IA Health Link
Hawki
Amerivantage Dual Coordination (HMO D-SNP)

Amerigroup

Provider News | August 2022

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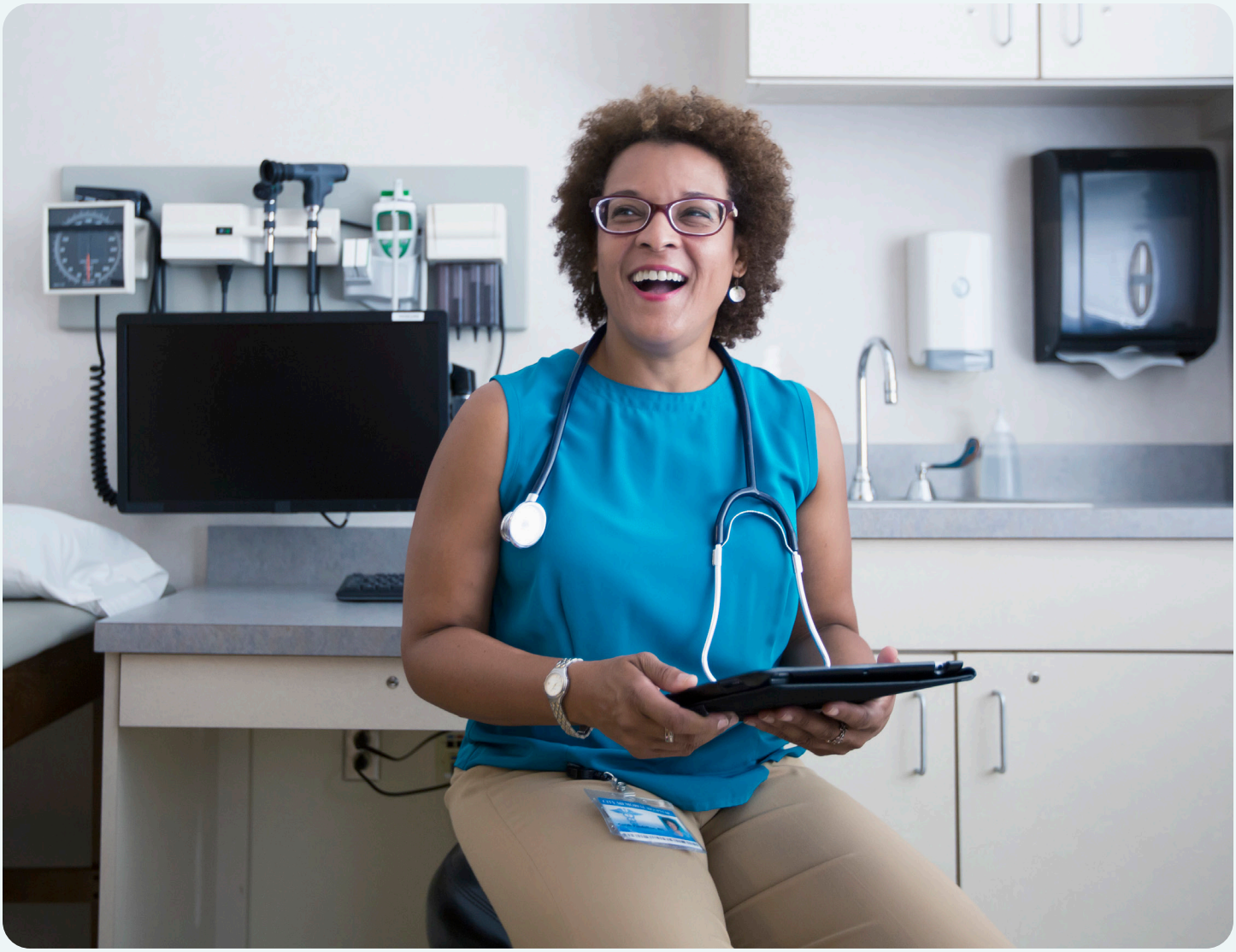


Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

Provider website:

https://provider.amerigroup.com/IA

Provider Services:

- Medicaid: **800-454-3730**
- Medicare Advantage: **866-805-4589**

Featured Announcement

Medicaid | Medicare Advantage

Introducing Elevance Health —
Focusing on whole health and its most powerful drivers

I am pleased to announce that our shareholders voted to approve our parent company's name change from Anthem, Inc. to **Elevance Health, Inc. (NYSE Ticker Symbol — ELV) effective June 28, 2022**.

