

May 2021

<https://provider.amerigroup.com/NJ>

Provider Services: Medicaid: 1-800-454-3730

Medicare: Refer to your patient's member ID card

Provider Newsletter



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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 members and state partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the New Jersey Department of Health to help us determine what action is necessary on our part. Amerigroup will continue to follow New Jersey Department of Health guidance policies.

For additional information, reference the *COVID-19 News and Resources* section on the homepage of our [website](#).

NJPEC-2059-20

Maximizing efficient, high quality COVID-19 screenings

Identifying the most appropriate COVID-19 testing codes, testing sites and type of test to use can be confusing. The guidance below can make it easier for you to refer your patients to high-quality, lower-cost COVID-19 testing sites, Amerigroup Community Care-contracted laboratories and identify the proper CPT® codes to use. Contact your Amerigroup representative for additional information or visit <https://provider.amerigroup.com/nj>.

Refer patients to <http://www.myamerigroup.com> to find convenient testing locations

If an Amerigroup member requests a COVID-19 test, you may refer them to Amerigroup to find a testing location near them. Our test-site finder gives members important information about each site, including days and hours of operation, and if they offer:

- Appointment or walk-in
- Drive through service
- Rapid test results
- Antibody testing
- Testing for children



Consider Antigen testing as an option when rapid results are needed

Antigen tests can be a quicker way to detect COVID-19 than nucleic acid amplification tests (NAAT) (for example, PCR). Antigen tests offer a reasonable and lower cost alternative when screening asymptomatic or low-risk patients and may be most useful for individuals within the first five to seven days of symptoms when virus replication is at its highest.

Send swab tests to Amerigroup-contracted laboratories

When providing COVID-19 molecular testing services to our members, consider utilizing the following additional in-network, high-quality labs to assist in helping to ensure that our members are receiving high-value healthcare.

In-network lab	Telephone	Website
Invitae Corporation	650-466-7242	https://www.invitae.com/en/partners

NJ-NL-0558-21

Resources for working with diverse patients

Amerigroup Community Care offers resources to support your diverse patient panel on the provider website. Providers can access the Caring for Diverse Populations Toolkit at [Caring for Diverse Populations](#) to explore new and different ways to meet the needs of patients and improve quality of care. In addition, [MyDiversePatients.com](#) offers tools and resources, including continuing medical education courses at no cost.

NJ-NL-0485-20/NJ-NL-0555-21

Continuing medical education/continuing education unit opportunities

We offer webinars on a variety of topics, including medical coding, claims issues, quality measures, healthcare and more. Each live webinar may offer both continuing medical education (CME)/continuing education unit credit for attendees. On-demand recordings are also available (with CME credit) for your convenience

Sign up for a session [online](#) today!

NJ-NL-0987-21



Reminder — Coverage of autism benefits

Additional benefits related to autism spectrum disorder are now covered, including applied behavioral analysis (ABA) and developmental individual-difference relationship-based (DIR). Both services are available to NJ FamilyCare eligible individuals with a diagnosis of autism spectrum disorder under the age of 21 who meets medical necessity for services. Prior authorization is required. Participating providers can be found in our directory, and any member can also reach out to Member Services for case management assistance. See the following State newsletters for additional information:

- Volume 30 number 6 (ABA)
- Volume 30 number 17 (DIR)

ABA focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA therapy can help to increase language and communication skills and improve attention, focus, social skills and memory. ABA can also improve academics and decrease problem behavior.

DIR provides the foundational framework for understanding human development and the critical role of social-emotional development. This development begins at birth and continues throughout the remainder of the lifespan. It allows providers to understand how each person individually perceives and interacts with the environment that surrounds them. The key components are how emotional connections and established relationships contribute to the individual's unique development and most importantly, how understanding how an individual interacts and develops their relationships can be used to promote healthy development and increased fulfillment of the child's potential.

NJ-NL-0537-21

Children's fluoride varnish application for nondental providers

Effective July 1, 2020, Amerigroup Community Care reimburses providers for the application of fluoride varnish on children's teeth ages birth through 3 years. Fluoride varnish is typically applied as part of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well-child visit.

Why is this change necessary?

Fluoride varnish may be provided by physicians, nurse practitioners and physician assistants who have received training for this service. The children's fluoride varnish program requires providers to perform all of the following services in order to be reimbursed:

- Dental risk assessment and anticipatory guidance
- Fluoride varnish application
- Dental referral

Please note: PCP fluoride varnish application does not constitute a dental visit. The PCP fluoride varnish program requires referral to a dentist for a complete oral evaluation, including appropriate diagnostic and preventive services. In order to count toward EPSDT dental requirements, an actual dental visit must occur. Also, children should have their first dental visit around the time of their first tooth eruption and no later than the age of 1.

How can I receive training for this program?

