

Provider News

December 2022

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



Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website or call Provider Services.

Provider website:

■ <https://provider.amerigroup.com/IA>

Provider Services:

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

Medicaid

Members' Rights and Responsibilities section

In line with our commitment to participating practitioners and members, Amerigroup Iowa, Inc. has a *Members' Rights and Responsibilities* section located within the provider manual. The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Review this section in your **provider manual**.

IAAGP-CD-003840-22-CPN3784

Medical drug benefit *Clinical Criteria* updates

June 2022 update

On May 20, 2022, and June 23, 2022, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Iowa, Inc. These policies were developed, revised, or reviewed to support clinical coding edits.



Read more online.

IAAGP-CD-006344-22-CPN5937

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



Monkeypox resources and recommendations for our care providers

We are carefully monitoring the recent outbreak of monkeypox infections in the U.S. and are working to support our members and our network care providers with information to help you respond appropriately in the context of your patient population.

The best source of up-to-date information is at the Centers for Disease Control and Prevention, which has a dedicated [monkeypox page for healthcare professionals](#).

In addition to resources for care providers, the CDC has developed educational materials for the public, available for free download [online](#).

FAQs

How does monkeypox spread?

Monkeypox does not spread easily between people without close contact. Person-to-person transmission is possible by skin-to-skin contact with body fluids or monkeypox sores, or respiratory droplets during prolonged face-to-face contact, and less likely through contaminated items such as bedding, clothing, or towels. Patients are contagious until the scabs heal and are replaced by new skin.

How dangerous is the disease?

Monkeypox virus belongs to the poxvirus family and infection is rarely fatal. Patients whose immune system is compromised are most at risk for severe disease, along with children younger than 8 years old, pregnant and breastfeeding people, and people with a history of atopic dermatitis or other active skin conditions.

What are monkeypox symptoms?

Patients often have a characteristic rash (well-circumscribed, firm, or hard macules evolving to vesicles or pustules) on a single site on the body. Patients may also present with a fever and muscle aches. The rash may start in the genital and perianal areas. The lesions are painful when they initially emerge, but can become itchy as they heal, and then go away after two to four weeks. Symptoms can be similar or occur at the same time as sexually transmitted infections.

Is there a monkeypox vaccine?

Yes, although at the time of this writing, availability is limited. Smallpox and monkeypox vaccines are effective at protecting people against monkeypox when given before exposure to monkeypox, and vaccination after a monkeypox exposure may help prevent the disease or make it less severe. You can access the CDC's vaccination updates [online](#).

How can monkeypox be treated?

There are no treatments specifically for monkeypox virus infections. However, antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

Do I need to report a case of suspected monkeypox?

Yes, contact your state health department if you have a patient with monkeypox. They can help with testing and exposure precautions. Find your state health plan department [online](#).

What are the behavioral health impacts of monkeypox?

Studies reporting psychiatric symptoms have indicated that the presence of anxiety, depression, or low mood is common among hospitalized patients with monkeypox infection. Care providers can help by listening with compassion, understanding underlying behavioral health concerns that may be heightened during isolation, and refer patients to the appropriate level of support following a monkeypox diagnosis.

IAAGP-CD-005139-22

Signature requirements for laboratory orders or requisitions

Amerigroup Iowa, Inc. strives to ensure our providers understand documentation compliance, and we are committed to educating our providers in hopes of eliminating errors in documentation practices. It is a best practice and industry standard that physicians sign and date laboratory orders or requisitions.

Although the provider signature is not required on laboratory requisitions, if signed and dated, the requisition will serve as acceptable documentation of a physician order for the testing and so it is strongly encouraged. In the absence of a signed requisition, documentation of your intent to order each laboratory test must be included in the patient's medical record and available to Amerigroup upon request. Documentation must accurately describe the individual tests ordered; it is not sufficient to state *labs ordered*.

Amerigroup will consider laboratory order or requisition requirements met with one of the following:

- A signed order or requisition listing the specific test(s)
- An unsigned order or requisition listing the specific test(s) and an authenticated medical record supporting the physician's intent to order the test(s)
- An authenticated medical record (for example, office notes or progress notes) supporting the physician's intent to order the specific test(s)

Attestation statements are not acceptable for unsigned physician order or requisitions. Signature stamps are not acceptable.



References:

- 1 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LabServices-ICN909221-Text-Only.pdf>
- 2 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf
- 3 <https://go.cms.gov/3tM48YZ>
- 4 *Title 42 CFR §410.32*
- 5 *Documentation Standards for Episodes of Care — Professional Administrative*

IAAGP-CDCR-005965-22-CPN5368

Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service, or care. We do not make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our medical policies are available on our [provider website](#). Additional state-specific guidelines for behavioral health services continue to be located under the *Behavioral Health* tab under **Provider Resources and Documents**.

