

April 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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Table of Contents

COVID-19 information	Page 2
Medicaid:	Page 3
Resources for working with diverse patients	Page 3
Did you know?	Page 3
21st Century Cures Act enrollment mandate	Page 4
OBAT training offerings	Page 5
Reminder — coverage of benefits for autism	Page 5
Children's fluoride varnish application for nondental providers	Page 6
Inhaled nitric oxide reviews for diagnosis-related group admissions	Page 7
Heart failure: Healthcare disparities in African Americans	Page 8
Prior authorization updates for specialty pharmacy	Page 9
HIV medication combinations may require prior authorization	Page 10
<i>Medical Policies and Clinical Utilization Management Guidelines</i> update	Page 11
Medical drug benefit <i>Clinical Criteria</i> updates	Page 12
Medicare Advantage:	Page 13
Medical drug benefit <i>Clinical Criteria</i> updates	Page 13
Oncology Dose Reduction Program beginning July 1, 2021	Page 14
In-Office Assessment program	Page 16



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

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-0541-21



Did you know?

We offer our members extra no-cost benefits to help achieve whole-person care!



Members can receive items such as:

- A stroller when they complete a postpartum checkup.
- Diapers when they complete their first well-baby checkup.
- A booster seat when they turn 6 years old, or are going into the first grade and complete their 6-year well-child checkup.
- An asthmatic (hypoallergenic) pillowcase for those who have a diagnosis of asthma.
- Members can choose a water pitcher with filter or a potty-training seat for members who complete their lead screening between newborn to 2 years old.
- Diabetic socks for members 18 and older who complete A1C testing.

Members can also receive up to \$25 in gift cards after completing certain activities, like having their A1C tested if they have diabetes, prenatal and post-partum visits, or when their child (ages newborn to 2 years old) completes a lead screening test.

For more information about our Healthy Rewards program, log into <https://provider.amerigroup.com/nj> or call the Healthy Rewards Customer Service Line at **1-888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m. ET. You can also contact Amerigroup Community Care Provider Services at **1-800-454-3730** for assistance.

LogistiCare is now ModivCare*

As of January 6, 2021, LogistiCare is officially ModivCare. According to ModivCare, “the new name and brand identity reflect a total re-imagining of our purpose, vision, and values, and a culture centered around the member. We are transforming as a business from a logistics company to a tech-enabled, value-based healthcare company, focused on the social determinants of health.” The way clients, members, facilities and transportation providers contact ModivCare will not change; visit <https://modivcare.com> or call **1-866-527-9933**.

** ModivCare is an independent company providing transportation services on behalf of Amerigroup Community Care.*

NJ-NL-0536-21

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, 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 a 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 any questions about this notification, contact Provider Services at **1-800-454-3730**.

If you have questions about Amerigroup vendor networks, 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-0540-21

OBAT training offerings

The Camden Coalition of Healthcare Providers* is offering free training for office-based addiction treatment (OBAT) navigators. Each four-session training series provides actionable information for OBAT navigators about how to support patients' goals and priorities, as well as best practices in connecting patients to behavioral health and social service resources. Providers will learn techniques to:

- Identify the needs (and strengths) of their medication-assisted treatment patients.
- Make patient-centered referrals.
- Connect with resources in the community.
- Support a patient-driven care plan.

In addition, Camden Coalition also offers Navigator Support Events every other month, which provides OBAT navigators the opportunity to continue learning through discussion of patient engagement strategies and other relevant topics.

Register [online](#).

All medication-assisted treatment providers and care navigators are welcome to attend. For more information, contact Mouy Pan at mpan@camdenhealth.org.

Attention DATA 2000 waiver providers

If Amerigroup Community Care is not presently listing your practice in our online provider directory as a medication-assisted treatment provider with or without navigation services, contact your Network Management representative or email us at nj1prmb@amerigroup.com for assistance.