A one-time training activity is all that is required! The fluoride varnish training module is recommended by the American Academy of Pediatrics, which refers providers to Smiles for Life, a national oral health curriculum [website](#).

After completing courses, you will be able to print your certificate. Please email your certificate, full provider name and NPI to Amerigroup at nj1providerdataspeci@amerigroup.com or fax it to **1-866-920-5997**.

If you are unable to email or fax, contact Provider Services at **1-800-454-3730** for assistance.

How often is this service covered?

The fluoride varnish service can be provided up to four times a year and does not affect the frequency of fluoride services conducted by a dentist.

How will fluoride varnish be reimbursed?

Fluoride varnish, including a dental risk assessment, the application and a dental referral, will be reimbursed as an all-inclusive service billed using the new CPT® code 99188 and ICD-10-CM diagnosis code Z41.8. Capitated providers will be reimbursed for this service as a bill-above.

Are there additional resources on fluoride varnish?

Visit our [provider website](#) to find the following risk assessment tools and information:

- *The American Academy of Pediatrics Risk Assessment Tool*
- *Caries Risk Assessment form (Birth-Age6) - The American Dental Association Risk Assessment Tool*
- *Guideline on Caries – Risk Assessment and Management*
- *New Jersey Smiles Directory* (a list of dentists who treat children under age 6)

What if I need office-based fluoride varnish training?

You can contact the New Jersey chapter of the American Academy of Pediatrics by calling **1-609-842-0014** to make arrangements.

What if I would like additional training on preventive oral health?

Sign up for office-based training today by contacting Juliana David, Program Director Oral Health at the New Jersey chapter of the American Academy of Pediatrics, by phone at **1-609-842-0014** or email at JDavid@njaap.org.

NJ-NL-0539-21/ NJ-NL-0566-21/NJPEC-2545-20

Perinatal Risk Assessment Plus form requirement

New Jersey P.L. 2019, Chapter 88, requires that effective on January 1, 2021, any obstetrical provider, nurse midwife or other licensed healthcare professional approved as a provider under the Medicaid program shall complete the *Perinatal Risk Assessment Plus (PRA Plus)* form, as used by the Division of Medical Assistance and Health Services in the Department of Human Services, for each pregnant Medicaid recipient and for each individual eligible for Emergency Medical Services for Non-Qualified Aliens who receives prenatal care from the provider. The form shall be completed by the provider during the recipient's first prenatal visit with the pregnant Medicaid recipient or other eligible individual and updated by the provider in the third trimester of the recipient or other eligible individual.

Medicaid managed care organizations, such as Amerigroup Community Care, will require the submission of the *PRA Plus First Visit* form prior to issuing global authorization for pregnant members. Submission of the *PRA Plus First Visit* form will be considered notification of the member's pregnancy. Failure to submit this form will result in claim payment denial of prenatal services. Amerigroup will no longer accept outdated forms, such as the Amerigroup Maternity Notification form. Please discard any copies that you have of outdated forms and use only the *PRA Plus* form set on the PRA|SPECT [website](#).



The bill recognizes the importance of the collaboration between managed care organizations, expectant mothers and all licensed healthcare professionals who provide care for pregnant women. *PRA Plus* and *Senate Bill 3406* aim to increase the quality of care for pregnant women and improve birth outcomes for women in the state of New Jersey.

Please ensure that your practice is registered for the PRA|SPECT [website](#). For assistance, please contact **1-856-665-6000** or PRA@fhiworks.org.

For more information, please see the [Perinatal Risk Assessment Plus \(PRA Plus\) New Jersey Law Fact Sheet](#) regarding *Senate Bill 3406*.

NJPEC-2545-20

Metabolic monitoring and diabetes screening measures for those on antipsychotics medications

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS® measure evaluates the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Antipsychotic medications can increase a child's risk for developing health concerns, including metabolic health complications. The goal of this measure is for members to have metabolic monitoring by having both a blood glucose test (glucose or HbA1c) and LDL-C testing annually.

Record your efforts:

- Glucose test or HbA1c test and LDL-C cholesterol test as identified by claim/encounter
- Document results in the member's medical record

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) HEDIS measure evaluates members 18 to 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, and who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year.

Diabetes screening is important for anyone with schizophrenia or bipolar disorder. The added risk associated with antipsychotic medications contributes to the need to screen people with schizophrenia for diabetes annually.

Record your efforts:

- Glucose test or HbA1c test as identified by claim/encounter
- Document results in the member's medical record

Helpful tips:

- Educate patients and their caregivers on the importance of completing blood work annually.
- If your practice uses electronic medical records (EMRs), have flags or reminders set in the system to alert when a patient is due for screenings.
- Draw labs in your office, if available, or refer members to a participating lab for screenings.
- Follow up on laboratory test results and document in your chart.
- Share EMR data with Amerigroup Community Care to capture all coded elements.

