelines for coverage and reimbursement information.



To view a guideline, visit **https://medicalpolicies.amerigroup.com/am_search.html**.

Notes/updates:

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

- *CG-MED-88 — Preimplantation Genetic Diagnosis Testing:
  - Content moved from CG-GENE-06 — Preimplantation Genetic Diagnosis Testing
  - Added Medically Necessary and Not Medically Necessary statements addressing preimplantation embryo biopsy
- *DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
  - Revised title (previous title: Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices)
  - Revised scope of document to include other conditions and devices
  - Added cranial electrical stimulation (CES) as Investigational and Not Medically Necessary for all indications
  - Added remote electrical neuromodulation (REN) as Investigational and Not Medically Necessary for all indications
- *LAB.00011 — Analysis of Proteomic Patterns:
  - Revised Investigational and Not Medically Necessary statement to include management of disease
- *MED.00120 — Gene Therapy for Ocular Conditions:
  - Revised title (previous title: Voretigene neparvovec-rzyl [Luxturna®])
  - Expanded scope of document to include all gene therapies for ocular conditions
  - Added the use of all other gene replacement therapies to treat any ocular condition as Investigational and Not Medically Necessary
- *SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention:
  - Revised title (previous title: Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention)
  - Added left atrial appendage closure via surgical (nonpercutaneous) implantation of a device as Investigational and Not Medically Necessary for all indications

Medical Policies

On February 20, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup. View the update online for a list of the policies.

Clinical UM Guidelines

On February 20, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Medicaid and CHIP members on March 10, 2020. These guidelines take effect 30 days from the posting of this notice. View the update online for a list of the guidelines.

Read more online.

TX-NL-0297-20

Medicare-Medicaid Plan

New MCG Care Guidelines 24th edition

View the **article** in the Medicaid section.

TX-NL-0312-20

Provider data update

View the **article** in the Medicaid section.

TX-NL-0303-20

Submit behavioral health authorizations via our online Interactive Care Reviewer tool

View the **article** in the Medicaid section.

TXPEC-3675-20

Updates to AIM Specialty Health advanced imaging *Clinical Appropriateness Guidelines*

View the **article** in the Medicaid section.

TX-NL-0299-20

Medical drug *Clinical Criteria* updates

February 2020 update

On November 15, 2019, and February 21, 2020, 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-0188-20

March 2020 update

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). Please note, this does not affect the prescription drug benefit. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the ***Clinical Criteria* web posting**.

TXD-NL-0190-20

The *Clinical Criteria* is publicly available on our **provider website**. Visit ***Clinical Criteria*** to search for specific policies.

Please submit your questions to **email**.

In-Office Assessment Program

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is proud to offer the 2020 Optum* In-Office Assessment (IOA) Program, formerly known as the *Healthcare Quality Patient Assessment Form/Patient Assessment Form (HQPAF/PAF)* program. The name change reflects significant advancements in technology over the past few years, evolving from a paper form-based program to a program that securely exchanges clinical information digitally through multiple digital modalities.

If you are interested in learning about the electronic modalities available, please contact your Optum representative or the Optum Provider Support Center at **1-877-751-9207** from 7 a.m. to 6 p.m. Central time, Monday through Friday.

The IOA Program is designed to help participating providers ensure chronic conditions are addressed and documented to the highest level of specificity at least once per calendar year for all of our participating Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) members. The IOA Program is designed to help overall patient quality of care (preventive medicine screening, chronic illness management and trifurcation of prescriptions for monitoring of high-risk medications and medication adherence) and care for older adults when generated for an Amerigroup STAR+PLUS MMP member.

Read more online.

** Optum is an independent company providing medical chart review services on behalf of Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).*

TXD-NL-0189-20

Medicare Advantage

New MCG Care Guidelines 24th edition

View the **article** in the Medicaid section.

TX-NL-0312-20/AGPCRNL-0120-20

Provider data update

View the **article** in the Medicaid section.

TX-NL-0303-20

Submit behavioral health authorizations via our online Interactive Care Reviewer tool

View the **article** in the Medicaid section.

TXPEC-3675-20/AGPCARE-0486-20

Updates to AIM Specialty Health advanced imaging *Clinical Appropriateness Guidelines*

View the **article** in the Medicaid section.

