

Provider News | May 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 or call Provider Services.

Provider website:

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

Provider Services:

■ Medicaid: **800-454-3730**



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

Screening for alcohol use disorder in high-prevalence demographics



High-prevalence demographics

The lifetime prevalence of AUD in the U.S. population is approximately 29.1%. However, only 19.8% of people with AUD receive treatment. Prevalence of AUD is high in white and Indigenous people, younger men (age < 65), unmarried people, and those with low incomes.¹

22.8 million people over the age of 12 reported having a substance use disorder (SUD) in 2019; AUD accounted for 63% of this population. An additional 12% presented with AUD and another SUD (excluding nicotine) according to the National Survey on Drug Use and Health (NSDUH).²

AUD and COVID-19

Evidence suggests that alcohol consumption increased during the COVID-19 pandemic. One study found that 60% of respondents reported increased alcohol-intake.³ In 2020, alcohol sales increased by 262% online and 21% in stores, which participants reported was due to increased stress, alcohol availability, and lockdown boredom.⁴ This increase was most substantial between March to April 2020. The study suggests those most affected by COVID-19 (job loss, friend loss, family loss, and isolation) may be more at risk of AUD.³

AUD co-occurring with mental health conditions

People with a variety of mental health conditions are at increased risk of developing an AUD or have an existing co-occurring AUD.⁵ While the rates are higher for co-occurring disorders with mental health conditions, there is also a higher risk of greater severity and a worse prognosis for both the mental condition and AUD.

Trauma, including adverse childhood events (ACEs) and post-traumatic stress disorder (PTSD), are often precursors for AUD.⁶ Traumatic brain injuries (TBIs) are also associated with AUD. Alcohol intoxication is one of the strongest predictors of a TBI. In addition, people with a TBI are more likely to abuse alcohol.⁷

In most co-occurring disorders, the mental health condition preceded the AUD. This indicates that people diagnosed with a mental health condition should be screened for AUD. Preventive work should begin at the onset of symptoms of a mental health condition.⁵

1 Recovery Research Institute, 2019 <https://www.recoveryanswers.org/addiction-101/epidemiology>

2 Substance Abuse and Mental Health Services Administration, 2020 Results from the 2019 National Survey on Drug Use and Health

3 Pollard, Tucker, and Green (2020) <https://doi.org/10.1001/jamanetworkopen.2020.22942>

4 The Nielsen Company (2020) <https://www.nielsen.com/us/en/insights/article/2020/rebalancing-the-covid-19-effect-on-alcohol-sales>

5 Glantz et al., (2020) <https://doi.org/10.1016/j.addbeh.2019.106128>

6 Brady and Back (2012) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860395>

7 Weil, Corrigan, and Karelina (2018) <https://pubmed.ncbi.nlm.nih.gov/31198656>

New Strategic Provider System implementation May 2022

Strategic Provider System to launch in May

In May 2022, Amerigroup Iowa, Inc. will replace the current data management system with the new and significantly improved Strategic Provider System (SPS). The SPS data website will increase website data accuracy, transparency, and timeliness, creating an enhanced provider experience.

SPS offers robust support features that will improve the ability of Amerigroup to match submitted claims, resulting in more accurate pricing and processing.

The easy-to-use website will allow you to:

- Digitally submit demographic data to one location.
- Maintain, update, and verify demographic data using a single website.
- Receive clear on-screen alerts and guidance as you maintain your data.
- Obtain access to a simplified quick verification process that will allow you to complete required verifications online, eliminating the need to fax, email, or use separate online forms.
- Receive periodic reminders to help you keep your information current.

What you need to do to get ready for the change

If already enrolled in Availity,* no further action is needed. If you are not enrolled, go to [availity.com](https://www.availity.com) and select the orange Register button. Availity is a secure provider website where you can enjoy the convenience of digital transactions, including prior authorization and claims submission, as well as benefit and eligibility look-up.

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

IA-NL-0426-21



Specialty pharmacy site of care program retraction

On November 11, 2021, the *Provider Update* linked below, specific to *Specialty Pharmacy Site of Care*, was posted to the Amerigroup Iowa, Inc. provider website. The notice informed providers that effective March 1, 2022, for specific billing codes, a review to determine the appropriate site of care would occur per *Clinical Guideline, Site of Care: Specialty Pharmaceuticals, CG-MED-83*.

