April 2021

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Provider Newsletter

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Table of Contents

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

There is something new happening at Amerigroup

What is happening?

Amerigroup is excited to notify providers of upcoming improvements to our platform for utilization review. These changes will be transparent to members and providers, and we are optimistic they will improve our ability to serve our members and providers better by giving our associates easier and quicker access to necessary resources. The new platform also provides improved system capabilities, which will allow associates to perform their job functions with increased efficiency. Our goal is to have Amerigroup associates begin using the new Anthem Care Management System (ACMS) beginning in the first quarter of 2021.

What does this mean for you?

As a provider and/or representative managing and requesting authorizations:

- Nothing will change as it relates to how you request services for your members.
- Nothing will change with how you submit claim requests.
- The new ACMS authorization number will have a UM prefix. Example: UM1234567.
- If you have an existing authorization number, it will be valid and accessible after systems change.
- If you have both an existing authorization number and an ACMS authorization number with a UM prefix, either can be used as a reference for the requested service(s).
- After the new system implementation, letter correspondence will only display the ACMS authorization number.
- Providers may continue to use system generated authorization numbers or member demographics (for example, name, date of birth, Member/Subscriber ID, Medicaid ID) to search authorization details.
- For Electronic Visit Verification (EVV) Providers: The ACMS number may not be viewable in the EVV system. If you are searching for your authorization, please use the other search options provided by the EVV vendor to locate your authorization outside of the ACMS number.

TX-NL-0371-20

Prior authorization updates for specialty pharmacy

Effective for dates of service on and after April 1, 2021, the following medical injectable codes from current or new documents will be included in our prior authorization review process.

Please note, inclusion of the National Drug Code (NDC) on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

Clinical Criteria	HCPCS or CPT® code(s)	Drug
ING-CC-0164	J9281	**Jelmyto** (mitomycin)
ING-CC-0165	J9317	**Trodelvy** (sacituzumab Govitecan-hziy)
ING-CC-0061	J1950	**Fensolvi** (leuprolide acetate)

TX-NL-0375-20

Visit the ***Clinical Criteria* website** to search for specific *Clinical Criteria*.

Prior authorization update for incontinence supplies

Amerigroup is in the process of updating the prior authorization policy for incontinence products. Effective immediately, and until this policy is finalized, Amerigroup will no longer require prior authorization or notification for incontinence supplies.

What is the impact of this change?

Amerigroup continues to use Longhorn Health Solutions, Inc.* as a preferred supplier for adult and pediatric incontinence products for our members. This includes all members whose incontinence supplies are arranged through Amerigroup, including Amerigroup service coordinators.

While Amerigroup is no longer requiring prior authorization or notification of requests for the incontinence supplies listed below, we will continue to transition members to our preferred supplier for their incontinence products. Until the new procedure is finalized, you will continue to receive the *no authorization is required* notice. Once a policy is confirmed, we will provide further instructions on what will be required going forward.

- A4335
- T4521
- T4526
- T4531
- T4536
- T4543
- A4520
- T4522
- T4527
- T4532
- T4537
- T4544
- A4554
- T4523
- T4528
- T4533
- T4539
- A4927
- T4524
- T4529
- T4534
- T4541
- A6250
- T4525
- T4530
- T4535
- T4542

Note: Intentionally influencing our members about their choice of supplier is in direct violation of your *Participating Provider Agreement* with Amerigroup, and this will continue to be monitored.

** Longhorn Health Solutions, Inc. is an independent company providing adult and pediatric incontinence products on behalf of Amerigroup.*

TX-NL-0387-21

HIV medication combinations may require prior authorization

Starting August 1, 2021, Amerigroup will implement a new policy for HIV medications to help ensure patients are not receiving therapeutic duplications when taking certain combinations. Providers and members expected to be impacted by this policy will receive advance notice by mail.

In order for members to continue to receive coverage for the drug combination, providers must submit a separate prior authorization form for each drug and provide the medical necessity rationale for why the drug combination is clinically needed.

Combinations that are considered clinical duplicates are based on drug mechanism of action and developed in accordance with the U.S. Department of Health and Human Services HIV Guidelines.

