

December 2021

<https://provider.amerigroup.com/nj>

Provider Services: Medicaid: 800-454-3730

Medicare: Refer to your patient's member ID card



Provider Newsletter

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Submit your information to us using the QR code to the right or click [here](#).





COVID-19 information from Amerigroup Community Care

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our members and state partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the New Jersey Department of Health to help us determine what action is necessary on our part. Amerigroup will continue to follow New Jersey Department of Health guidance policies.

For additional information, reference the *COVID-19 News and Resources* section on the homepage of our [website](#).

NJPEC-2059-20

Administration

Medicaid

End of year message from Teresa Hursey

Thank you for your continued service to our members. The enduring presence of COVID-19 and its variants poses a stubborn challenge to our local communities and to our nation. Fortunately, there is light at the end of a dark tunnel.

Vaccination against COVID-19 is the most effective way to restore our communities and our healthcare system. I urge you, as a trusted healthcare provider, to promote vaccination among all your patients, staff, family, and friends. Do not underestimate the power of your voice to overcome vaccine hesitancy and to overcome the false information being spread in the community. Please urge everyone you can to get vaccinated against COVID-19.

Working with our state partners at the New Jersey Department of Human Services, we have used all the communication tools at our disposal to urge our members to get vaccinated. We have sponsored in-person vaccination events and partnered with local healthcare providers to deploy mobile vaccine vans in some of our communities hit the hardest by COVID-19. Via our Healthy Rewards program, we are offering our members gift card incentives to get vaccinated. If you would like to partner with us to have a COVID-19 vaccine event in conjunction with your practice, please contact your Provider Experience consultant or call Provider Services at **800-454-3730**.

We read so often about what is wrong with our healthcare system and the perpetual conflicts among the various interested parties. The NJ FamilyCare program stands above all that noise and serves as a model for how the public and private sectors can work together to overcome obstacles. During the last two years, we have devoted our efforts to ensure care for our members continues uninterrupted and that our members get vaccinated. Your close partnership in these efforts has been invaluable.

The holiday season is a time to give thanks and to reflect upon the past year. We must also remember those we have lost to this dreadful virus. During the holiday season, it is so important to combat social isolation. A simple phone call, a text message, or personal note goes a long way. Social isolation can negatively impact a person's health and is particularly common among seniors. One of my to-dos during the holidays is to catch up with friends and extended family along with my fellow Amerigroup Community Care associates. I hope that you can also find time to strengthen the bonds of your personal connections during this holiday season.

In closing, we greatly value your partnership and all the work you do. On behalf of Amerigroup, we wish you, your staff, and your families happy holidays and the very best for the coming year!

Warm regards,
Teresa Hursey
President
Amerigroup Community Care

NJ-NL-0676-21

Vaccinate against COVID-19

As the COVID-19 pandemic continues, the Centers for Disease Control has recommended that everyone aged 12 years and older get vaccinated. As a trusted source of health information, healthcare providers play a critical role in dispelling vaccine myths and influencing a patient's decision to consider vaccination.

While case numbers are comparable to last year, there are over 70% fewer deaths due largely to the impact of vaccines. As of September 2021, 64.1% (5.69 million people) of New Jersey residents are fully vaccinated and 72.2% have received at least one dose.

Vaccinated patients are:

- 3.5 times less likely to get infected with COVID-19.
- 8 times less likely to get ill from COVID-19.
- 25 times less likely to be hospitalized or die from COVID-19.

Unfortunately, the COVID-19 pandemic is not over. The vaccines are over 90% effective at preventing hospitalization and death, even from the Delta variant. NJ FamilyCare members can schedule transportation to a vaccine appointment by calling Modivcare* (formerly LogistiCare) at **866-527-9933** at least 48 hours before the appointment. Please be sure to mention that the trip is for COVID vaccination.

Amerigroup Community Care is also giving a reward to members for completing a full COVID 19 vaccine series if they are enrolled in Healthy Rewards.

For additional information, reference the [COVID-19 News and Resources](#) section on the homepage of our website.