Here is what you can expect:

- **A bold new vision for the future of health**
  We chose the name Elevance Health to better reflect our business as we **elevate** the importance of whole health and **advance** health beyond healthcare for consumers, their families, and our shared communities. This new vision fuels our transformation from a traditional health benefits organization to a health company that looks beyond the traditional scope of physical health.
- No action is needed by you, and we remain committed to helping you deliver whole-person care for your patients, our customers. **Importantly, there is no impact or changes to your contract, reimbursement, or level of support. For your patients, it will not change their plan or coverage or change how they receive their medications. Provider networks will not be changing.**
- **A more holistic approach to health that improves affordability and outcomes**
  Bringing together a broad portfolio of health plans, including pharmacy, behavioral, clinical, and complex care provider partners, we can deliver integrated, holistic health solutions to meet the increasing needs of our customers and care provider partners. This includes two notable changes:
  - **Our healthcare service partners will operate under a new brand called Carelon.** This includes Beacon Health Options, AIM Specialty Health®, CareMore, and IngenioRx. You can find us at **Carelon.com**.
  - **IngenioRx, our pharmacy benefit management partner**, will become **CarelonRx** on January 1, 2023. This name change will not impact your patient's benefits, coverage, or how their medications are filled. We will communicate detailed information about this change soon.
- **A simpler brand portfolio that makes it easier to do business with us**
  We have streamlined and simplified the complexity of our health plan and service businesses and reduced the number of brands we have in the market, so our partners and customers clearly understand where we serve, who we serve, and what our brands do.

What does this mean for care providers?

We are also pleased to announce the launch of Wellpoint. Wellpoint will unite select Medicare, Medicaid, and Commercial plans focused on improving the health of individuals, employers, and communities at all stages of life. Wellpoint is an integral part of our company's heritage and will be new to some markets.

We will thoughtfully rename the majority of our non-Blue branded plans to Wellpoint over the next few years. You can find us at **Wellpoint.com**.

Looking forward together

As your partner, we will continue to keep you updated with new information as soon as it becomes available. In the meantime, you can visit us at **ElevanceHealth.com** or contact your provider representative with any questions.

Thank you for joining us on this exciting path forward as we reimagine what is possible for every moment of health.

Sincerely,

Bryony Winn
President, Health Solutions

IAAGP-CD-001842-22-CPNB1793/IAAGP-CR-002466-22

The cost of alcohol use disorder

The total economic cost of alcohol use disorder (AUD) was estimated to be $249 billion per year as of 2019, according to the CDC[1] with $27 billion coming from healthcare costs.[2] The CDC projected the total AUD economic impact on society to be $807 per person, per year.[3]

AUD and healthcare spending

Alcohol contributes to the highest amount of health plan spending related to substance use. 36% of Medicaid substance use claims were related to alcohol in 2020, accounting for over $129 million — an increase of 16% from 2019. Additionally, people with AUD are more likely to be high-cost claimants. In government and commercially insured patients across the country, the top 5% of high-cost claimants have either an existing AUD or health conditions resulting from alcohol use.[4]

AUD and the workforce

AUD also has a significant economic effect on the workforce by way of tardiness, absenteeism, employee turnover, and conflict. It causes a reduction in potential employees, customer base, and the taxpayer base.[5]

AUD and mortality

Alcohol use was directly tied to 95,000 deaths annually between 2011 and 2015, according to the CDC. This was more than all other substances combined including opioids, heroin, fentanyl, and methamphetamines. The CDC estimates that alcohol-attributed disease resulted in almost 685,000 years of potential life lost (YPLL) for the same period. YPLL is the estimation of the average time a person would have lived had they not died prematurely.[6]

Below is the YPLL related directly or indirectly to AUD.

