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Amerigroup

Provider News | June 2022

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Submit your information to us using the QR code to the left or click **here**.

IA-NL-0572-22

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 from Amerigroup Iowa, Inc.

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and 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

Prior authorization update for select durable medical equipment items

Effective June 1, 2022, the following durable medical equipment (DME) codes will require prior authorization (PA).

- E0316
- E0986
- K0007
- K0009
- L0999
- L1499
- L2034
- L2036
- L2037
- L2628
- L5050
- L5100
- L5200
- L5210
- L5220
- L5280
- L5301
- L5312
- L5321
- L5590
- L5613
- L5649
- L5700
- L5701
- L5702
- L5814
- L5828
- L5840
- L5845
- L5960
- L5968
- L5979
- L5980
- L5981
- L5988
- L5999
- L6100

What is the impact of this change?

Providers should review the list of codes that will require PA. For code-specific PA requirements, visit **https://provider.amerigroup.com/IA**.

How do I obtain precertification?

PA requests can be submitted through the **Availity* Portal** or by calling Provider Services at **800-454-3730**.

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

IA-NL-0561-22

Updates to AIM Specialty Health *Musculoskeletal Clinical Appropriateness Guidelines*

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

Updates by guideline:

- **Spine surgery:**
  - **Lumbar disc arthroplasty** — added indication for second-level lumbar disc arthroplasty when using a second-level FDA-approved implant
  - **Lumbar discectomy** — removed exclusion for annular closure devices (Note: Medical necessity of the implant is determined by health plan medical policy.)
  - **Lumbar fusion** — removed exclusion for anterior lumbar interbody fusion for indirect lumbar decompression in the absence of instability
  - **Cervical decompression with or without fusion** — added criteria for when revision or replacement may be medically necessary
  - **Cervical disc arthroplasty** — added criteria for when revision or replacement may be medically necessary
  - **Two-level cervical disc arthroplasty** — added indication for second-level arthroplasty when prior arthroplasty already performed
  - **Lumbar disc arthroplasty** — added requirement to manage underlying psychiatric disorder; add contraindications, including prior fusion, poorly managed psychiatric disorder, chronic radiculopathy; add exclusion for prior lumbar fusion
  - **Scheurmann's kyphosis** — removed associated neurological deficits as a clinical consideration
  - **Scoliosis** — expanded indication to include thoracic for progressive adolescent idiopathic scoliosis; increased Cobb angle for skeletally mature patients to greater than 50 degrees
  - **Spinal stenosis** — required surgeon's interpretation of flexion-extension lateral spine X-ray documented in the medical record; added indications for recurrent stenosis, adjacent-level stenosis after a prior fusion, and planned indirect decompression via anterior approach decompression via anterior approach
- **Joint surgery**:
  - **Total shoulder arthroplasty** — added fracture indication for total shoulder arthroplasty (although reverse total shoulder arthroplasty is preferred) to align with American Academy of Orthopedic Surgeons (AAOS) feedback
  - **Total shoulder arthroplasty** — added exception for Kellgren-Lawrence grade 4 to be consistent with total knee and total hip arthroplasty
  - **Hemiarthroplasty** — added indications for hemiarthroplasty for glenohumeral arthritis with irreparable rotator cuff and for malignancy involving the glenohumeral joint or surrounding soft tissue
  - **Reverse shoulder arthroplasty** — added indication when glenoid bone stock inadequate to support anatomic glenoid prosthesis
  - **Labrum repair** — removed requirement that MRI-demonstrated Superior Labrum from Anterior to Posterior tear (SLAP) lesion is traumatic in nature
  - **Adhesive capsulitis** — matched requirements in knee arthroscopy; reduce timeframe of conservative management to six weeks postsurgery for lysis of adhesions/capsular release and MUA

- **Total knee arthroplasty** — added patellofemoral osteoarthritis as an indication for total knee arthroplasty
- **Knee arthroscopy** — new indication for abrasion arthroplasty/microfracture
- **Knee/arthroscopically assisted lysis of adhesions** — removed 12-week postsurgery requirement
- **Knee/manipulation under anesthesia** — removed 12-week postsurgery requirement
- **Treatment of osteochondral defects** — removed BMI 35 or less from patient selection criteria
- **Autologous chondrocyte implantation** — added contraindications from MACI® package insert, including severe osteoarthritis, inflammatory joint disease, knee surgery other than biopsy, or MACI preparation, and inability to cooperate with postoperative rehab program