** The Camden Coalition of Healthcare Providers is an independent company providing healthcare services on behalf of Amerigroup Community Care.*

NJ-NL-0530-21

Reminder — coverage of benefits for autism

Additional benefits are now available to NJ FamilyCare eligible individuals under the age of 21 and diagnosed with autism spectrum disorder that meet medical necessity requirements for services. Prior authorization is required. These benefits include applied behavioral analysis (ABA) and the developmental individual-difference relationship-based (DIR) model. See State newsletters *Volume 30 Number 6 (ABA)* and *Volume 30 Number 17 (DIR)* for additional information. Participating providers are found in our directory and any member can also reach out to Member Services for case management assistance.

ABA focuses on analyzing, designing, implementing, and evaluating social and other environmental modifications to produce meaningful changes in human behavior. ABA therapy can 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 how an individual interacts and develops their relationships to promote healthy development and increased fulfillment of the child's potential.

NJ-NL-0531-21



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

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. 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-Age 6) — 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



Inhaled nitric oxide reviews for diagnosis-related group admissions

This is a notification regarding inhaled nitric oxide.

The purpose of this notification is to inform participating hospitals that the use of inhaled nitric oxide (iNO) during an inpatient stay will be reviewed for medical necessity using our *Clinical Utilization Management (UM) Guideline* for iNO, CG-MED-69. iNO is a covered service for eligible members when the use of iNO meets medical necessity criteria. To view the *Clinical UM Guideline* for iNO, visit the Medical Policy website.

This also requires that the facility notify Amerigroup Community Care of the use of iNO during the course of an inpatient review, and it must be reviewed and approved at some point prior to discharge to avoid exclusion of charges for iNO from the claim payment. If we are not alerted to the use of iNO and, therefore, medical necessity cannot be determined, and charges for iNO are included in the claim submission, the charges for iNO will not be considered in calculation of reimbursement for the stay.

When iNO is used, providers are required to submit an itemized list of charges with the claim for the inpatient stay.

Impact on the diagnosis-related group (DRG) payment

The charges for iNO that are determined to be not medically necessary will not be considered and could impact the DRG outlier payment, as the stay may not reach outlier status as soon as it would with inclusion of these charges. If the case reaches the outlier threshold, we will adjudicate the claim consistent with the financial terms of the contract for outliers, without inclusion of charges for iNO that are not medically necessary or the use of which was not disclosed.

Providers should direct questions regarding this guideline or in relation to the Utilization Management review process to **1-800-454-3730**.

Providers should fax new prior authorization requests for physical health inpatient services to **1-800-964-3627**.

Fax submissions of clinical documentation as requested by the Amerigroup Inpatient Utilization Management department supporting medical necessity reviews for inpatient concurrent reviews to **1-800-964-3627**.

NJ-NL-0480-20

Heart failure: Healthcare disparities in African Americans

Disparities persist between the incidence, prevalence, hospitalization and mortality rates of African Americans and their white American counterparts for some chronic conditions.

Currently, African Americans are almost two-and-a-half times more likely to be hospitalized for heart failure than white Americans (*Nayak et al. 2020*). By 2030, the prevalence rate for heart failure in African Americans is expected to be 3.6% compared to the rate in the general American population of 3%. The identification of modifiable risk factors and the use of current clinical guidelines for treatment of heart failure yield better health outcomes and can reduce disparity (*Tillman et al. 2019*).

Modifiable chronic condition risk factors include diabetes and obesity, but prevention of and proper management of hypertension, specifically, remains the most effective way to mitigate risk for heart failure in African Americans. Research indicates that there may be multiple physiological reasons why hypertension is less effectively managed in African American patients, given comparable treatment of white patients. One example is increased salt sensitivity in the African American patient (*Tillman et al. 2019*). Therefore, aggressively managing diet and salt intake can significantly reduce risk and the associated poorer health outcomes.

Socioeconomic factors may also contribute to the African American patient's risk of heart failure. While providers may feel like they have no control over a patient's socioeconomic barriers, providers who choose to address these may have a direct impact on adherence. For example, patients who do not have access to nearby recreational facilities or safe neighborhoods conducive to increased physical activity or access to healthy foods can benefit from referrals to community resources to overcome these barriers. Providers and programs that have documented and assisted patients with social determinants of health have seen an increase in healthy behaviors correlated to improved health outcomes (*Nayak et al. 2020*).