Cause	YPLL
Total YPLL	> 2.7 million
100% alcohol attributed disease	684,750
Suicide	334,058
Motor vehicle crashes	323,610
Liver disease	202,391
Heart disease	118,021
Cancer	88,729

1 Center for Disease Control and Prevention, 2019
https://www.cdc.gov/alcohol/features/excessive-drinking.html
2 National Institute on Drug Use, 2018
https://archives.drugabuse.gov/trends-statistics/costs-substance-abuse
3 Center for Disease Control and Prevention, 2019
4 Internal Claims Data, 2022
5 National Institute on Drug Use, 2018
6 Center for Disease Control, 2020
https://www.cdc.gov/mmwr/volumes/69/wr/mm6939a6.htm

IA-NL-0555-22

Using SBIRT to address opioid and substance use disorders

COVID-19 impact on opioid and substance use disorders

As a result of the COVID-19 pandemic, there has been a 20% increase in substance use nationwide, and nearly 100,000 opioid overdose related deaths between 2020 and 2021.[1] Black Americans have been disproportionately affected by this increase in overdoses.[2] Increasing screening, brief intervention, and referral to treatment (SBIRT) may help provide an opportunity to engage those with emerging and existing substance use disorders through proactive identification and connection to professional services when indicated.

SBIRT resources for providers

A provider toolkit for SBIRT is available on the Amerigroup Iowa, Inc. **provider website**. This toolkit includes SBIRT collateral materials for your use, which outline recommended screening tools, a guided SBIRT process, and resources to help identify appropriate referrals.

More about the SBIRT approach

SBIRT is a "comprehensive, integrated public health approach to the delivery of early intervention and treatment services for persons with substance use disorders (SUD), as well as those who are at risk of developing these disorders," according to the Substance Abuse and Mental Health Service Administration (SAMHSA). The goal of SBIRT is to reduce the potential consequences of SUDs.[3]

SBIRT encounters include a brief screening and intervention that identifies:

- One or more behaviors related to risky alcohol or drug use.
- Right type and amount of treatment.

The screening is a brief set of questions that identify the patient's risk of SUD-related problems. The brief intervention is a short (15 to 30 minutes) counseling session to raise awareness of the risks. By leveraging motivation enhancement techniques, this seeks to work with the patient where they are at and with what they are ready and willing to do to address identified substance misuse. Referral to treatment helps the patient access specialized treatment when indicated.

The purpose of the encounter is to facilitate change with the patient's immediate behavior or thoughts about a risky behavior. In addition, SBIRT results help those with higher levels of need to obtain long-term care, including referrals to specialty providers. This evidence-based program (EBP) has been shown to result in a $2 to 4 healthcare savings for every $1 spent.[4]

Healthcare providers who encounter an at-risk member have an opportunity for early intervention and referral to appropriate treatment. The core goal is to reduce and prevent problematic use, abuse, and dependence on alcohol, opioids, and other substances. SBIRT has been proven effective regardless of age, gender, race, and culture in children, adolescents, and adults.

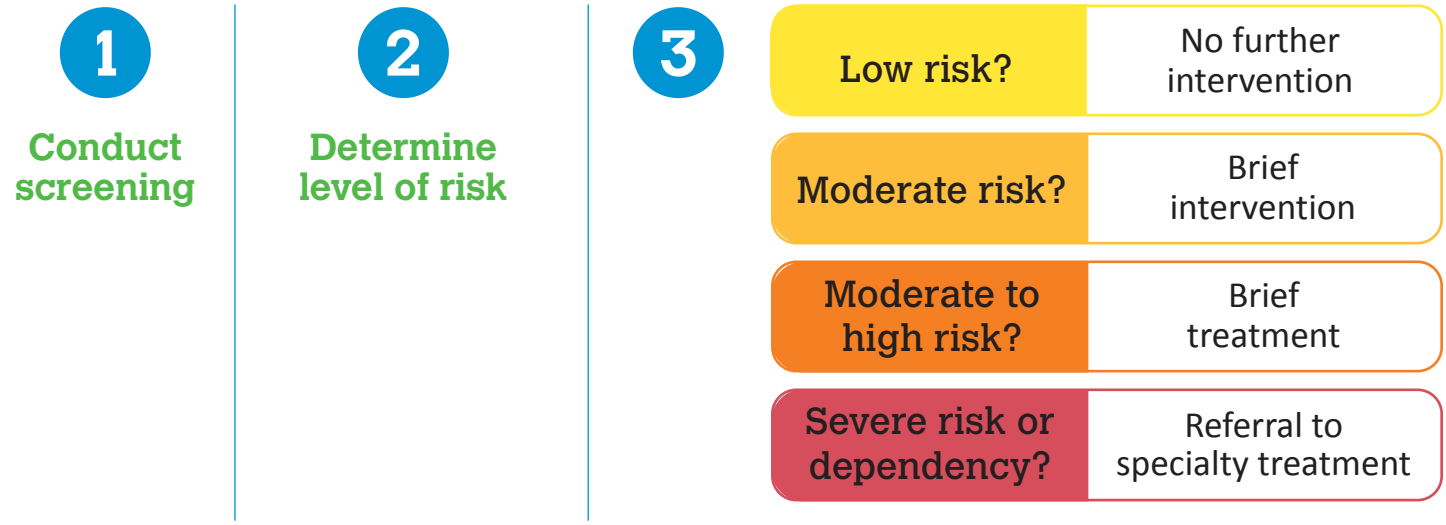
Using SBIRT to address opioid and substance use disorders (cont.)

