April 2021
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COVID-19 information from Amerigroup Community Care

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 Maryland Department of Health (MDH) to help us determine what action is necessary on our part. Amerigroup will continue to follow MDH guidance policies.

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

MDPEC-2081-20

A message from Maryland Department of Health

PCP Satisfaction survey

Center for the Study of Services (CSS) is conducting a PCP Satisfaction survey for providers participating in the Maryland HealthChoice program. The survey is sponsored by Maryland Department of Health. The survey is used to provide feedback from HealthChoice providers to MCOs, evaluate administration and operations in the HealthChoice Program, and identify areas that might need improvement.

Survey outreach is conducted through email, fax, mail and phone. Maryland Department of Health and Amerigroup Community Care would like to hear from as many providers as possible. Please return or respond to the survey in the mode most convenient to you as soon as you receive them.

Survey Administration	
Send wave 1 email	By week of March 1
Send wave 1 fax	By week of March 8
Send first questionnaire with cover letter	By week of March 15
Send wave 2 fax	By week of March 15
Send reminder postcard	By week of March 22
Send wave 2 email	By week of March 22
Send second questionnaire with cover letter	By week of April 18
Send second postcard	By week of April 25
Initiate telephone interviews	By week of May 16

MD-NL-0398-21

Noninvasive prenatal testing for pregnant women

Amerigroup Community Care updated its medical policy to cover noninvasive prenatal testing (NIPT) for pregnant women with an average risk for carrying babies with trisomies 21, 18 and 13.

Why is this change necessary?

This policy is consistent with new guidelines established by the American College of Obstetricians and Gynecologists (ACOG) recommending prenatal aneuploidy screening for all pregnant women, regardless of their age or other risk factors.

What is the impact of this change?

Amerigroup will cover DNA-based NIPTs for women with a singleton pregnancy of maternal age or oocyte age of 35 years or older at the time of delivery, or if a fetal ultrasound indicates an increased risk of aneuploidy.

Amerigroup will also cover NIPT if a prior pregnancy had a history of a trisomy; for a positive screening test during the first or second trimester that indicates an increased risk for T13 or T21; or for screening after pretest counseling from a genetic counselor or from the prenatal care physician or primary healthcare provider.

CPT® codes 81420 and 81507 no longer require preauthorization.

CPT codes 81422 and 81479 are precertified by AIM Specialty Health®.* To obtain this authorization, you can go directly to **AIM's website**, or go to **www.anthem.com** and follow the link to AIM. You can also contact AIM at **1-800-714 -0040**. Hours of operation are Monday through Friday, 8 a.m. to 8 p.m. ET.

Note: Genetic counseling should be a component of a decision to perform genetic testing.

Medically necessary

Cell-free fetal DNA-based prenatal screening for fetal aneuploidy (trisomy 13, 18 and 21) is considered medically necessary for women with a current single gestation pregnancy.

Cell-free fetal DNA-based prenatal testing for fetal sex determination is considered medically necessary for singleton pregnancies at increased risk of a sex (X)-linked condition or congenital adrenal hyperplasia.

Not medically necessary

Cell-free fetal DNA-based prenatal screening for fetal aneuploidy (trisomy 13, 18 and 21) is considered not medically necessary for individuals not meeting the criteria above, including women with a current multiple gestation pregnancy.

Cell-free fetal DNA-based prenatal testing for fetal sex determination is considered not medically necessary for pregnancies without an increased risk of a sex (X)-linked condition or congenital adrenal hyperplasia.

Cell-free fetal DNA-based prenatal testing is considered not medically necessary for all other indications, including testing for microdeletion syndromes.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Community Care.*

MD-NL-0397-21

Evaluation and management services correct coding

Amerigroup Community Care continues to be dedicated to delivering access to quality care for our members, providing higher value to our customers and helping improve the health of our communities. In an ongoing effort to promote accurate claims processing and payment, Amerigroup is taking additional steps to assess selected claims for evaluation and management (E/M) services submitted by professional providers. Beginning on April 5, 2021, we will be using an analytic solution to facilitate a review of whether coding on these claims is aligned with national industry coding standards.

Providers should report E/M services in accordance with the American Medical Association (AMA) CPT® manual and CMS guidelines for billing E/M service codes: *Documentation Guidelines for Evaluation and Management.* The coded service should reflect and not exceed the level needed to manage the member's condition(s).