Sources:

- Center for Disease Control and Prevention
- NJ Department of Health

** ModivCare is an independent company providing transportation services on behalf of Amerigroup Community Care.*

NJ-NL-0679-21



For providers administering COVID-19 vaccines, CPT® codes are as follows:

CPT codes	Description
91303	J&J (Janssen) COVID-19 vaccine
0031A	J&J (Janssen) COVID-19 vaccine administration
91301	Moderna COVID-19 vaccine
0011A	Moderna COVID-19 vaccine administration — first dose
0012A	Moderna COVID-19 vaccine administration — second dose
91300	Pfizer COVID-19 vaccine
0001A	Pfizer COVID-19 vaccine administration — first dose
0002A	Pfizer COVID-19 vaccine administration — second dose
M0201	COVID-19 vaccine — home administration

Adjudicating claims for COVID-19 vaccines, their administration and COVID-19 monoclonal antibodies

Beginning January 1, 2022, Medicare Advantage Organizations (MAOs) and Medicare-Medicaid Plans (MMPs) are responsible for adjudicating claims for COVID-19 vaccines and their administration and for COVID-19 monoclonal antibodies and their administration.

AGPCRNL-0378-21

Medicaid

Stay updated — Excluded, unlicensed, or uncertified individuals or entities

All providers accepting NJ FamilyCare, regardless of specialty, are responsible to determine if an individual or entity that they employ is excluded, unlicensed, or uncertified.

Providers and MCOs are responsible for ensuring that any payments received from the State of New Jersey are not for items or services that are directly or indirectly furnished, ordered, directed, managed, or prescribed in whole or in part by an excluded, unlicensed, or uncertified individual or entity.

To learn more about provider and MCO responsibilities regarding excluded, unlicensed, or uncertified individuals or entities, click [here](#).

NJ-NL-0677-21

2022 Medicare Advantage service area and benefit updates

An overview of notable **2022 benefit changes and service area updates** are now available. Continue to check <https://provider.amerigroup.com/NJ> the latest Medicare Advantage information.

The flyer is titled "New Jersey 2022 Medicare Advantage plan changes" and is from Amerigroup. It contains the following information:

- Annual benefit changes for Medicare Advantage plan members under Amerigroup Community Care will be effective January 1, 2022.**
- A summary of changes, with a link to <https://shop.amerigroup.com/medicare> for EOC, formularies, and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums, and out-of-pocket maximums.
- Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's EOC or call Provider Services at the number on the back of the member's ID card for more benefit details.
- 2022 highlights:**
 - Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's EOC.
 - Advanced Directives:** Members have access to an online advanced care planning resource called MyDirectives®. MyDirectives is available to the member and their designated medical providers 24 hours a day, seven days a week. To get started, log into the member portal and go to the Programs Dashboard and select Advance Directive Programs. It will take you to MyDirectives to create a new account, or link your existing account. This resource helps them create an advance directive where they can combine the elements of:
 - Living wills
 - Medical powers of attorney
 - Organ donation forms
 - Religious preference statements
 - Value-based insurance design (VBID) (D-SNP only):** D-SNP VBID benefits will include:
 - Assistive devices
 - Personal home helper
 - Dental/vision/hearing flex card
 - Pest control
 - Healthy meals
 - New benefit for non-D-SNP plans:** Tier 1 and Tier 2 Mail-Order at a \$0 copay:
 - This plan offers a 30- to 90-day supply for Tier 1 and Tier 2 covered drugs at a \$0 copay if purchased through mail-order.
- * Auxity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.
- Coverage provided by Amerigroup Inc.
- 5/26/2021 02/24/21
- October 2021

AGPCRNL-0375-21

Partnering in the community

Throughout the national public health emergency, Amerigroup Community Care has continued to support our community partners. Whether it be assisting those who were in need of NJ FamilyCare or fulfilling the needs of those who suffered from food insecurity, Amerigroup representatives have been partnering and working in the communities we serve. Among our highlights this year:

- During National Health Center Week, Amerigroup was proud to support and participate in 31 events across the state.
- Amerigroup supported Read Across America events in multiple school districts, reaching over 5,000 children.
- Through monthly food distributions and other community events, Amerigroup has distributed groceries to more than 1,000 families.
- Partnering with school districts and superintendents, Amerigroup held Back to School events across the state, providing school supplies to over 6,000 children.
- Amerigroup associates have conducted outreach to over 161,000 Amerigroup members to assist them in obtaining the COVID-19 vaccine while ensuring that all of their physical, social, and mental health needs are being met during this difficult time. They have partnered with providers, community-based organizations, and faith-based organizations to hold COVID-19 vaccination and education events across the state.