Encounters with patients in need of SBIRT may occur in public health non-substance use treatment settings including primary care centers, hospital emergency rooms, trauma centers, and community health settings. Primary care providers (MD/DOs, PAs, ARNPs), behavioral health providers (therapists, counselors, psychiatrists, clinical social workers), and nurses may provide SBIRT.

Recommended screening tools include:

- Alcohol use disorder identification test (AUDIT)[5] for adults with alcohol risk.
- Drug abuse screening test (DAST-10)[6] for adults with drug risk.
- Car, relax, alone, forget, family or friends, trouble (CRAFFT)[7] for children and adolescents.
- Tolerance, worried, eye opener, amnesia, k/cut down (TWEAK)[8] for pregnant people.

SBIRT process flow:



If you need assistance connecting patients to SUD treatment or have questions about implementing SBIRT in your practice, call Provider Services at **800-454-3730**.

Resources:

1 Centers for Disease Control and Prevention (2022) **https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm**
2 Larochelle et al. (2021) **https://doi.org/10.2105/AJPH.2021.306431**
3 Substance Abuse and Mental Health Services Administration (2021) **https://www.samhsa.gov/sbirt**
4 Gentilello et al. (2005) **https://doi.org/10.1097/01.sla.0000157133.80396.1c**
5 World Health Organization (1987) **https://apps.who.int/iris/handle/10665/62031**
6 Addiction Research Foundation (1983) **https://www.drugabuse.gov/sites/default/files/audit.pdf**
7 Knight et al. (1999) **https://doi.org/10.1001/archpedi.153.6.591**
8 Russell (1994) **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6876474**

IA-NL-0551-22

Social drivers of health: Five-part training series

The Health Equity Population Health Council at Amerigroup Iowa, Inc. is introducing a new five-part training series on the social drivers of health (SDOH) as outlined below for our in-network providers. We hope this series will be beneficial to you in providing whole person care and in assessing and meeting the social health needs of the patients you serve.

The courses can be found on the Elsevier* Performance Manager platform by logging into your Elsevier account. Select **self-enroll** in the navigation pane on the right-hand side of the page, then search for the title of the training. Access to complete the courses is free. All learners must register for access to the Elsevier platform.

To assist you with community resources, you are welcome to use our community resource link — an online resource that can be used by Amerigroup members to easily find free and low-cost services such as food, jobs, housing, and more. Services are searchable by ZIP code and have information about programs and events offered within the patient-identified ZIP code area. Visit **www.myamerigroup.com/ia/get-help/local-resources.html**.

Trainings:

- SDOH: Introduction: LnD — CO0241625 Learning and Development
- SDOH: Food Security: LnD — CO0241671 Learning and Development
- SDOH: Housing: LnD — CO0241665 Learning and Development
- SDOH: Interpersonal Violence (IPV): LnD — Learning and Development
- SDoH: Transportation: LnD — CO0241672 Learning and Development

** Elsevier is an independent company providing content hosting services on behalf of Amerigroup Iowa, Inc.*

IAPEC-3166-22

Prior authorization requirement changes

Effective November 1, 2022, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Amerigroup Iowa, Inc.

PA requirements will be added to the following:

- **0214U**: Rare diseases (constitutional/ heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood O
- **0215U**: Rare diseases (constitutional/ heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood O
- **L6026**: Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device
- **L6715**: Terminal device, multiple articulating digit, includes motor(s), initial issue, or replacement

IA-NL-0568-22

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.**

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

- Availity:* Once logged in to **Availity**, select Patient Registration > Authorizations & Referrals, then select **Authorizations** or **Auth/Referral Inquiry**, as appropriate.
- Fax: **800-964-3627**
- Phone: **800-454-3730**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the **provider website**. Contracted and noncontracted providers who are unable to access Availity may call Provider Services at **800-454-3730** for assistance with PA requirements.