Please be advised that the November 11, 2021, the *Provider Update* specific to *Specialty Pharmacy Site of Care* is being retracted. We will not be implementing the review on March 1, 2022. If a change is planned in the future, a new *Provider Update* will be posted.



Read more online.

IA-NL-0451-22

Prior authorization requirement change for HCPCS code K1022

Effective June 1, 2022, prior authorization (PA) requirements will change for HCPCS code K1022. The medical code below will require PA for Amerigroup Iowa, Inc. members.

PA requirements will be added to the following:

- **K1022:** Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

To request PA, use one of the following methods:

- **Web:** Log into **Availity**,* then select Patient Registration > Authorizations & Referrals. Then select Authorization Request or Auth/Referral Inquiry, as appropriate.
- **Fax:** 800-964-3627
- **Phone:** 800-454-3730

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. **Non-compliance with new requirements may result in denied claims.**

Not all PA requirements are listed here. PA requirements are available to providers by accessing the **Prior Authorization Lookup Tool** at <https://provider.amerigroup.com/IA> on the *Resources* tab or for contracted providers on the Availity Portal. Providers may also 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.*

IA-NL-0452-22

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after May 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.

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

<i>Clinical Criteria</i>	Status	Drug	HCPCS codes
ING-CC-0075 ING-CC-0167	Preferred	Riabni	Q5123
ING-CC-0075 ING-CC-0167	Nonpreferred	Rituxan	J9312
ING-CC-0075 ING-CC-0167	Preferred	Ruxience	Q5119
ING-CC-0075 ING-CC-0167	Nonpreferred	Truxima	Q5115

IA-NL-0478-22



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>.

Medical Policies and Clinical Utilization Management Guidelines update

Notes/updates:

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

- *CG-LAB-19 — Laboratory Evaluation of Vitamin B12:
 - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for the use of vitamin B12 blood test
- *DME.00044 — Wheelchair Mounted Robotic Arm:
 - The use of a wheelchair mounted robotic arm is considered *Investigational and Not Medically Necessary* for all uses
- *MED.00138 — Wearable Devices for Stress Relief and Management:
 - Wearable devices for management, monitoring or prevention of stress and stress-related conditions are considered *Investigational and Not Medically Necessary* for all indications
- *CG-MED-53 — Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing:
 - Removed criteria addressing chronically immunosuppressed individuals
- *CG-MED-81 — Ultrasound Ablation for Oncologic Indications:
 - Added *Not Medically Necessary* statement for TULSA
- *CG-SURG-78 — Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies:
 - Revised the clinical indications to add a *Not Medically Necessary* statement for histotripsy
- *MED.00099 — Navigational Bronchoscopy:
 - Removed the word Electromagnetic in the Position Statement
- *SURG.00010 — Treatments for Urinary Incontinence:
 - Added new criterion to *Investigational and Not Medically Necessary* statement on endovaginal cryogen-cooled, monopolar radiofrequency remodeling
 - Added as treatments for urinary incontinence to *Investigational and Not Medically Necessary* statement and removed wording on urinary incontinence
- *SURG.00097 — Scoliosis Surgery:
 - Added minimally invasive deformity correction system to the Scope and Position Statement

November 2021 updates (cont.)

Medical Policies

On November 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Iowa, Inc. These guidelines take effect April 22, 2022.

Clinical UM Guidelines

On November 11, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for our members on December 16, 2021. These guidelines take effect April 22, 2022.



Read more online.

IA-NL-0448-22



New Strategic Provider System implementation May 2022

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

AGPCRNL-0376-21

Convenient, reliable at-home testing for colorectal cancer and diabetes care

Amerigroup Iowa, Inc. has partnered with Everlywell* to provide at-home lab tests for a subset of our eligible patients. We mail at-home test kits directly to patients' homes with instructions on how to complete and return the kits. *Clinical Laboratory Improvement Amendments*-certified labs process the tests, and an independent physician reviews the results.

We provide PCPs a list of their patients who receive test kit(s) and send individual results to the patient and their doctor. You can help your patients navigate needed testing by encouraging them to complete kits mailed to them. A physician's recommendation is a significant factor in patient screenings.