The events above only partially reflect how Amerigroup has supported our community partners throughout 2021. Amerigroup is committed to working in the communities where our members live. We are always looking to partner; feel free to contact Provider Services at **800-454-3730** if interested in collaborating on events.

NJ-NL-0681-21

Prediabetes education

According to the Centers for Disease Control and Prevention (CDC), approximately 88 million American adults — more than one in three — have prediabetes. Of those with prediabetes, more than 84% are unaware they have it. Screening for this condition is important because prediabetes can be reversed if caught early enough. Providers who counsel and support their patients in making healthy lifestyle choices, including improving dietary choices, incorporating exercise, addressing smoking, and reducing alcohol use, can prevent the further development of diabetes.

Additionally, behavioral health providers should screen for prediabetes in patients taking antipsychotic medications. Antipsychotic medications increase the risk of diabetes directly by adversely affecting insulin sensitivity and secretion.

Amerigroup Community Care recommends using a tool such as the Take the Risk Test found [online](#) to screen patients for prediabetes. Providers can also ask similar questions to determine their patients' risk factors. To support you in the care of our members, Amerigroup has care coordination programs where nurse case managers can help to coordinate care for members with prediabetes and diabetes. Referrals can be made directly by contacting Amerigroup at **800-452-7101, ext. 106-134-2111**, contacting your Provider Experience associate, or by visiting the *Contact Us* page on our [provider website](#) for up-to-date contact information.

Amerigroup also uses claims reports to identify members who may need care coordination. When screening members for prediabetes, be sure the following codes are submitted on your claims:

- ICD-10 code V77.1 – Encounter for screening for diabetes mellitus
- ICD-10 code R73.03 – Prediabetes

We value our partnership with you and look forward to our continued collaboration so we can ensure quality care and outcomes for our members.

NJ-NL-0669-21

Helping your patient navigate mammography

You can help your patient navigate the confusing guidelines for breast cancer screening. According to the CDC, breast cancer is the most common cancer in women. A primary care physician's (PCP) recommendation is the most significant factor in scheduling a mammogram, providing an opportunity for the PCP to play an important role in preventing this disease.

The American Cancer Society recommends:

- Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (X-rays of the breast) if they wish to do so.
- Women ages 45 to 54 should get mammograms every year.
- Women ages 55 and older should switch to mammograms every two years or can continue yearly screening.
- Screenings should continue as long as a woman is in good health and is expected to live 10 years more or longer.
- All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening.



Women should also know how their breasts normally look and feel and report any breast changes to a healthcare provider right away.

Because of other factors such as family history or a genetic tendency, some women should be screened with MRIs along with mammograms. The number of women who fall into this category is very small.

For additional information, reference **Breast Cancer Screening** on the homepage of our website.

Sources:

- <https://cancer.org/healthy/find-cancer-early/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html>
- <https://provider.amerigroup.com/NJ>

NJ-NL-0678-21

Guidelines for childhood lead screening

Although recent data continues to demonstrate a decline in the prevalence of elevated blood lead levels in children, lead remains a common, preventable, and environmental health threat. Childhood lead poisoning continues to be a public health concern in New Jersey. Lead toxicity results in substantial, population-level effects on children's intellectual abilities, academic abilities, problem behaviors, and birth weight. You can help decrease lead toxicity by ensuring you screen your patients.



What are the guidelines for childhood lead screening?

The *Verbal Lead Risk Assessment* should be used at every well-visit for children between 6 and 72 months of age. This tool can be found in the *Provider Manual*.

Providers are expected to administer blood lead testing on all children twice between 9 and 72 months of age:

- The first test is expected between 9 and 18 months, preferably at 12 months.
- The second test is expected between 18 and 26 months, preferably at 24 months. Any child between 27 and 72 months of age not previously tested should receive a blood lead test.