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

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after July 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim is necessary to expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0196	J9359	Zynlonta (loncastuximab tesirine-lpyl)
ING-CC-0197	J9272	Jemperli (dostarlimab)
ING-CC-0199	J3490, J3590, C9399	Empaveli (pegcetacoplan)
ING-CC-0102	J1952	Camcevi (leuprolide mesylate)
ING-CC-0018	J0219	Nexviazyme (avalglucosidase alfa-ngpt)

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

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

* HCPCS and CPT codes noted are eligible for payment based on Medicaid requirements and covered services by each State Agency.

IAPEC-3167-22

MCG Care Guidelines 26th edition

Effective September 1, 2022, we will upgrade to the 26th edition of MCG Care Guidelines for inpatient/surgical care (ISC). The below tables highlight new guidelines and changes.

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

Goal length of stay (GLOS) for ISC

Guideline	MCG code	25th edition GLOS	26th edition GLOS
*Aortic Valve Replacement, Transcatheter	S-1320 [W0133]	2 days postoperative	1 day postoperative
*Apnea, Neonatal (Non-Preterm Infants)	P-15	3 days	2 days
*Renal Failure, Chronic	M-325	3 days	2 days
*Subarachnoid Hemorrhage, Nonsurgical Treatment	M-79	4 days	3 days
*Craniotomy, Supratentorial	S-410	3 days postoperative	2 days postoperative
*Ankle Fracture, Closed, Open Reduction, Internal Fixation (ORIF)	S-100	Ambulatory or 1 day postoperative	Ambulatory
*Hip Arthroplasty	S-560 [W0105]	Ambulatory or 2 days postoperative	Ambulatory or 1 day postoperative
*Humerus Fracture, Closed or Open Reduction	S-632	Ambulatory or 1 day postoperative	Ambulatory
*Knee Arthroplasty, Total	S-700 [W0081]	Ambulatory or 2 days postoperative	Ambulatory or 1 day postoperative
*Lumbar Laminectomy	S-830 [W0100]	Ambulatory or 1 day postoperative	Ambulatory
*Nephrectomy	S-870	3 days postoperative	2 days postoperative
*Prostatectomy, Radical	S-960	1 day postoperative	Ambulatory or 1 day postoperative
Dehydration	M-123	1 day	2 days
Esophageal Disease	M-550	1 day	2 days
Gastritis and Duodenitis	M-560	1 day	2 days
Pneumothorax, Neonatal	P-355	2 days	3 days
Seizure	M-327	1 day	2 days
Back Pain	M-63	1 day	2 days

MCG care guidelines 26th edition (cont.)

New guidelines for ISC

Body system	Guideline title	MCG code
Hospital-at-Home	Cellulitis: Hospital-at-Home	M-70-HaH
Hospital-at-Home	Chronic Obstructive Pulmonary Disease: Hospital-at-Home	M-100-HaH
Hospital-at-Home	Heart Failure: Hospital-at-Home	M-190-HaH
Hospital-at-Home	Pneumonia: Hospital-at-Home	M-282-HaH
Hospital-at-Home	Urinary Tract Infection (UTI): Hospital-at-Home	M-300-HaH
Observation Care	Pancreatitis: Observation Care	OC-065
Observation Care	Renal Failure, Acute: Observation Care	OC-066
Observation Care	Stroke: Ischemic: Observation Care	OC-067

Amerigroup Iowa, Inc. customizations to MCG care guidelines 26th edition

To view a detailed summary of customizations, go to **https://provider.amerigroup.com/IA** > Resources > *Medical Policies & Clinical UM Guidelines* > Other Criteria > **Customizations to MCG Care Guidelines 26th Edition**.

IA-NL-0569-22

Specialty pharmacy site of care

To better serve the members of Amerigroup Iowa, Inc., and to ensure members are receiving services at the most appropriate site of care, the member's home, an infusion center, or the provider office will be the preferred sites of care for administration of the medications below for dates of service August 1, 2022, and beyond.