- **Small-joint surgery:**
  - **Hallux rigidus** — added criteria for select implant arthroplasties in great toe; remove exclusion for percutaneous osteotomy
  - **Hallux valgus/bunionette** — removed exclusion for implant arthroplasties
  - **Lesser toe deformities** — removed exclusions for implant arthroplasties and intramedullary fixation devices
  - **First metatarsophalangeal joint arthrodesis** — removed requirement for six months of symptoms
  - **First metatarsophalangeal joint arthroplasty** — new indication
  - **Hallux rigidus/exclusions** — clarified specific types of excluded implants; excluded metatarsophalangeal joint arthroplasties for any other indications; excluded peripheral neuropathy/Charcot joint

- **Sacroiliac (SI) joint fusion:**
  - Expanded indication to include any FDA-approved minimally invasive/percutaneous SI joint fusion device with fixation
  - Require a trial of at least one therapeutic intra-articular SI joint injection
  - New criteria for revision minimally invasive SI joint fusion
  - Add exclusion for posterior (dorsal) minimally invasive SI joint fusion procedures using only bone grafts and no internal fixation device

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

- Access AIM's ***Provider****Portal*℠ 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 Monday through Friday from 7 a.m. to 7 p.m. CT at **800-305-1808**.

For questions related to guidelines, please **email AIM**. 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 Iowa, Inc. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Iowa, Inc.*

IA-NL-0563-22

Retraction: Adult outpatient urology and ophthalmology surgery precertification initiative

In our December 2021 newsletter and via email, we incorrectly communicated that Amerigroup Iowa, Inc. requires adult outpatient urology and ophthalmology surgery procedures to be provided at an ambulatory surgery center (ASC) or provider office unless precertified at a hospital. The newsletter and email were titled: *Adult outpatient urology and ophthalmology surgery precertification initiative*.

Please disregard guidance within this article, as the initiative does not apply to Amerigroup in Iowa. We apologize for confusion this incorrect guidance may have caused.

As always, for code-specific precertification requirements, providers can refer to **https://provider.amerigroup.com/IA** > Resources > Prior authorization requirements > select **Prior Authorization Lookup Tool**. Precertification requests can be submitted through the **Availity* Portal** or by calling Provider Services at **800-454-3730**.

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

IAPEC-3241-22

Provider notice for COVID-19 testing

Evaluation and management services for COVID testing — professional

Effective with dates of service on or after September 1, 2022, Amerigroup Iowa, Inc. will facilitate review of selected claims for COVID-19 visits reported with evaluation and management (E&M) services submitted by professional providers to align with CMS reporting guidelines.

When the purpose of the visit is for COVID-19 testing only, reimbursement for CPT® code 99211 (office or other outpatient visit) is allowed when billed with:

- Place of service office (11)
- Mobile unit (15)
- Walk-in retail health clinic (17)
- Urgent care facility (20)

Claims for exposure only may be affected. Professional providers are encouraged to code their claims to the highest level of specificity in accordance with ICD-10 coding guidelines.

Prior to payment, Amerigroup will review the selected claims to determine, in accordance with correct coding requirements and/or reimbursement policy as applicable, whether the E&M code level submitted as appropriate for the COVID-19 visit reported. If the visit is determined to be solely for the purpose of COVID-19 testing, Amerigroup will reimburse using CPT code 99211.

Professional providers that believe their medical record documentation supports reimbursement for the originally submitted level for the E&M service will be able to follow the Claims Payment Dispute process (including submission of such documentation with the dispute) as outlined in the provider manual.

AGPCRNL-0415-22

Clinical Criteria updates

November 2021, and January to February 2022 updates

On November 19, 2021, January 4, 2022, and February 25, 2022, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Iowa, Inc. These policies were developed, revised, or reviewed to support clinical coding edits.

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

Read more online.

AGPCRNL-0414-22

Amerigroup Iowa, Inc. expands specialty pharmacy precertification list

Effective for dates of service on and after September 1, 2022, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

HCPCS or CPT® codes	Medicare Part B drugs
C9399, J3490, J3590, J9999	Kimmtrak (tebentafusp-tebn)
C9399, J3490, J3590, J9999	Enjaymo (sutimlimab-jome)
C9399, J3590	Tezspire (tezepelumab-ekko)
J3490, J3590	Vabysmo (faricimab-svoa)

AGPCARE-1339-22

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 drug	Nonpreferred drug
ING-CC-0107	Avastin, Mvasi	Zirabev

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

AGPCARE-1312-22

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions and exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

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.

View specific guidelines **online**.

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 MPTAC approved several *Medical Policies* applicable to Amerigroup Iowa, Inc. These guidelines take effect June 4, 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 4, 2022.

Read more online.

AGPCRNL-0416-22