Sources:

- https://cdc.gov/nceh/lead/publications/educational_interventions_children_affected_by_lead.pdf
- <https://pediatrics.aappublications.org/content/101/6/1072>

NJ-NL-0680-21

What billing codes do I use?

CPT® coding information for lead screening:

- 83655 52 — lead test
(52 modifier — reduced services)
- 36405 59 — venipuncture for lead screening for children under 3 years of age, scalp vein
(59 modifier — distinct procedural service)
- 36406 59 — venipuncture for lead screening for children under 3 years of age, other vein
(59 modifier — distinct procedural service)
- 36410 59 — venipuncture for lead screening for children 3 years and older, non-routine
(59 modifier — distinct procedural service)
- 36415 59 — venipuncture for lead screening for children 3 years and older, routine
(59 modifier — distinct procedural service)
- 36416 59 — collection of capillary blood specimen for lead screening (finger, heel, and ear stick)
(59 modifier — distinct procedural service)
- 83655 — lead test

As part of our partnership with you to achieve our quality goals, Amerigroup Community Care provides an incentive for lead screening. The annual lead screening incentive is \$25 for members who are 0 to 72 months using CPT code 83655.

Administration — Digital Tools

Medicaid | Medicare Advantage

Good news: Non-payment remittance advice enhancements are here

We have enhanced your ability to search, review, and download a copy of the remittance advice on Availity* when there is not an associated payment. For remit advice with payment, you can continue to search with the check/EFT number.

Below are images reflecting the scenarios that have been enhanced:

Paper remittance

ZERO AMOUNT -- THIS IS NOT A CHECK	
DATE 07/14/21	
PROVIDER NAME	
ADDRESS	
ALTERNATE PAYEE REMITTANCE ADVICE	PROVIDER NPI IDS XXXXX
	TAX ID NO XXXXX
	CHECK NUMBER: 9999999999
0.00	IRS WITHHELD
0.00	STATE WITHHELD

Electronic remittance advice (ERA/835)

Check Details
Check/EFT Number 9999999999-2019
Check/EFT Date 11/18/2019
Check Amount \$0.00

What has changed?

Non-payment number display in the Check Number and Check/EFT Number fields:

Old — There were two sets of numbers for the same remittance advice. The paper remittance displayed 10 bytes (9999999999 or 99#####) and the corresponding 835 (ERA) displayed 27 bytes (9999999999 — [year] #####).

Enhancement — The updated numbering sequence for the paper remittance and corresponding 835 (ERA) now contain the same 10-digit number beginning with 9 (9XXXXXXXXX). Each non-payment remittance issued will be assigned a unique number.

Searching for non-payment remittance:

Old — When using *Remit Inquiry* to locate paper remittance, the search field required a date range and tax ID to locate a specific remittance due to same number scenario (10 bytes (9999999999) being used for every non-payment remittance.

Enhancement — Once the unique ERA non-payment remittance number is available, it can be entered in the check number field in *Remit Inquiry*. This new way of assigning check numbers provides a faster and simplified process to find the specific remittance.

The way your organization receives remittances and payments has not changed; we have simply enhanced the numbering for the non-pay remittances. These changes do not impact previously issued non-payment remittance advice.

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

NJ-NL-0641-21/AGPCRNL-0211-21

Policy Updates

Medicaid | Medicare Advantage

Clinical Criteria updates

August 2021 update

On August 20, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised, or reviewed to support clinical coding edits.

Medicaid:



Read more online.

NJ-NL-0673-21

Medicare Advantage:



Read more online.

AGPCRNL-0371-21

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



Updates to AIM Specialty Health *Clinical Appropriateness Guidelines*

As part of the AIM Specialty Health® (AIM)* guideline annual review process, the following updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal_{SM}** directly. Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization
- Access AIM via the **Availity Portal**.*
- Call the AIM Contact Center toll-free number: **800-714-0040** Monday through Friday from 7 a.m. to 7 p.m. CT

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines **online**.

* 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.

Medicare Advantage

Musculoskeletal Interventional Pain Management Clinical Appropriateness Guidelines

Effective for dates of service on and after March 13, 2022, the following updates will apply to the *Clinical Appropriateness Guideline* for musculoskeletal (MSK) interventional pain management from AIM.