Claims will be selected from providers who are identified as coding at a higher E/M level as compared to their peers with similar risk-adjusted members. Prior to payment, Amerigroup will review the selected E/M claims to determine, in accordance with correct coding requirements and/or reimbursement policy as applicable, whether the E/M code level submitted is higher than the E/M code level supported on the claim. If the E/M code level submitted is higher than the E/M code level supported on the claim, Amerigroup reserves the right to:

- Deny the claim and request resubmission of the claim with the appropriate E/M level;
- Pend the claim and request documentation supporting the E/M level billed; and/or
- Adjust reimbursement to reflect the lower E/M level supported by the claim.

The maximum level of service for E/M codes will be based on the complexity of the medical decision-making or time and reimbursed at the supported E/M code level and fee schedule rate.

This initiative will not impact every level four or five E/M claim. Providers whose coding patterns improve and are no longer identified as an outlier are eligible to be removed from the program.

Providers who believe their medical record documentation supports reimbursement for the originally submitted level for the E/M service will be able to follow the dispute resolution process (including submission of such documentation with the dispute).

MD-NL-0405-21

Pharmacy corner — 2021 updates

Amerigroup Community Care continues to make it a priority to make pharmacy prior authorization (PA) processes and the formulary easier to navigate and has the below tools available for providers.

Electronic prior authorization (ePA) through CoverMyMeds®:*

- Approximately 75% of all pharmacy PA requests are being submitted online with a quicker turnaround time (TAT) compared to PA requests submitted via phone or fax.
- Medical injectable PA requests can be also submitted online.
- Requests can be submitted through the Availity* link on our provider website or **directly**.

Support with ePA through CoverMyMeds:

- For the support center and registration for a weekly webinar on how to use CoverMyMeds for PAs for all plans and all medications, visit **https://www.covermymeds.com/main/help**.
- For support via chat, locate and activate the chat window in the bottom right of the webpage.
- For support via phone, call **1-866-452-5017**.

Hot Tips:

- *Hot Tips* offer preferred drug alternatives for commonly prescribed drug classes or chronic conditions. Currently, *Hot Tips* for acne, allergies, asthma, chronic pain, diabetes, proton pump inhibitors and topical corticosteroid medications are available.
- *Hot Tips* can be found on our **provider website** under Eligibility & Pharmacy > Pharmacy Information > Hot Tips.

Preferred Drug List (PDL) and *Searchable Formulary*:

- *PDL* and *Searchable Formulary* provide coverage details and limitations, including prior authorization, quantity limits, age limits or step therapy — A direct link for *Clinical Criteria* is also available.
- *Searchable Formulary* is provided by Formulary Navigator™* and is the same tool used by all Medicaid MCOs and fee-for-service.
- The *PDL* and *Searchable Formulary* can be found on our **provider website** under Eligibility & Pharmacy > Pharmacy Information (**Preferred Drug List** and **Medicaid formulary**, drug criteria and limitations, respectively).

Quarterly *Formulary* update:

- Quarterly *Formulary* updates are sent to providers, highlighting any upcoming *Formulary* or edit changes.
- The current quarterly *Formulary* update can be found on our **provider website** under Communications > Archives.
- All *Clinical Criteria* are developed to help guide clinically appropriate use of drugs and therapies and are reviewed and approved by the Pharmacy and Therapeutics Committee, which is an independent and external committee including various disciplines:
  - If you have questions or feedback, contact via **email**.

Real-time benefit check:

- As part of the electronic prescribing process, providers can access real-time, patient-specific prescription drug benefit information within the electronic medical record (EMR). Information within the EMR system includes:
  - The formulary status of selected medication.
  - The pricing of medication at a retail and mail-order pharmacy.
  - Formulary alternatives.
  - Coverage alerts and limitations.
- Providers should contact their IT department or EMR Customer Support with questions regarding access to this functionality — Upgrades to EMR software may be required.

** CoverMyMeds® is an independent company providing prior authorization services on behalf of Amerigroup Community Care. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.Formulary Navigator™ is an independent company providing formulary information management on behalf of Amerigroup Community Care.*

MDPEC-2506-21

Prior authorization updates for specialty pharmacy

Effective for dates of service on and after April 1, 2021, the following medical injectable codes from current or new *Clinical Criteria* documents will be included in our prior authorization review process.