The duplicate therapy policy may trigger as a result of one of the following drug combinations:

Duplicate name	Duplicate description	Example
Integrase stand transfer inhibitors (INSTI)	Two drug products each containing a drug with an INSTI mechanism of action	Isentress (raltegravir) and Dovato (dolutegravir/ lamivudine)
Non-nucleoside re-verse transcriptase inhibitors (NNRTI)	Two drug products each containing a drug with an NNRTI mechanism of action	Edurant (rilpivirine) and Symfi (efavi-renz/lamivudine/TDF)
Protease inhibitors (PI)	Two drug products each containing a drug with a PI mechanism of action	Prezcobix (da-runavir/cobicistat) and Reyataz (atazanavir)
Nucleoside reverse transcriptase inhibi-tors (NRTI)	Two drug products that together result in four NRTI active ingredients	Truvada (emtricita-bine/TDF) and Biktarvy (bictegravir/ emtricita-bine/TAF)
Boosters	Two drug products that result in a combination of the protease inhibitor boosters, ritonavir and cobicistat	Prezcobix (da-runavir/cobicistat) and Kaletra (lopinavir/ritonavir)

As a reminder, prior authorizations may be submitted online (through **www.CoverMyMeds.com***) or via fax or phone.

** CoverMyMeds is an independent company providing pharmacy benefit management services on behalf of Amerigroup.*

TX-NL-0379-21

Medical drug benefit *Clinical Criteria* updates

November 2020 updates

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup. These policies were developed, revised or reviewed to support clinical coding edits.

Read more online.

TX-NL-0381-21

December 2020 updates

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup. These policies were developed, revised or reviewed to support clinical coding edits.

Read more online.

TX-NL-0383-21

Visit the ***Clinical Criteria* website** to search for specific *Clinical Criteria*.
If you have questions or would like additional information, reach out via **email**.

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**.

Notes/updates:

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

- *GENE.00055 – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
  - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- *LAB.00037 – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
  - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- *DME.00011 – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
  - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
  - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
  - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- *SURG.00062 – Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
  - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- *CG-GENE-04 – Molecular Marker Evaluation of Thyroid Nodules
  - Added the Afirma Xpression Atlas as not medically necessary
- SURG.00158 – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
  - A new *Medical Policy* was created from content contained in DME.00011.
  - There are no changes to the policy content.
  - Publish date is December 16, 2020.
- CG-GENE-21 – Cell-Free Fetal DNA-Based Prenatal Testing
  - A new *Clinical Guideline* was created from content contained in GENE.00026.
  - There are no changes to the guideline content.
  - Publish date is December 16, 2020.

Medical Policies

On November 5, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup. These guidelines take effect 30 days from posting.

Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for Amerigroup members on November 19, 2020. These guidelines take effect 30 days from posting.

Read more online.

TX-NL-0380-21

Medicare-Medicaid Plan

Medical drug benefit *Clinical Criteria* updates

November 2020 updates

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *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.

Read more online.

TXD-NL-0208-21

December 2020 updates

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved the following 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.

Read more online.

TXD-NL-0213-21

Visit the ***Clinical Criteria* website** to search for specific *Clinical Criteria*.
If you have questions or would like additional information, reach out via **email**.

In-Office Assessment program

The In-Office Assessment (IOA) program is designed to help providers ensure that all active conditions are continuously being addressed and documented to the highest level of specificity for all Medicare Advantage plan patients of providers participating in the program. This program is designed to help improve all patient quality of care (preventive medicine screening, managing chronic illness and prescription management), as well as care for older adults when generated for a Special Needs Plan member.

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

Success stories

Below are some achievements that Amerigroup was able to accomplish with provider groups through the IOA program:

- As a result of leveraging different types of resources offered by the IOA program (for example, technology), providers' offices were able to see an increase in staff productivity.
- Providers who have taken advantage of the IOA program resources have seen an increase in their documentation and coding accuracy.

COVID-19 update

Amerigroup knows this is a difficult time for everyone, as the situation continues to evolve each day. Amerigroup has considered the severity of the situation and is following CDC Guidelines. For the IOA program, all nonessential personnel are required to work with provider groups telephonically/electronically until further notice.