Updates by section:

- Epidural injection procedures (ESI) and diagnostic selective nerve root blocks (SNRB):
 - Allow more frequent ESI in newly diagnosed patients
 - Remove imaging requirement in certain circumstances
 - Require similar criteria as ESI for diagnostic SNRB
 - Add epidural abscess as a contraindication
 - Limit multilevel and combination diagnostic SNRB
- Paravertebral facet injection/medial branch block (MBB)/neurolysis:
 - Limit indefinite use of diagnostic MBB
 - Add indication for diagnostic pars defect MBB
 - Expand exceptions allowed for intraarticular facet injections
 - Define MBB timing with respect to radiofrequency neurotomy, MBB limited to RFA candidacy
 - Limit open surgical neurolysis and limited multiple spinal injections
- Sacroiliac joint injections:
 - Limit indefinite use of diagnostic intraarticular injections
 - Disallow sacral lateral branch blocks
 - Disallow sacroiliac joint therapeutic injections in a previously fused joint
- Spinal cord and nerve root stimulators:
 - Allow minimally invasive pain procedures to satisfy conservative management definition
 - Specify timing of mental health evaluation
 - Define indications for repeat stimulator trial

AGPCRNL-0221-21

Medicaid | Medicare Advantage

Cardiology Clinical Appropriateness Guidelines

Effective for dates of service on and after

March 13, 2022, the following updates will apply to the AIM *Diagnostic Coronary Angiography* and *Percutaneous Coronary Intervention Clinical Appropriateness Guidelines*.

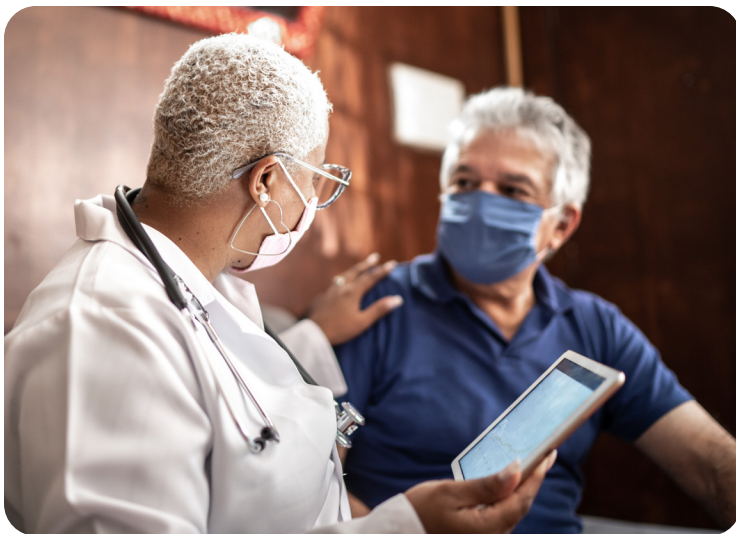
Diagnostic coronary angiography:

- Removed indications for asymptomatic patients (in alignment with the ISCHEMIA trial)
- Facilitated coronary angiography with a view to intervention in non-culprit vessels following ST-segment elevation myocardial infarction (STEMI), in alignment with the COMPLETE trial
- For patients undergoing preoperative evaluation for transcatheter aortic valve replacement (TAVR) or other valve surgery, aligned criteria with the updated American College of Cardiology (ACC)/American Heart Association (AHA) guideline for the management of patients with valvular heart disease

Percutaneous coronary intervention:

- Revised criteria such that, for some cohorts, only those patients with persistent unacceptable symptoms and moderate or severe stress test abnormalities can proceed to revascularization (in alignment with the ISCHEMIA trial)
- For non-left main percutaneous coronary intervention (PCI), expanded use to non-culprit vessels in patients following STEMI, and restricted use to those with moderate or severe stress test abnormalities who have failed medical therapy
- Left main PCI limited to situations where coronary artery bypass grafting (CABG) is contraindicated or refused (in alignment with NOBLE and EXCEL trials)
- Clarified requirements for patients who have undergone CABG: at least 70% luminal narrowing qualifies as stenosis, symptomatic ventricular tachycardia is considered an ischemic symptom, and instant wave-free ratio fractional flow reserve (iFR) is considered in noninvasive testing
- Removed requirement to calculate syntax score for patients scheduled to undergo renal transplantation
- For patients scheduled for percutaneous valvular procedures (e.g., TAVR/TAVI or mitral valve repair), added clarification that PCI should only be attempted for complex triple vessel disease when CABG is not an option

NJ-NL-0671-21



Updates to AIM Specialty Health *Clinical Appropriateness Guideline* (cont.)