Please note, inclusion of the National Drug Code (NDC) on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

Clinical Criteria	HCPCS or CPT® code(s)	Drug
ING-CC-0164	J9281	**Jelmyto** (mitomycin)
ING-CC-0165	J9317	**Trodelvy** (sacituzumab Govitecan-hziy)
ING-CC-0061	J1950	**Fensolvi** (leuprolide acetate)

MD-NL-0387-20

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

HIV medication combinations may require prior authorization

Starting August 1, 2021, Amerigroup Community Care will implement a new policy for HIV medications to help ensure patients are not receiving therapeutic duplications when taking certain combinations. Providers and members expected to be impacted by this policy will receive advance notice by mail.

In order for members to continue to receive coverage for the drug combination, providers must submit a separate prior authorization form for each drug and provide the medical necessity rationale for why the drug combination is clinically needed.

Combinations that are considered clinical duplicates are based on drug mechanism of action and developed in accordance with the U.S. Department of Health and Human Services HIV Guidelines.

The duplicate therapy policy may trigger as a result of one of the following drug combinations:

Duplicate name	Duplicate description	Example
Integrase stand transfer inhibitors (INSTI)	Tw drug products each containing a drug with an INSTI mechanism of ac-tion	Isentress (raltegravir) and Dovato (dolutegravir/ lamivudine)
Non-nucleoside re-verse transcriptase inhibitors (NNRTI)	Two drug products each containing a drug with an NNRTI mechanism of action	Edurant (rilpivirine) and Symfi (efavi-renz/lamivudine/TDF)
Protease inhibitors (PI)	Two drug products each containing a drug with a PI mechanism of action	Prezcobix (da-runavir/cobicistat) and Reyataz (atazanavir)
Nucleoside reverse transcriptase inhibi-tors (NRTI)	Two drug products that together re-sult in four NRTI active ingredients	Truvada (emtricita-bine/TDF) and Biktarvy (bictegravir/ emtricita-bine/TAF)
Boosters	Two drug products that result in a combination of the protease inhibitor boosters, ritonavir and cobicistat	Prezcobix (da-runavir/cobicistat) and Kaletra (lopinavir/ritonavir)

As a reminder, prior authorizations may be submitted online (through **www.CoverMyMeds.com***) or via fax or phone.

** CoverMyMeds is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care.*

MD-NL-0391-21

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://medicalpolicies.amerigroup.com/am_search.html**.

Notes/updates:

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

- *GENE.00055 — Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity:
  - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- *LAB.00037 — Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS):
  - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- *DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
  - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
  - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
  - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- *SURG.00062 — Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele:
  - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- *CG-LAB-15 — Red Blood Cell Folic Acid Testing:
  - RBC folic acid testing is considered not medically necessary in all cases
- *CG-LAB-16 — Serum Amylase Testing:
  - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- *CG-GENE-04 — Molecular Marker Evaluation of Thyroid Nodules:
  - Added the Afirma Xpression Atlas as not medically necessary
- SURG.00158 – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain:
  - A new Medical Policy was created from content contained in DME.00011.
  - There are no changes to the policy content.
  - Publish date is December 16, 2020.
- CG-GENE-21 — Cell-Free Fetal DNA-Based Prenatal Testing:
  - A new Clinical Guideline was created from content contained in GENE.00026.
  - There are no changes to the guideline content.
  - Publish date is December 16, 2020.
- The following AIM Specialty Health® (AIM)** *Clinical Appropriateness Guidelines* have been revised and will be effective on April 7, 2021. To view AIM guidelines, visit the **AIM page**:
  - *Advanced Imaging of the Heart
  - *Diagnostic Coronary Angiography

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

Medical Policies

On November 5, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. These guidelines take effect 30 days from posting.

Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These were guidelines adopted by the Medical Operations Committee for Amerigroup members on November 19, 2020. These guidelines take effect 30 days from posting.

Read more online.

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MD-NL-0392-21

Medical drug benefit *Clinical Criteria* updates

November 2020 updates

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Read more online.

MD-NL-0395-21

December 2020 updates

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Read more online.

MD-NL-0402-21

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