TX-NL-0299-20

In-Office Assessment Program

Amerigroup Community Care is proud to offer the 2020 Optum* In-Office Assessment (IOA) Program, formerly known as the *Healthcare Quality Patient Assessment Form/Patient Assessment Form (HQPAF/PAF)* program. The name change reflects significant advancements in technology over the past few years, evolving from a paper form-based program to a program that securely exchanges clinical information digitally through multiple digital modalities.

If you are interested in learning about the electronic modalities available, please contact your Optum representative or the Optum Provider Support Center at **1-877-751-9207** from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

The IOA Program is designed to help participating providers ensure chronic conditions are addressed and documented to the highest level of specificity at least once per calendar year for all of our participating Medicare Advantage plan members. The IOA Program is designed to help overall patient quality of care (preventive medicine screening, chronic illness management and trifurcation of prescriptions for monitoring of high-risk medications and medication adherence) and care for older adults when generated for a Special Needs Plan (SNP) member.

Read more online.

** Optum is an independent company providing medical chart review services on behalf of Amerigroup Community Care.*

AGPCRNL-0113-20

Waived copays, deductibles and coinsurance for CCM, complex CCM and TCM

To support improvement of health outcomes for our members, cost-sharing requirements (copays, deductibles and coinsurance) are not applied to chronic care management (CCM) and transitional care management (TCM) services for Medicare Advantage plans (with the exception of Dual-Eligible Special Needs Plans [D-SNPs]), effective for dates of service on and after September 1, 2019.

CCM, complex CCM and TCM services will be allowed per Medicare coverage guidelines. Members and providers must still meet criteria set by Medicare. **These services require advanced consent from the member, which must be documented in the patient's medical record.**

Read more online.

AGPCRNL-0118-20

2020 Special Needs Plans

Introduction

Amerigroup Community Care is offering Special Needs Plans (SNPs) to people eligible for both Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These include supplemental benefits such as hearing, dental, vision and transportation to medical appointments. Some SNP plans include a card or catalog for purchasing over-the-counter items. SNPs do not charge premiums.

SNP members under Amerigroup benefit from a model of care that is used to assess needs and coordinate care. Within 90 days of enrollment and annually thereafter, each member receives a comprehensive health risk assessment (HRA) that covers physical, behavioral and functional needs, and a comprehensive medication review. The HRA is used to create a member *Care Plan*. Members with multiple or complex conditions are assigned a health plan case manager.

SNP HRAs, *Care Plans* and case managers support members and their providers by helping to identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up appointments, and providing navigation and coordination of services across Medicare and Medicaid programs.

Provider training required

Providers contracted for SNP plans are required to complete an annual training to stay up-to-date with plan benefits and requirements, including details on coordination of care and model of care elements. Every provider contracted for SNP is required to complete an attestation, which states they have completed their annual training. These attestations are located at the end of the self-paced training document.

To take the self-paced training, go to the *Model of Care Provider Training* link on the Availity Portal.*

How to access the Custom Learning Center on the Availity Portal

1. Log in to the **Availity Portal**. At the top of Availity Portal, select **Payer Spaces** and select the appropriate payer.
2. On the *Payer Spaces* landing page, select **Access Your Custom Learning Center** from *Applications*.
3. In the *Custom Learning Center*, select **Required Training**.
4. Select **Special Needs Plan and Model of Care Overview**.
5. Select **Enroll**.
6. Select **Start**.
7. Once the course is completed, select **Attestation** and complete.

Not registered for Availity?

Have your organization's designated administrator register your organization for Availity.

1. Visit **https://www.availity.com** to register.
2. Select **Register**.
3. Select your organization type.
4. In the *Registration* wizard, follow the prompts to complete the registration for your organization.

Read more online.

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

AGPCRNL-0117-20

AIM Musculoskeletal program expansion

Effective November 1, 2020, AIM Specialty Health® (AIM),* a specialty health benefits company, will expand the AIM Musculoskeletal program to perform medical necessity reviews for certain elective surgeries of the small joint for Medicare Advantage patients, as further outlined below.

AIM will follow the Amerigroup Community Care clinical hierarchy for medical necessity determination. For Medicare Advantage (MA) products, AIM makes clinical appropriateness based on CMS National Coverage Determinations, Local Coverage Determinations, other coverage guidelines, and instructions issued by CMS and legislative benefit changes. Where the existing CMS guidance provides insufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

Prior authorization requirements

For services scheduled on or after November 1, 2020, providers must contact AIM to obtain prior authorization for the services detailed below. Providers are strongly encouraged to verify they have received a prior authorization before scheduling and performing services.