Medicaid | Medicare Advantage

Advanced Imaging Clinical Appropriateness Guidelines

Effective for dates of service on and after March 13, 2022, the following updates will apply to the listed AIM *Advanced Imaging Clinical Appropriateness Guidelines*.

Updates by guideline:

- **Imaging of the Brain:**
 - Acoustic neuroma — removed indication for CT brain and replaced with CT temporal bone
 - Meningioma — new guideline establishing follow-up intervals
 - Pituitary adenoma — removed allowance for CT following nondiagnostic MRI in macroadenoma
 - Tumor, not otherwise specified — added indication for management; excluded surveillance for lipoma and epidermoid without suspicious features
- **Imaging of the Head and Neck:**
 - Parathyroid adenoma — specified scenarios where surgery is recommended based on American Association of Endocrine Surgeons guidelines
 - Temporomandibular joint dysfunction — specified duration of required conservative management
- **Imaging of the Heart:**
 - Coronary CT angiography — removed indication for patients undergoing evaluation for transcatheter aortic valve implantation/replacement who are at moderate coronary artery disease risk
- **Imaging of the Chest:**
 - Pneumonia — removed indication for diagnosis of COVID-19 due to availability and accuracy of lab testing
 - Pulmonary nodule — aligned with Lung-RADS for follow-up of nodules detected on lung cancer screening CT
- **Imaging of the Abdomen and Pelvis:**
 - Uterine leiomyomata — new requirement for ultrasound prior to MRI; expanded indication beyond uterine artery embolization to include most other fertility-sparing procedures
 - Intussusception — removed as a standalone indication
 - Jaundice — added requirement for ultrasound prior to advanced imaging in pediatric patients
 - Sacroiliitis — defined patient population in whom advanced imaging is indicated (predisposing condition or equivocal radiographs)
 - Azotemia — removed as a standalone indication
 - Hematuria — modified criteria for advanced imaging of asymptomatic microhematuria based on AUA guideline
- **Oncologic Imaging:**
 - National Comprehensive Cancer Network (NCCN) recommendation alignments for breast cancer, Hodgkin and Non-Hodgkin lymphoma, neuroendocrine tumor, melanoma, soft tissue sarcoma, testicular cancer, and thyroid cancers.
 - Cancer screening — new age parameters for pancreatic cancer screening; new content for hepatocellular carcinoma screening
 - Breast cancer — clinical scenario clarifications for diagnostic breast MRI and PET/CT

NJ-NL-0685-21/AGPCRNL-0373-21

Policy Updates — Prior Authorization

Medicaid

Prior authorization requirement changes

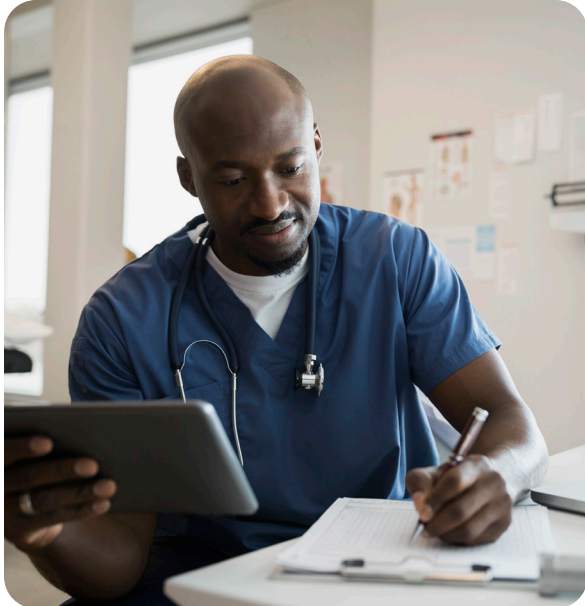
Effective December 1, 2021, prior authorization (PA) requirements will change for the codes listed below. These medical codes will require PA by Amerigroup Community Care for NJ FamilyCare members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and 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.