HCPCS or CPT® code(s)	Drug
J3262	Actemra
J0791	Adakveo
J1931	Aldurazyme
J1599	Asceniv
Q5121	Avsola
J0490	Benlysta
J1556	Bivigam
J1566	Carimune NF
J1786	Cerezyme
J2786	Cinqair
J1743	Elaprase
J3060	Elelyso
J3380	Entyvio
J0180	Fabrazyme
J1572	Flebogamma
J1460	Gamma globulin, intramuscular, 1cc
J1560	Gamma globulin, intramuscular, over 10cc
J1569	Gammagard Liquid
J1566	Gammagard S/D
J1561	Gammaked
J1557	Gammaplex
J1561	Gamunex Liquid 10%
J0257	Glassia
Q5103	Inflectra

HCPCS or CPT code(s)	Drug
J2840	Kanuma
J2507	Krystexxa
J0221	Lumizyme
J3397	Mepsevii
J1458	Naglazyme
J0485	Nulojix
J2350	Ocrevus
J1568	Octagam Liquid 5%, 10%
J0222	Onpattro
J0129	Orencia
J1599	Panzyga
J1459	Privigen
J0256	Prolastin
J1745	Remicade
Q5104	Renflexis
J9312	Rituxan
J1602	Simponi Aria
J1300	Soliris
J2323	Tysabri
J1303	Ultomiris
J1322	Vimizim
J3385	VPRIV
J2357	Xolair
J0256	Zemaira

Specialty pharmacy site of care (cont.)

Effective for dates of service August 1, 2022, and beyond, requests for the medications listed above and the clinical information submitted will be reviewed for both medical necessity of the medication itself (as is done currently), as well as the requested site of care, as part of the prior authorization (PA) process. The medical necessity of the requested site of care will be reviewed pre-service using ***Clinical Guideline, Site of Care: Specialty Pharmaceuticals, CG-MED-83***.

There may be circumstances in which a member's clinical situation requires that the member receive the medication in an outpatient hospital setting, which offers a higher intensity of available resources. A request for administration in an outpatient hospital setting will not be approved if a non-hospital setting such as the member's home, an infusion center or the provider office is a clinically appropriate and available alternative.

Please review *Clinical Guideline, Site of Care: Specialty Pharmaceuticals, CG-MED-83*, which details medically necessary indications for administration of specialty pharmaceuticals in the outpatient hospital setting. The site of care review does not apply to medications administered as part of an inpatient stay.

Providers should continue to request PA for the listed medications as usual. If a request for a hospital-based site of care does not meet medical necessity criteria upon review by a physician, the claim may be denied. We encourage you to discuss the alternate sites with the member, including the option of home administration.

We appreciate your support and look forward to your assistance in ensuring that our Amerigroup members receive medically necessary specialty pharmaceuticals delivered in a clinically appropriate fashion. Please note that adherence to the new policies and procedures is required to ensure appropriate payment of claims. If you have questions, please contact your Provider Experience associate.

IAAGP-CD-002184-22

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MCG Care Guidelines 26th edition (cont.)

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Hospital-at-Home	Heart Failure: Hospital-at-Home	M-190-HaH
Hospital-at-Home	Pneumonia: Hospital-at-Home	M-282-HaH
Hospital-at-Home	Urinary Tract Infection (UTI): Hospital-at-Home	M-300-HaH
Observation Care	Pancreatitis: Observation Care	OC-065
Observation Care	Renal Failure, Acute: Observation Care	OC-066
Observation Care	Stroke: Ischemic: Observation Care	OC-067

Amerigroup Iowa, Inc. customizations to MCG care guidelines 26th edition

To view a detailed summary of customizations, go to **https://provider.amerigroup.com/iowa-provider/home**, select the appropriate state > Resources > ***Medical Policies & Clinical UM Guidelines*** > Other Criteria > **Customizations to MCG Care Guidelines 26th Edition**.

AGPCRNL-0412-22

New specialty pharmacy medical step therapy requirements

Effective July 1, 2022, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

Clinical UM Guidelines	Preferred drugs	Nonpreferred drugs
ING-CC-0166	Herceptin, Kanjinti	Herzuma, Ogivri, Ontruzant, Trazimera

Clinical UM Guidelines are publicly available on the provider website. Visit the ***Clinical Criteria* website** to search for specific criteria.

AGPCARE-1348-22