Amerigroup continues to evaluate the situation and guidelines, and will keep you notified of any changes.

** Optum is an independent company providing care services on behalf of Amerigroup.*

TXD-NL-0210-21

Dates and tips to remember:

- To review their population as soon as possible, Amerigroup strongly encourages participating providers to deliver and continually maintain proper care management, as well as care coordination of their patient population. This will further ensure the current and active conditions that impact patient care, treatment and/or management are continually addressed.
- At the conclusion of each office visit with the patient, providers participating in the IOA program are asked to complete and return a patient assessment. The assessment should be completed based on information regarding the patient's health collected during the office visit. Participating providers may continue to use the 2021 version of the assessment for encounters that take place on or before December 31, 2021; Amerigroup will accept the 2021 version of the assessment for 2021 encounters until midnight January 31, 2022.
- If not already submitted, participating providers are required to submit an *Account Setup Form*, *W-9* and completed **direct deposit enrollment** by March 31, 2022. Participating providers should call the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time, if they have any questions regarding this requirement. Failure to comply with this requirement will result in forfeiture of the provider payment for submitted 2021 assessments, if applicable.

Questions

If you have questions about the IOA program or COVID-19 updates, contact your representative or the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time.

Oncology Dose Reduction Program beginning July 1, 2021

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is committed to being a valued healthcare partner in identifying ways to achieve better health outcomes, lower costs and deliver access to better healthcare experiences for consumers.

Effective for dates of service on or after July 1, 2021, providers for our members covered by Amerigroup STAR+PLUS MMP will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications, listed below. Reviews for these oncology drugs will continue to be administered by AIM Specialty Health® (AIM).*

Providers will be asked whether or not they will accept the dose reduction at the initial review point in the prior authorization process. Within the AIM Provider Portal, a pop-up question will appear related to dose reduction. If the patient is considered unable to have his or her dose reduced, then a second question will appear asking for the provider's clinical reasoning. For requests made outside of the provider portal (for example, called-in or faxed-in prior authorization requests), the same questions will be asked by the registered nurse or medical director who is reviewing the request. Since this program is voluntary, the decision made regarding dose reduction will not affect the final decision on the prior authorization.

The dose reduction questions will appear only if the originally requested dose is within 10% of the nearest whole vial. This threshold is based on current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) that it is appropriate to consider dose rounding within 10%. HOPA recommendations can be found **online**.

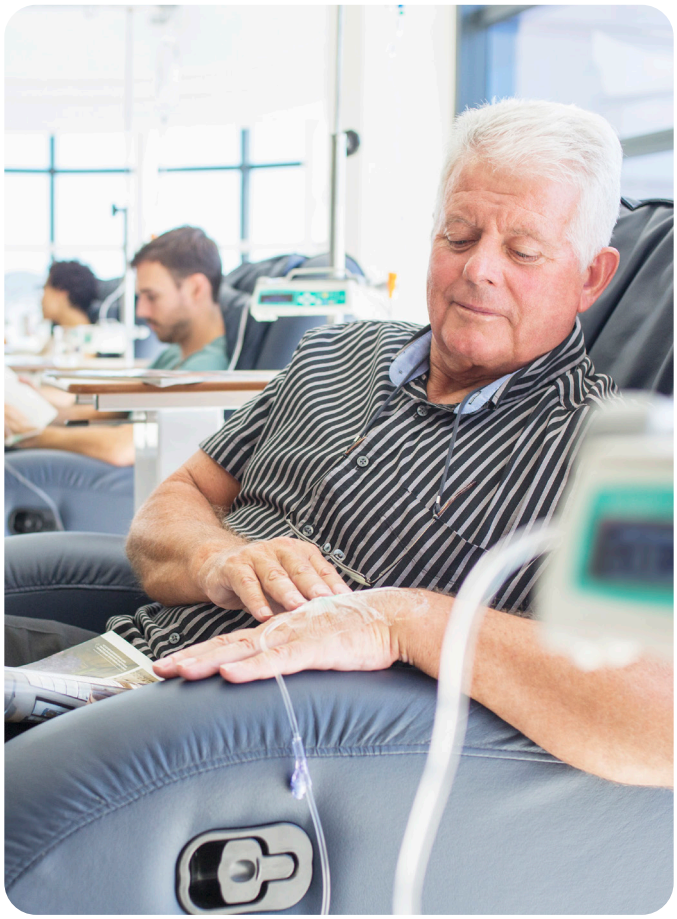
The Voluntary Dose Reduction Program only applies to specific oncology drugs, listed below. Providers can view prior authorization requirements for Amerigroup STAR+PLUS MMP members on the **Medical Policy and Clinical Utilization Management Guidelines page**.