It is imperative that providers identify and mitigate risk factors for heart failure early. The following are recommendations for providing quality care to African Americans and addressing disproportionate rates of chronic heart failure (CHF) among African Americans:

- Increasing screening for hypertension and aggressive management of hypertension
- Educating patients regarding healthy lifestyle choices and discussing socioeconomic and environmental barriers to these behaviors and to improving treatment adherence
- Reduction of sodium intake in patients to 1,200 mg per day
- Treatment of heart failure according to standard evidenced-based guidelines, including a combination of neurohormonal modifying agents such as ACE inhibitors and beta-blockers and use of neurohormonal modifying agents
- Provider participation in cultural competence training to improve understanding of implicit bias and its role in clinical decision-making

To learn more about heart failure and healthcare disparities, visit the [Centers for Disease Control and Prevention website](#) or the [Department of Health, Minority and Multicultural Health website](#).



Read more online.

NJ-NL-0531-21



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)

Visit the [Clinical Criteria website](#) to search for specific *Clinical Criteria*.

NJ-NL-0524-20



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)	Two drug products each containing a drug with an INSTI mechanism of action	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 (efavirenz/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 inhibitors (NRTI)	Two drug products that together result in four NRTI active ingredients	Truvada (emtricitabine/TDF) and Biktarvy (bictegravir/ emtricitabine/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.

NJ-NL-0527-21

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.



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 March 21, 2021.

Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for Amerigroup members on November 19, 2020. These guidelines take effect March 21, 2021.



Read more online.

NJ-NL-0528-21

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 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.

NJ-NL-0533-21

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.

NJ-NL-0542-21

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



Medicare Advantage

Medical drug benefit *Clinical Criteria* updates

November 2020 update

On June 18, 2020, August 21, 2020, and November 20, 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.

December 2020 update

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.

AGPCRNL-0168-21



Read more online.

AGPCRNL-0173-21

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

Oncology Dose Reduction Program beginning July 1, 2021



Amerigroup Community Care is committed to being a valued healthcare partner in identifying ways to achieve better health outcomes, lower costs and deliver access to better healthcare experiences for consumers.

Effective for dates of service on or after July 1, 2021, providers for our Medicare Advantage plan members covered by Amerigroup will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications, listed below. Reviews for these oncology drugs will continue to be administered by the reviewing company, either AIM Specialty Health[®]* or IngenioRx.*

Providers will be asked whether or not they will accept the dose reduction at the initial review point in the prior authorization process. Within the provider portal, a pop-up question will appear related to dose reduction. If the patient is considered unable to have his or her dose reduced, then a second question will appear asking for the provider's clinical reasoning. For requests made outside of the provider portal (for example, called-in or faxed-in prior authorization requests), the same questions will be asked by the registered nurse or medical director who is reviewing the request. **Since this program is voluntary, the decision made regarding dose reduction will not affect the final decision on the prior authorization.**

The dose reduction questions will appear only if the originally requested dose is within 10% of the nearest whole vial. This threshold is based on current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) that it is appropriate to consider dose rounding within 10%. HOPA recommendations can be found [online](#).

The Voluntary Dose Reduction Program only applies to specific oncology drugs, listed below. Providers can view prior authorization requirements for Amerigroup members on the [Medical Policy and Clinical Utilization Management Guidelines page](#).

Drug name	HCPCS code
Abraxane (paclitaxel protein-bound)	J9264
Actimmune (interferon gamma-1B)	J9216
Adcetris (brentuximab vedotin)	J9042
Alimta (pemetrexed)	J9305
Asparlas (calaspargase pegol-mknl)	J9118
Avastin (bevacizumab)	J9035
Bendeka (bendamustine)	J9034
Besponsa (inotuzumab ozogamicin)	J9229
Blinicyto (blinatumomab)	J9039
Cyramza (ramucirumab)	J9308
Darzalex (daratumumab)	J9145

Drug name	HCPCS code
Doxorubicin liposomal	Q2050
Elzonris (tagraxofusp-erzs)	J9269
Empliciti (elotuzumab)	J9176
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358
Erbix (cetuximab)	J9055
Erwinase (asparaginase)	J9019
Ethiol (amifostine)	J0207
Granix (tbo-filgrastim)	J1447
Halaven (eribulin mesylate)	J9179
Herceptin (trastuzumab)	J9355
Imfinzi (durvalumab)	J9173



Oncology Dose Reduction Program beginning July 1, 2021 (cont.)