Other available resources:

- *Clinical Practice Guidelines* are available on our [provider website](#).
- For *The Quality Measures Desktop Reference for Medicaid Providers and HEDIS Benchmarks and Coding Guidelines for Quality Care*, contact Amerigroup Provider Services.



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

NJ-NL-0543-21

21st Century Cures Act enrollment mandate



The *21st Century Cures Act 114 P.L. 255* requires all Medicaid managed care network providers regardless of specialty to enroll with the state Medicaid program or risk being removed from the managed care provider network. Enrollment does not require you to service NJ FamilyCare fee for service (FFS) beneficiaries. Providers that are enrolled for the *21st Century Cures Act* only are not eligible to receive NJ FamilyCare FFS payments.

Existing providers should continue to provide services to NJ FamilyCare managed care members as the enrollment application is processed. Your participation will not be terminated at this time. However, continued noncompliance with the enrollment mandate will result in future termination of your Amerigroup Community Care contract as determined by the Division of Medical Assistance and Health Services.

The application for enrollment can be accessed directly at www.njmmis.com. Go to **Provider Enrollment Application** and then select **21st Century Cures Act** in the *Provider Type* drop-down menu. Should you have questions during the enrollment process, please contact the NJ Medicaid Management Information System Provider Enrollment unit at **1-609-588-6036**.

Submit the application and credentials by mail to the following address or fax to **1-609-584-1192**:

21st Century Cures Act Provider Enrollment
P.O. Box 4804
Trenton, NJ 08650

If you receive this letter from multiple managed care plans, you only need to submit one enrollment application. You may be asked to provide evidence of your submission.

If you have questions about Amerigroup vendor networks, please contact:

Provider type	Contact	Phone
Dental	Liberty Dental*	1-833-276-0584
Vision	Superior Vision*	1-866-819-4298
Pharmacy	IngenioRx*	1-800-454-3730
Therapy (PT/OT/ST)	Therapy Network of New Jersey*	1-855-825-7818

** Liberty Dental is an independent company providing dental benefit management services on behalf of Amerigroup Community Care. Superior Vision is an independent company providing vision benefit management services on behalf of Amerigroup Community Care. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care. Therapy Network of New Jersey is an independent company providing therapy benefit management services on behalf of Amerigroup Community Care.*

NJ-NL-0401-20/NJ-NL-0556-21

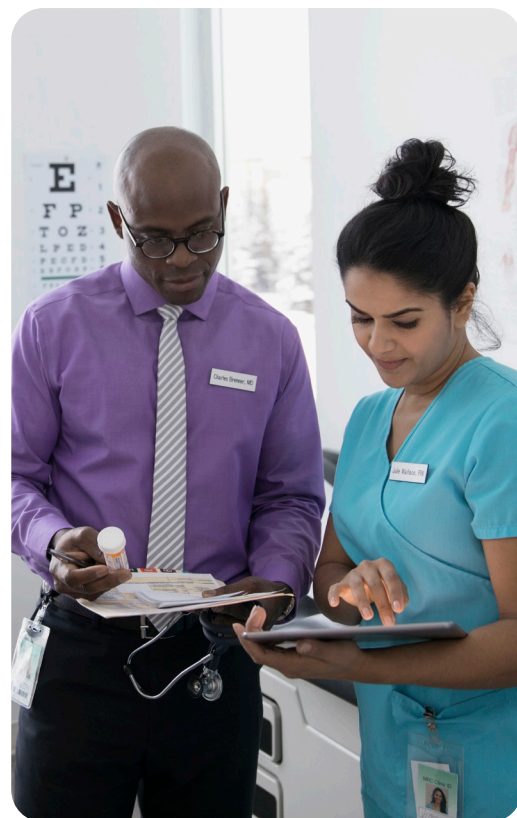
Access to care standards — Is your office compliant?

Amerigroup Community Care measures practitioner compliance with healthcare access and availability standards on an annual basis. These standards comply with regulatory requirements and are periodically measured through member satisfaction surveys, member complaint analysis, provider office site visits, and access and availability surveys.

As we are preparing to conduct our appointment availability and after-hours access surveys this summer, we remind providers to review the access standards in the provider manual on our [website](#). Ensure that all office staff, practitioners, and after-hours on-call providers and answering services comply with requirements.

Please note the following key access to care standards:

- PCPs are required to provide access to covered services 24/7. The PCP or another participating on-call provider must be promptly accessible at all times to our members requesting to speak to the PCP or on-call provider for a non-life-threatening crisis or urgent need.
- Urgent care appointments with PCPs are available within 24 hours of the request.
- Urgent care appointments with specialists are available within 24 hours of the referring provider's request.
- Specialty care appointments that are not urgent are available within four weeks or less as medically indicated.
- Maternity care appointments are available within three weeks of positive pregnancy tests, within seven days for women in their first or second trimester of pregnancy, and within three days for women who are in their third trimester or are considered high risk.