Detailed prior authorization requirements are available to contracted providers by accessing the Availity Portal* at **www.availity.com**. Contracted and non-contracted providers may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements or additional questions as needed.

Small joint replacement (including all associated revision surgeries)

- Total joint replacement of the ankle
- Correction of hallux valgus
- Hammertoe repair

The expanded musculoskeletal program will review certain lower extremity small joint surgeries for clinical appropriateness of the procedure and the setting in which the procedure is performed (*Level of Care* review). Procedures performed as part of an inpatient admission are included. The clinical guidelines that have been adopted by Amerigroup to review for medical necessity and level of care are located at:

- ***AIM Small Joint Surgery Guideline***
- ***AIM Level of Care Guidelines for Musculoskeletal Surgery and Procedures***

How to place a review request

You may place a prior authorization request online via the AIM ***Provider****Portal*℠. This service is available 24/7 to process requests using *Clinical Criteria*. Go to **www.providerportal.com** to register. You can also call AIM at **1-800-714-0040**, Monday to Friday 7 a.m. to 7 p.m. Central time.

For more information

For resources to help your practice get started with the musculoskeletal program, go to **www.aimprovider.com/msk**.

This provider website will help you learn more and provide useful information and tools such as order entry checklists, clinical guidelines, and FAQs.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

** AIM Specialty Health is an independent company providing some 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.*

AGPCRNL-0121-20

Updates to AIM musculoskeletal program *Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 26, 2020, the following updates will apply to the AIM Specialty Health® (AIM)* musculoskeletal program joint surgery, spine surgery and interventional pain *Clinical Appropriateness Guidelines*.

Read more online.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Community Care.*

AGPCRNL-0112-20

Transition to AIM Rehabilitative Services *Clinical Appropriateness Guidelines*

Effective October 1, 2020, Amerigroup Community Care will transition the clinical criteria for medical necessity review of certain rehabilitative services to AIM Specialty Health®* Rehabilitative Service *Clinical Appropriateness Guidelines* as part of the AIM rehabilitation program. Reviewed services will include certain physical therapy, occupational therapy and speech therapy services.

Read more online.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Community Care.*

AGPCRNL-0115-20

Medical drug *Clinical Criteria* updates

March 2020 update

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

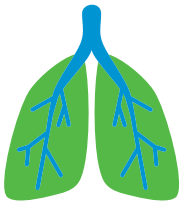
Effective dates are reflected in the ***Clinical Criteria* web posting**.

AGPCRNL-0119-20

The *Clinical Criteria* is publicly available on our **provider website**. Visit ***Clinical Criteria*** to search for specific policies.

Please submit your questions to **email**.

Prior authorization codes moving from AIM Specialty Health to Amerigroup Community Care



AIM Specialty Health® (AIM)* currently performs utilization management review for bilevel positive airway pressure (BiPAP) equipment and all associated supplies. Beginning July 1, 2020, the following codes will require prior authorization with Amerigroup rather than with AIM.

Line of business: Individual Medicare Advantage, Group Retiree Solutions, and Medicare-Medicaid Plans

E0470	Respiratory assist device, bilevel pressure capability, without back-up rate feature, used with noninvasive interface, such as a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, such as a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

AIM will continue to manage the supply codes for automatic positive airway pressure (APAP) and continuous positive airway pressure (CPAP) requests.

Amerigroup will continue to follow the COVID-19 Public Health Emergency orders from CMS until the waivers no longer apply. If the Public Health Emergency Orders are no longer in place beginning July 1, 2020, the following codes will require prior authorization with Amerigroup rather than with AIM when used in combination with the BiPAP codes above.

Precertification requests

Submit precertification requests via:

- **Fax — 1-866-959-1537**
- **Phone** — Please dial the customer service number on the back of the member's card, identify yourself as a provider and follow the prompts to reach the correct precertification team. There are multiple prompts. Select the prompt that fits the description for the authorization you plan to request
- **Web** — Use the Availity Web Tool by following this link: **https://apps.availity.com/availity/web/public.elegant.login**

Read more online.

** AIM Specialty Health is an independent company providing utilization management services on behalf of Amerigroup Community Care.*

AGPCARE-0513-20