View more online.

NJ-NL-0652-21

Policy Updates — Reimbursement Policies



Medicaid | Medicare Advantage

Policy Update Drug Screen Testing (Effective March 1, 2022)

Effective March 1, 2022, separate reimbursement is not allowed for specimen validity testing when utilized for drug screening. Reimbursement is included in the CPT® and HCPCS code descriptions for presumptive and definitive drug testing. Modifier 59, XE, XP, XS, and XU will not be allowed to override.

For additional information, review the Drug Screen Testing reimbursement policy at <https://provider.amerigroup.com/new-jersey-provider/claims/reimbursement-policies>.

NJ-NL-0654-21/AGPCRNL-0219-21

Policy Updates — Medical Policies and Clinical Guidelines

Medicaid | Medicare Advantage

August 2021 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.

Notes/updates:

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

- *CG-SURG-112 — Carpal Tunnel Decompression Surgery
 - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for carpal tunnel decompression surgery
- *CG-SURG-113 — Tonsillectomy with or without Adenoidectomy for Adults
 - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria
- *DME.00043 — Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring
 - The use of a neuromuscular electrical training device is considered *Investigational & Not Medically Necessary* for the treatment of obstructive sleep apnea or snoring
- *GENE.00058 — TruGraf Blood Gene Expression Test for Transplant Monitoring
 - TruGraf blood gene expression test is considered *Investigational & Not Medically Necessary* for monitoring immunosuppression in transplant recipients and for all other indications
- *LAB.00040 — Serum Biomarker Tests for Risk of Preeclampsia
 - Serum biomarker tests to diagnosis, screen for, or assess risk of preeclampsia are considered *Investigational & Not Medically Necessary*
- *LAB.00042 — Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy
 - Molecular signature testing to predict response to Tumor Necrosis Factor inhibitor (TNFi) therapy is considered *Investigational & Not Medically Necessary* for all uses, including but not limited to guiding treatment for rheumatoid arthritis
- *OR-PR.00007 — Microprocessor Controlled Knee-Ankle-Foot Orthosis
 - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for the use of a microprocessor controlled knee-ankle-foot orthosis
- *SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
 - Added *Medically Necessary* statement for transcatheter closure of left atrial appendage (LAA) for individuals with non-valvular atrial fibrillation for the prevention of stroke when criteria are met
 - Revised *Investigational & Not Medically Necessary* statement for transcatheter closure of left atrial appendage when the criteria are not met
- *SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques
 - Added *Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation
 - Added *Not Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation when criteria in *Medically Necessary* statement are not met
 - Removed laparoscopic radiofrequency ablation from *Investigational & Not Medically Necessary* statement
 - Removed *Investigational & Not Medically Necessary* statement on radiofrequency ablation using a transcervical approach

Medicaid

To view a guideline, visit <https://provider.amerigroup.com/new-jersey-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>.

Medical Policies

On August 12, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. These guidelines take effect December 4, 2021.

Clinical UM Guidelines

On August 12, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for members on September 23, 2021. These guidelines take effect December 4, 2021.



View more online.

NJ-NL-0686-21

Medicare Advantage

To view a guideline, visit <https://medpol.providers.amerigroup.com/green-provider/medical-policies-and-clinical-guidelines>.

Medical Policies

On August 12, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. These guidelines take effect November 29, 2021.

Clinical UM Guidelines

On August 12, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines adopted by the Medical Operations Committee for our members on September 23, 2021. These guidelines take effect November 29, 2021.



View more online.

AGPCRNL-0374-21

Products and Programs

Medicare Advantage

Somatus is your resource for kidney care management

We are pleased to announce a new no-cost care management program available for your Medicare Advantage covered patients with chronic kidney disease (CKD) or end-stage kidney disease (ESKD). This high-touch program, delivered by Somatus,* is designed to support and enhance your existing patient care by providing hands-on, one-on-one care management to eligible patients with kidney disease.