Drug name	HCPCS code
Istodax (romidepsin)	J9315
Ixempra (ixabepilone)	J9207
Jevtana (cabazitaxel)	J9043
Kadcyla (ado-trastuzumab emtansine)	J9354
Keytruda (pembrolizumab)	J9271
Kyprolis (carfilzomib)	J9047
Lartruvo (olaratumab)	J9285
Lumoxiti (moxetumomab pasudotox-tdfk)	J9313
Mylotarg (gemtuzumab ozogamicin)	J9203
Neupogen (filgrastim)	J1442
Oncaspar (pegaspargase)	J9266

Drug name	HCPCS code
Opdivo (nivolumab)	J9299
Padcev (enfortumab vedotin-ejfv)	J9177
Polivy (polatuzumab vedotin-piiq)	J9309
Rituxan (rituximab)	J9312
Sarclisa (isatuximab-irfc)	J9999
Sylvant (siltuximab)	J2860
Treanda (bendamustine)	J9033
Vectibix (panitumumab)	J9303
Yervoy (ipilimumab)	J9228
Zaltrap (ziv-aflibercept)	J9400

Providers should continue to verify eligibility and benefits for all members prior to rendering services

Note: In some plans, *dose reduction to nearest whole vial* or *waste reduction* may be the term used in benefit plans, provider contracts or other materials instead of or in addition to *dose reduction to nearest whole vial*. In some plans, these terms may be used interchangeably. For simplicity, we have used *dose reduction (to nearest whole vial)*.

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

AGPCRNL-0171-21

In-Office Assessment program

The In-Office Assessment (IOA) program is designed to help providers ensure that all active conditions are continuously being addressed and documented to the highest level of specificity for all Medicare Advantage plan patients of providers participating in the program. This program is designed to help improve all patient quality of care (preventive medicine screening, managing chronic illness and prescription management), as well as care for older adults when generated for a Special Needs Plan member.

If you are interested in learning about the electronic modalities available, contact your representative or the Optum* Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time.

Success stories

Below are some achievements that Amerigroup Community Care was able to accomplish with provider groups through the IOA program:

- As a result of leveraging different types of resources offered by the IOA program (for example, technology), providers' offices were able to see an increase in staff productivity.
- Providers who have taken advantage of the IOA program resources have seen an increase in their documentation and coding accuracy.

COVID-19 update

Amerigroup knows this is a difficult time for everyone, as the situation continues to evolve each day. Amerigroup has considered the severity of the situation and is following CDC Guidelines. For the IOA program, all nonessential personal are required to work with provider groups telephonically/electronically until further notice.

Amerigroup continues to evaluate the situation and guidelines, and will keep you notified of any changes.

** Optum is an independent company providing care services on behalf of Amerigroup Community Care.*

AGPCRN-0170-21

Dates and tips to remember:

- To review their population as soon as possible, Amerigroup strongly encourages participating providers to deliver and continually maintain proper care management, as well as care coordination of their patient population. This will further ensure the current and active conditions that impact patient care, treatment and/or management are continually addressed.
- At the conclusion of each office visit with the patient, providers participating in the IOA program are asked to complete and return a patient assessment. The assessment should be completed based on information regarding the patient's health collected during the office visit. Participating providers may continue to use the 2021 version of the assessment for encounters that take place on or before December 31, 2021; Amerigroup will accept the 2021 version of the assessment for 2021 encounters until midnight January 31, 2022.
- If not already submitted, participating providers are required to submit an *Account Setup Form*, *W-9* and completed **direct deposit enrollment** by March 31, 2022. Participating providers should call the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time, if they have any questions regarding this requirement. Failure to comply with this requirement will result in forfeiture of the provider payment for submitted 2021 assessments, if applicable.

Questions

If you have questions about the IOA program or COVID-19 updates, contact your representative or the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. Eastern time.