You can request a free copy of our UM criteria by calling Provider Services at **800-454-3730**, or access it [online](#). Providers can discuss a UM denial decision with a physician reviewer by calling toll free at **800-454-3730**.

We are staffed with clinical professionals who coordinate our members' care. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title, and organization name when initiating or returning calls regarding UM issues.



You can submit precertification requests by:

- Using our preferred electronic method by visiting Availity* Essentials at [availity.com](https://www.availity.com)
- Faxing to:
 - Behavioral health (BH) inpatient: **844-442-8016**
 - BH outpatient: **844-451-2826**
 - Physical health (PH) inpatient: **844-648-9537**
 - PH outpatient: **844-556-6119**
- Calling us at **800-454-3730**.

Have questions about utilization decisions or the UM process?

Call our Clinical team at **800-454-3730**, Monday through Friday, from 8 a.m. to 5 p.m. CT.

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

IAAGP-CD-003863-22-CPN3786

Integrated Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results, know how to obtain essential resources for treatment, or know whom to contact with questions and concerns.



Amerigroup Iowa, Inc. is available to offer assistance in these difficult moments with our Integrated Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, PCPs, and caregivers. The integrated case management process uses the experience and expertise of the Care Coordination team to educate and empower our members by increasing self management skills. The Integrated Case Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.

Members or caregivers can refer themselves or family members by calling the Member Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

You can contact us by email at iaicm@amerigroup.com or by phone at **515-327-7012**. Case Management business hours are Monday through Friday from 8 a.m. to 5 p.m. CT.

IAAGP-CD-003818-22-CPN3339

Prepay itemization bill review

Amerigroup Iowa, Inc., in conjunction with designee, CERiS,* will begin performing line item facility claim reviews. CERiS' professional review process identifies errors, unrelated charges, and non-separately billable charges on facility claims for inpatient services, on a prepayment basis.

Facility claims consist of charges for *routine services* and *ancillary services*. If a provider's contract does not specify which items, supplies, and services are classified as routine or ancillary, CERiS uses payer policy, CMS regulations, and commercially reasonable industry practices to identify routine service and supply charges that are customarily included in the primary service charge. This is generally the *room and board* fee for inpatient claims and the *procedure* fee or *operating room time* fee for outpatient claims.

In order to conduct such reviews, Amerigroup or CERiS may request documentation, most commonly in the form of the itemized bill. Once contacted, please submit requested information within seven calendar days. Amerigroup may accept additional documentation from the provider such as: other documents substantiating the treatment or health service or delivery of supplies; provider's established internal policies; or business practices justifying the healthcare service or supply.



* CERiS is an independent company providing claim service review on behalf of Amerigroup Iowa, Inc.

IAAGP-CR-009374-22

Reimbursement Policy Retraction

Sexually Transmitted Infections Testing — Professional

(Policy 21-001, effective January 1, 2022)

In the October 2021 edition of the provider newsletter, we announced that a new reimbursement policy titled Sexually Transmitted Infections Testing — Professional would be effective for dates of service on or after January 1, 2022. We have made a decision to retract this reimbursement policy.

IAAGP-CD-004002-22-CPN3670

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after December 1, 2022, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon precertification initiation or renewal in addition to the current medical necessity review of all drugs noted below.

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

<i>Clinical Criteria</i>	Status	Drug	HPCS codes
ING-CC-0166	Preferred	Kanjinti	Q5117
ING-CC-0166	Non-preferred	Herceptin	J9355
ING-CC-0166	Non-preferred	Herzuma	Q5113
ING-CC-0166	Non-preferred	Ogivri	Q5114
ING-CC-0166	Non-preferred	Ontruzant	Q5112
ING-CC-0166	Non-preferred	Trazimera	Q5116

IAAGP-CD-002755-22



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.

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

Notes/updates

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

- DME.00046 — Intermittent Abdominal Pressure Ventilation Devices:
 - Intermittent abdominal pressure ventilation devices are considered investigational & not medically necessary for all indications
- DME.00047 — Rehabilitative Devices with Remote Monitoring:
 - The use of rehabilitative devices with remote monitoring or adjustment capabilities (for example, ROMTech PortableConnect® and ROMTech AccuAngle®) is considered investigational & not medically necessary for all indications
- DME.00048 — Virtual Reality-Assisted Therapy Systems:
 - Use of virtual reality systems (for example, EaseVRx, SootheVR, and RelieVR) for screening, diagnosis, or treatment of a health condition is considered investigational & not medically necessary for all indications
- GENE.00059 — Hybrid Personalized Molecular Residual Disease Testing for Cancer:
 - Oncologic hybrid personalized molecular residual disease (MRD) tests are considered investigational & not medically necessary for all indications
- LAB.00048 — Pain Management Biomarker Analysis:
 - The functional pain biomarker urine test panel is considered investigational & not medically necessary for chronic pain management and for all other indications
- MED.00139 — Electrical Impedance Scanning for Cancer Detection:
 - Electrical impedance scanning for cancer detection is considered investigational & not medically necessary for all indications
- TRANS.00039 — Portable Normothermic Organ Perfusion Systems:
 - Outlines the medically necessary and investigational & not medically necessary criteria for Portable Normothermic Organ Perfusion Systems
- CG-MED-90 — Chelation Therapy:
 - Moved content of MED.00127 Chelation Therapy to new *Clinical UM Guideline* document with the same title
- CG-SURG-61 — Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver:
 - Removed the reference to glomerular filtration rate from the radiofrequency and cryosurgical ablation treatment of renal cancer

