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

Amerigroup

Provider News | July 2022

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IAAGP-CDCR-001950-22

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**

Featured Announcement

Medicaid | Medicare Advantage

COVID-19 information

Amerigroup Iowa, Inc. 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 Iowa Department of Public Health guidance to help us determine what action is necessary on our part. Amerigroup will continue to follow Iowa Department of Public Health guidance policies.

For additional information, reference the *COVID-19 Information* section of our **website**.

IAPEC-1830-20

Updates to AIM Specialty Health *Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 11, 2022, several updates will apply to certain guidelines. As part of the AIM Specialty Health®* guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Advanced Imaging

Read more online.

IA-NL-0564-22

Sleep Disorder Management

Read more online.

IA-NL-0565-22

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

Medical drug benefit *Clinical Criteria* updates

On November 19, 2021, January 4, 2022, and February 25, 2022, the Pharmacy and Therapeutics (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.

IA-NL-0480-22

Medical Policies and *Clinical Utilization Management Guidelines* update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines,* and *Third-Party Criteria* above 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 prior authorization 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:

- *CG-LAB-20 — Thyroid Testing:
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for thyroid testing.
- *CG-LAB-21 — Serum Iron Testing:
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for serum iron testing.
- *LAB.00043 — Immune Biomarker Tests for Cancer:
  - Oncologic immune biomarker tests are considered *Investigational* and *Not Medically Necessary* for all indications.
- *LAB.00044 — Saliva-Based Testing to Determine Drug-Metabolizer Status:
  - Saliva-based testing to determine drug-metabolizer status is considered *Investigational* and *Not Medically Necessary* for all indications.
- *LAB.00045 — Selected Tests for the Evaluation and Management of Infertility:
  - The following tests or procedures are considered *Investigational* and *Not Medically Necessary* for diagnosing or managing infertility:
    - Endometrial receptivity analysis
    - Sperm-capacitation test
    - Sperm deoxyribonucleic acid (DNA) fragmentation test
    - Sperm penetration assay
    - Uterine natural killer (uNK) cells test
- *LAB.00046 — Testing for Biochemical Markers for Alzheimer's Disease:
  - Measurements of biochemical markers (including but not limited to tau protein, AB-42, neural thread protein) is considered *Investigational* and *Not Medically Necessary* as a diagnostic technique for individuals with symptoms suggestive of Alzheimer's disease.
  - Measurements of biochemical markers as a screening technique in asymptomatic individuals with or without a family history of Alzheimer's disease is considered *Investigational* and *Not Medically Necessary*.
  - Moved content related to biomarker testing for Alzheimer's disease from GENE.00003 Biochemical Markers for the Diagnosis and Screening of Alzheimer's Disease to this document.
- *RAD.00067 — Quantitative Ultrasound for Tissue Characterization:
  - Quantitative ultrasound for tissue characterization is considered *Investigational* and *Not Medically Necessary* for all indications.
- *SURG.00154 — Microsurgical Procedures for the Prevention or Treatment of Lymphedema:
  - Revised Position Statement to include the prevention of lymphedema.

- *SURG.00160 — Implanted Port Delivery Systems to Treat Ocular Disease:
  - The use of a port delivery system to treat ocular disease is considered *Investigational* and *Not Medically Necessary* for all indications.
- *TRANS.00038 — Thymus Tissue Transplantation:
  - Outlines the *Medically Necessary* and *Investigational* and *Not Medically Necessary* criteria for allogeneic processed thymus tissue.

Medical Policies

On February 17, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Iowa, Inc. These guidelines take effect June 23, 2022.

Clinical UM Guidelines

On February 17, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines adopted by the Medical Operations Committee for our members on March 24, 2022. These guidelines take effect June 23, 2022.

Read more online.

IA-NL-0570-22

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.

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

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0096	Kimmtrak (tebentafusp-tebn)	Rylaze

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

IAPEC-3126-22

Reducing the burden of medical record review and improving health outcomes with HEDIS ECDS reporting

The HEDIS® Electronic Clinical Data Systems (ECDS) reporting methodology encourages the exchange of the information needed to provide high-quality healthcare services.

The ECDS reporting standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.