A patient may receive up to two at-home test kits:

- Fecal immunochemical test for colorectal cancer screening
- Hemoglobin A1c test to measure average glucose levels over the past two to three months for those with diabetes

How the program works:

- Test kit(s) are automatically mailed to eligible patients, and patient lists are sent to physicians.
- Patients collect samples at home, using instructions provided.
- Patients mail samples to Everlywell in the provided, postage-paid envelope.
- Individual test results are sent to patients and their primary care physician, providing evidence of preventive screening completion.

If you have questions about the at-home testing program, contact your local representative. For additional information about Everlywell, visit [everlywell.com](https://www.everlywell.com).

* Everlywell is an independent company providing at-home lab testing services on behalf of Amerigroup Iowa, Inc.

AGPCRNL-0400-22

HEDIS 2022: summary of changes from NCQA

The National Committee for Quality Assurance (NCQA) has changed, revised, and retired HEDIS® measures for measurement year 2022. Below is a summary of the key changes to be aware of.

Diabetes measures

NCQA has separated the Comprehensive Diabetes indicators into stand-alone measures:

- Hemoglobin A1c Control for Patients with Diabetes (HBD) (HbA1c Control < 8 and Poor Control HbA1c)
- Eye Exam Performed for Patients with Diabetes (EED)
- Blood Pressure for Patients with Diabetes (BPD)
- Kidney Health Evaluation for Patients with Diabetes (KED)

The process measure Comprehensive Diabetes HbA1c testing was retired as the goal is to move towards more outcome measures.

Race/ethnicity stratification

To address healthcare disparities, the first step is reporting and measuring performance. Given this, NCQA has added race and ethnicity stratifications to the following HEDIS measures:

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for patients with Diabetes (HBD)
- Prenatal and Post-Partum Care (PPC)
- Child and Adolescent Well Care Visits (WCV)

NCQA plans to expand the race and ethnicity stratifications to additional HEDIS measures over several years to help reduce disparities in care among patient populations. This effort builds on NCQA's existing work dedication to the advancing health equity in data and quality measurement.

New measures

Antibiotic Utilization for Respiratory Conditions (AXR):

The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event

This measure was added given antibiotics prescribed for acute respiratory conditions are a large driver of antibiotic overuse. Tracking antibiotic prescribing for all acute respiratory conditions will provide context about overall antibiotic use. Given this new measure, the Antibiotic Utilization measure has been retired.

Deprescribing of Benzodiazepines in Older Adults

(DBO): The percentage of Medicare members 65 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose during the measurement year

Guidelines recommend that benzodiazepines be avoided in older adults, and deprescribing benzodiazepines slowly and safely, rather than stopping use immediately. There is an opportunity to promote harm reduction by assessing progress in appropriately reducing benzodiazepine use in the older adult population.

Advanced Care Planning (ACP): The percentage of adults 65 to 80 years of age, with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older, who had advance care planning during the measurement year

Advance care planning is associated with improved quality of life, this measure will allow an understanding if it is provided to those who are most likely to benefit from it. Given this new measure, the Care for Older Adults measure has been retired.



Measure changes

Use of Imaging Studies for Low Back Pain (LBP):

This measure was expanded to the Medicare line-of-business and the upper age limit for this measure was expanded to age 75. Additional exclusions to the measure were also added.

A complete summary of 2022 HEDIS changes and more information, can be found [online](#).

Source: [NCQA.org](#)

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

AGPCRNL-0404-22

Amerigroup Iowa, Inc. expands specialty pharmacy precertification list

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

HCPCS or CPT® code	Medicare Part B drugs
J3490 J3590	Fyarro
J3490 J3590	Besremi
C9399 J3490 J3590	Vyvgart
J3490	Adbry
J3490	Leqvio
Q5117	Kanjinti
Q5113	Herzuma
Q5114	Ogivri
Q5112	Ontruzant
Q5116	Trazimera

AGPCARE-1282-22/AGPCARE-1300-22

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. **Non-compliance with new requirements may result in denied claims.**



New specialty pharmacy medical step therapy requirements

Effective March 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.

<i>Clinical UM Guidelines</i>	Preferred drugs	Nonpreferred drugs
ING-CC-0062	Inflectra Remicade, Infliximab (unbranded)	Avsola Renflexis

Effective June 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.

<i>Clinical UM Guidelines</i>	Preferred drugs	Nonpreferred drugs
ING-CC-0072	Avastin Eylea	Lucentis Byooviz Macugen Beovu

Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review process. 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.

AGPCARE-1279-22/AGPCARE-1289-22