Medical Policies and Clinical Utilization Management Guidelines update (cont.)

- Added the term “metastatic” to the radiofrequency ablation treatment of metastatic lung cancer to clarify extra-pulmonary disease
- Added not medically necessary statement for laser ablation therapy
- Removed examples from the cryosurgical and radiofrequency ablation not medically necessary statements
- GENE.00023 — Gene Expression Profiling of Melanomas and Cutaneous Squamous Cell Carcinoma:
 - Expanded Scope and Position Statement to include cutaneous squamous cell carcinoma

Medical Policies

On May 12, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Iowa, Inc. These guidelines take effect December 11, 2022.

Clinical UM Guidelines

On May 12, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines adopted by the Medical Operations Committee for Medicaid members on June 23, 2022. These guidelines take effect December 11, 2022.



Read more online.

IAAGP-CD-006080-22-CPN5614



Signature requirements for laboratory orders or requisitions

See [full article](#) in the Medicaid section.

IAAGP-CDCR-005965-22-CPN5368

2023 Medicare Advantage service area and benefit updates

An overview of notable 2023 benefit changes and service area updates are now available [online](#). Please continue to check <https://provider.amerigroup.com/IA> for the latest Medicare Advantage information.

IAAGP-CR-012219-22-CPN10053

Medical drug benefit *Clinical Criteria* updates

June 2022 update

On May 20, 2022, and June 23, 2022, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Iowa, Inc. These policies were developed, revised, or reviewed to support clinical coding edits.



Read more online.

MULTI-AGP-CR-006365-22-CPN5937

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



IngenioRx will become CarelonRx on January 1, 2023

Our pharmacy benefit management partner, IngenioRx,* will join the Carelon family of companies and change its name to CarelonRx on January 1, 2023.

This change will not affect the ways in which CarelonRx will do business with care providers and there will be no impact or changes to the prior authorization process, how claims are processed, or level of support.

If your patients are having their medications filled at our home delivery and specialty pharmacies, please take note of the following information:

- IngenioRx Home Delivery Pharmacy will become CarelonRx Mail.
- IngenioRx Specialty Pharmacy will become CarelonRx Specialty Pharmacy.

These are name changes only and will not impact patients' benefits, coverage, or how their medications are filled. Your patients will not need new prescriptions for medicine they currently take.

When e-prescribing orders to our mail and specialty pharmacies:

- Prescribers will need to choose CarelonRx Mail or CarelonRx Specialty Pharmacy, not IngenioRx, if searching by name.
- If searching by NPI (National Provider Identifier), the NPI will not change.

In addition to our mail and specialty pharmacies, your patients can continue to have their prescriptions filled at any in-network retail pharmacy.

Keeping you well informed is essential and remains our top priority. We will continue to provide updates prior to January and throughout 2023.

** IngenioRx is an independent company providing pharmacy benefit management services on behalf of Amerigroup Iowa, Inc.*

MULTI-AGP-CR-005487-22/MULTI-AGP-CR-013105-22

Personal home helper benefit ending

Navigating the complexities and nuances associated with the COVID-19 pandemic requires frequent review of benefits and their impacts to our member's social drivers of health. In recent evaluations, significant challenges have been identified by many agencies supporting our personal home helper benefit.

These nationwide impacts have led to many members unable to use the benefit to its fullest capacity. Therefore, effective January 1, 2023, the personal home helper benefit will no longer be offered within any Medicare individual plans offered by Amerigroup Iowa, Inc. Members have been notified via their *Annual Notice of Change*. Improving the life of our members is our focus and, while this change is difficult, Amerigroup will make best efforts to identify other resources for members or benefits to enhance their quality of life.

Please direct any member concerns or questions to the member services number on the back of their card.

MULTI-AGP-CR-011947-22-CPN11945



Medical Policies and Clinical Utilization Management Guidelines update

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MULTI-AGP-CR-006086-22-CPN5614