Benefits to providers:

- Reduced burden of medical record review for quality reporting
- Improved health outcomes and care quality due to greater insights for more specific patient-centered care

ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures.

Learn more about NCQA's digital quality system and what it means to you and your practice **online**.

ECDS measures

The first publicly reported measure using the HEDIS ECDS Reporting Standard is the **Prenatal Immunization Status (PRS)** measure. In 2022, NCQA will include the PRS measure in Health Plan Ratings for Medicaid and Commercial plans for measurement year 2021.

For HEDIS measurement year 2022, the following measures can be reported using ECDS:

- Childhood Immunization Status (CIS-E)*
- Immunizations for Adolescents (IMA-E)*
- Breast Cancer Screening (BCS-E)
- Colorectal Cancer Screening (COL-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)*
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E) (Accreditation measure for 2021)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)

* Indicates that this is the first year that the measure can be reported using ECDS.

Of note, NCQA added the ECDS reporting method to three existing HEDIS measures: Breast Cancer Screening, Colorectal Cancer Screening, and Follow-up Care for Children Prescribed ADHD Medication. Initially, the ECDS method will be optional, which provides health plans an opportunity to try out reporting using the ECDS method before it is required to transition to ECDS only in the future.

IA-NL-0430-21

New specialty pharmacy medical step therapy requirements

Effective September 1, 2022, Vabysmo will be included in our medical step therapy precertification review process for ING-CC-0072. 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 are publicly available on the provider website. Visit the ***Clinical Criteria* website** to search for specific criteria.

Clinical UM Guidelines	Preferred drugs	Nonpreferred drugs
ING-CC-0072	Avastin, Eylea	Lucentis, Byooviz, Macugen, Beovu, Vabysmo

AGPCARE-1345-22

Update use of Modifier 25 for billing for visits that include preventive services and problem-oriented evaluation and management services

Beginning with claims processed on or after August 1, 2022, Amerigroup will implement additional steps to review claims for evaluation and management (E&M) services submitted by professional providers when a preventive service (CPT® codes 99381 to 99397) is billed with a problem-oriented E&M service (CPT codes 99202 to 99215) and appended with Modifier 25 (for example, CPT code 99393 billed with CPT code 99213 to 99225).

According to the American Medical Association (AMA) CPT Guidelines, E&M services must be *significant and separately identifiable* in order to appropriately append Modifier 25. Based upon review of the submitted claim information, if the problem-oriented E&M service is determined not to be a significant, separately identifiable service from the preventive service, the problem-oriented E&M service will be bundled with the preventive service.

Providers that believe their medical record documentation supports a significant and separately identifiable E&M service should follow the Claims Payment Dispute process (including submission of such with the dispute) as outlined in the provider manual.

If you have questions on this program, contact your contract manager or Provider Experience.

AGPCRNL-0241-22

Help patients heal from the comfort of home with Hospital in Home care

In an effort to deliver on the Amerigroup Iowa, Inc. purpose to improve the health of humanity, we now have a program for in-home patient care for acute conditions.

The Amerigroup Hospital in Home program can advise capable, innovative hospital partners in developing their own hospital in home programs. Once implemented, patients can recover in a more comfortable environment, allowing hospitals to keep beds available for patients with more complex needs.

Inpatient level of care in the home can be a welcome alternative to traditional hospital settings. Patients may find acute care at home to be more convenient and less stressful, and studies have shown acute care at home can be safe and allow for smoother transition to self-care management after the acute illness. **Hospital in Home clinical trials demonstrate a 25% decrease in readmissions and a 50% reduction in time spent in bed**.[1]

The Amerigroup Hospital in Home program has a set of minimum requirements that are designed to promote patient safety. These requirements include aspects of the member's home environment, the clinical scenario, remote monitoring capabilities, and plans for program evaluation.

Please contact your Amerigroup contracting representative to learn more about the Amerigroup Hospital in Home program.

1 Levine, D. M., Ouchi, K., Blanchfield, B., Saenz, A., Burke, K., Paz, M., Diamond, K., Pu, C. T., & Schnipper, J. L. (2020). *Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial*. Annals of internal medicine, 172(2), 77–85. **https://doi.org/10.7326/M19-0600**.

MULTI-AGP-CARE-001823-22-CPN1544