Drug name	HCPCS code
Abraxane (paclitaxel protein-bound)	J9264
Actimmune (interferon gamma-1B)	J9216
Adcetris (brentuximab vedotin)	J9042
Alimta (pemetrexed)	J9305
Asparlas (calaspargase pegol-mknl)	J9118
Avastin (bevacizumab)	J9035
Bendeka (bendamustine)	J9034
Besponsa (inotuzumab ozogamicin)	J9229
Blincyto (blinatumomab)	J9039
Cyramza (ramucirumab)	J9308
Darzalex (daratumumab)	J9145

Drug name	HCPCS code
Doxorubicin liposomal	Q2050
Elzonris (tagraxofusp-erzs)	J9269
Empliciti (elotuzumab)	J9176
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358
Erbitux (cetuximab)	J9055
Erwinase (asparginase)	J9019
Ethyol (amifostine)	J0207
Granix (tbo-filgrastim)	J1447
Halaven (eribulin mesylate)	J9179
Herceptin (trastuzumab)	J9355
Imfinzi (durvalumab)	J9173

Oncology Dose Reduction Program beginning July 1, 2021 (cont.)

Drug name	HCPCS code
Istodax (romidepsin)	J9315
Ixempra (ixabepilone)	J9207
Jevtana (cabazitaxel)	J9043
Kadcyla (ado-trastuzumab emtansine)	J9354
Keytruda (pembrolizumab)	J9271
Kyprolis (carfilzomib)	J9047
Lartruvo (olaratumab)	J9285
Lumoxiti (moxetumomab pasudotox-tdfk)	J9313
Mylotarg (gemtuzumab ozogamicin)	J9203
Neupogen (filgrastim)	J1442
Oncaspar (pegaspargase)	J9266
Opdivo (nivolumab)	J9299
Padcev (enfortumab vedotin-ejfv)	J9177
Polivy (polatuzumab vedotin-piiq)	J9309
Rituxan (rituximab)	J9312
Sarclisa (isatuximab-irfc)	J9999
Sylvant (siltuximab)	J2860
Treanda (bendamustine)	J9033
Vectibix (panitumumab)	J9303
Yervoy (ipilimumab)	J9228
Zaltrap (ziv-aflibercept)	J9400



Providers should continue to verify eligibility and benefits for all members prior to rendering services.

Note: In some plans, *dose reduction to nearest whole vial or waste reduction* may be the term used in benefit plans, provider contracts or other materials instead of or in addition to dose reduction to nearest whole vial. In some plans, these terms may be used interchangeably. For simplicity, we have used *dose reduction (to nearest whole vial)*.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). IngenioRx, Inc. is an independent company providing some utilization review services on behalf of Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).*

TXD-NL-0211-21

In-Office Assessment program

View the **article** in the Medicare-Medicaid Plan section

TXD-NL-0210-21/AGPCRNL-0170-21

Oncology Dose Reduction Program beginning July 1, 2021

View the **article** in the Medicare-Medicaid Plan section.

TXD-NL-0211-21/AGPCRNL-0171-21

Medical drug benefit *Clinical Criteria* updates

November 2020 update

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Read more online.

AGPCRNL-0168-21

December 2020 update

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Read more online.

AGPCRNL-0173-21

Visit the ***Clinical Criteria* website** to search for specific policies.
If you have questions or would like additional information, reach out via **email**.