We ask that our providers confirm that Amerigroup has the correct office and after-hours contact information for your practice and that you ensure all office staff and after-hours covering providers and answering services comply with these standards.

NJ-NL-0554-21



Maximizing efficient, high quality COVID-19 screenings

View the [article](#) in the Medicare-Medicaid Plan section

NJ-NL-0558-21/AGPCRNL-0181-21

Amerigroup Community Care working with Optum to collect medical records for Medicare risk adjustment (MRA)

In 2021, Amerigroup will work with Optum,* who works with Ciox Health,* to request medical records with dates of service for the target year 2020 through present day for Medicare risk adjustment (MRA).

MRA refers to the process by which CMS adjusts Part C payments made to Medicare Advantage plans to account for expected costs of care based on factors associated with member demographics and health.



The goals of risk adjustment are:

- To collect accurate and complete diagnosis information to ensure proper treatment, care management, and care coordination services.
- To submit accurate and complete diagnosis data to CMS to ensure appropriate payment to both the Medicare Advantage plan and providers — in support of appropriate management of a members' health.

Jaime Marcotte, Medicare Retrospective Risk Program Lead, is managing this project. If you have any questions regarding this program, please contact Jaime at jaime.marcotte@anthem.com or **1-843-666-1970**.

** Optum and Ciox Health are independent companies providing medical record review services on behalf of Amerigroup Community Care of New Mexico, Inc.*

AGPCARE-0896-21

Updates to the AIM Specialty Health Musculoskeletal Program *Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 12, 2021, the following updates will apply to the AIM Musculoskeletal Program: *Joint Surgery and Spine Surgery Clinical Appropriateness Guidelines*. Part of the AIM Specialty Health®* (AIM) guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe and affordable healthcare services.

Joint surgery (updates by section):

- Further defined criteria for home physical therapy.
- Removed cognitive behavioral therapy as a conservative care modality for extremity.
- Added indication for diagnostic arthroscopy.
- Standardized radiographic criteria to align with lateral release criteria.
- Adhesive capsulitis — Added history of trauma or postoperative contracture as a requirement.
- Tendinopathy — Removed rotator cuff tear as a criterion for tenodesis/tenotomy in patients with a clinical exam who do not meet criteria for superior labral tear anterior to posterior repair or have suggestive MRI findings.
- Hip arthroscopy — Removed complementary alternative medicine as not typically done for the hip.
- Arthroscopic treatment of femoroacetabular impingement syndrome (FAIS) — Removed age as an exclusion for FAIS, but further defined radiographic exclusions.
- Unicompartamental knee arthroplasty/partial knee replacement — Added degenerative change of the patellofemoral joint as a contraindication.
- Arthroscopically assisted lysis of adhesions — Added ligamentous or joint reconstruction criteria.
- Added criteria for plica resection.

Spine surgery (updates by section):

- Further defined criteria for home physical therapy.
- Added standard conservative management requirement for instability to align with spinal stenosis indications.
- Added new comprehensive indication for tethered cord syndrome.

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

- Access AIM's **ProviderPortalSM** 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 at **1-800-714-0040** between 7 a.m. and 7 p.m. Eastern time.

Questions

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. 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 Community Care. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

AGPCRN-0175-21

Helping our members

The past year has been challenging for us all, especially for our senior members. Clinicians have also had to pivot and care for our members in new and creative ways. We thank you for caring for our members and ensuring they get the healthcare they need. As your patients engage you via telehealth or in person, we encourage you to have discussions about how they are coping with the pandemic and the state of their mental health. In addition, with stay at home orders, many are not able to get out to shop, see family and friends or even exercise. This is a great time to encourage them to stay active and maybe even try SilverSneakers®* online.

Below, you will find a few questions to stimulate dialogue and engage your patients during a tele-visit or office visit.



Improving or maintaining physical health:

- Compared to one year ago, how would you rate your physical health in general now?

Improving or maintaining mental health:

- Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?

Monitoring physical activity:

- During the past 12 months, how has your level of exercise or physical activity changed? Have you exercised regularly, or do you take part in physical exercise? Would you be interested in participating in online exercise classes?

Reducing the risk of falling:

- A fall is when your body goes to the ground without being pushed. In the past 12 months, have you had problems with unsteadiness, tripping, falling or difficulty walking?

Improving bladder control:

- Do you have any concerns with not being able to control leaking of urine when you cough or sneeze?

Flu vaccine:

- Did you get your flu shot recently?

General questions:

- Do you have access to food and shelter?
- Do you have any concerns with not being able to get to your appointments or scheduling a specialist visit?
- Are you able to get the medicines that I prescribe?

** Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of Amerigroup Community Care.*

AGPCRNU-0169-21