Somatus is the leading and largest provider of kidney care management services in the country. Through an innovative care-delivery model, Somatus surrounds patients with access to the full suite of support services and education needed to delay kidney disease progression and retain quality of life.

Somatus' care management services are personalized to each participating member and may include:

- A full care team comprised of a nurse, community health worker, pharmacist, dietitian, and social worker.
- Ongoing in-home physical assessments, environmental assessments, face-to-face education, and health coaching to identify problems early and avoid potential hospitalizations and complications.
- Comprehensive 1:1 care management of the patient's kidney disease and co-morbidities, delivered in person (at home, clinic, or hospital) or via telephone.
- Clinical and logistical assistance to help patients transfer safely from hospital to home, if needed.
- Meal planning, appointment scheduling, transportation coordination, connection to local resources and community-based organizations, and more.

Amerigroup Community Care will identify Medicare Advantage patients in your practice who qualify for and would benefit from Somatus' kidney-care services, and we look forward to working with you to ensure these patients enroll and take part in this no-cost opportunity. A member of the Somatus team will be in touch to discuss your eligible patients and how you can help encourage their participation.

For more information about Somatus, visit www.somatus.com or, contact the Somatus Care Team at:

- Phone: **855-851-8354** | Monday through Friday | 9 a.m. to 9 p.m. ET
- Email: care@somatus.com

** Somatus is an independent company providing care management services on behalf of Amerigroup Community Care.*

AGPCRNL-0377-21

Office-Based Addiction Treatment program and elimination of prior authorization for medication-assisted treatment

The Division of Medical Assistance and Health Services (DMAHS), in collaboration with the Division of Mental Health and Addiction Services, has developed the Office-Based Addiction Treatment (OBAT) program to cover and support medication-assisted treatment (MAT). The OBAT program is designed to enhance access to and improve the use of non-methadone MAT services for Medicaid beneficiaries by establishing additional supports and reducing administrative barriers for PCPs providing these addiction services. OBAT practices are led by PCPs with a *Data 2000 Waiver* and employ staff who provide navigator services critical to ensuring successful treatment outcomes.

As of April 1, 2019, we no longer require prior authorization (PA) for medications or bundled services that include administering medication for the treatment of opioid or alcohol use disorders. Safety edits posted as a result of prospective drug utilization review are allowed. For claims billed through the pharmacy program, formulary preferences may be used. This includes buprenorphine/naloxone combination products, buprenorphine only, naltrexone (oral), naltrexone XR (for opioid, alcohol, or both), methadone (oral) for the treatment of substance use disorder, SUBLOCADE™, and probuphine. For independent clinics providing MAT services, there will be no PA for methadone (H0020HF) or non-methadone (H0033HF) dispensed per diem or as bundled services billed under H0020HF26 (methadone) or H0033HF26 (non-methadone).

Amerigroup Community Care will begin reaching out to all participating providers with a *Data 2000 Waiver* to gauge interest in participating as an OBAT practice. For more information about this initiative, contact your Provider Experience consultant directly or call Provider Services at **800-454-3730**.

NJ-NL-0683-21



Medicaid

OBAT training offerings

Camden Coalition is offering free virtual training webinars for office-based addiction treatment (OBAT) navigators. The four-session training series provides actionable information for OBAT navigators on how to support patients' goals and priorities as well as best practices in connecting patients to behavioral health and social service resources. Providers will learn techniques to:

- Identify the needs (and the strengths) of their medication-assisted treatment patients.
- Make patient-centered referrals.
- Connect with resources in the community.
- Support a patient-driven care plan.

Register [online](#).

All medication-assisted treatment providers and care navigators are welcome to attend. For more information, contact Mouy Pan at mpan@camdenhealth.org.

Attention *DATA 2000 Waiver* providers: If Amerigroup Community Care is not presently listing your practice in our online provider directory as a medication-assisted treatment provider with or without navigation services, contact your Provider Experience consultant or email us at nj1prmb@amerigroup.com for assistance.

NJ-NL-0682-21