**Amerigroup Community Care**
Medicaid | Medicare Advantage

Amerigroup

# Provider News | March 2023

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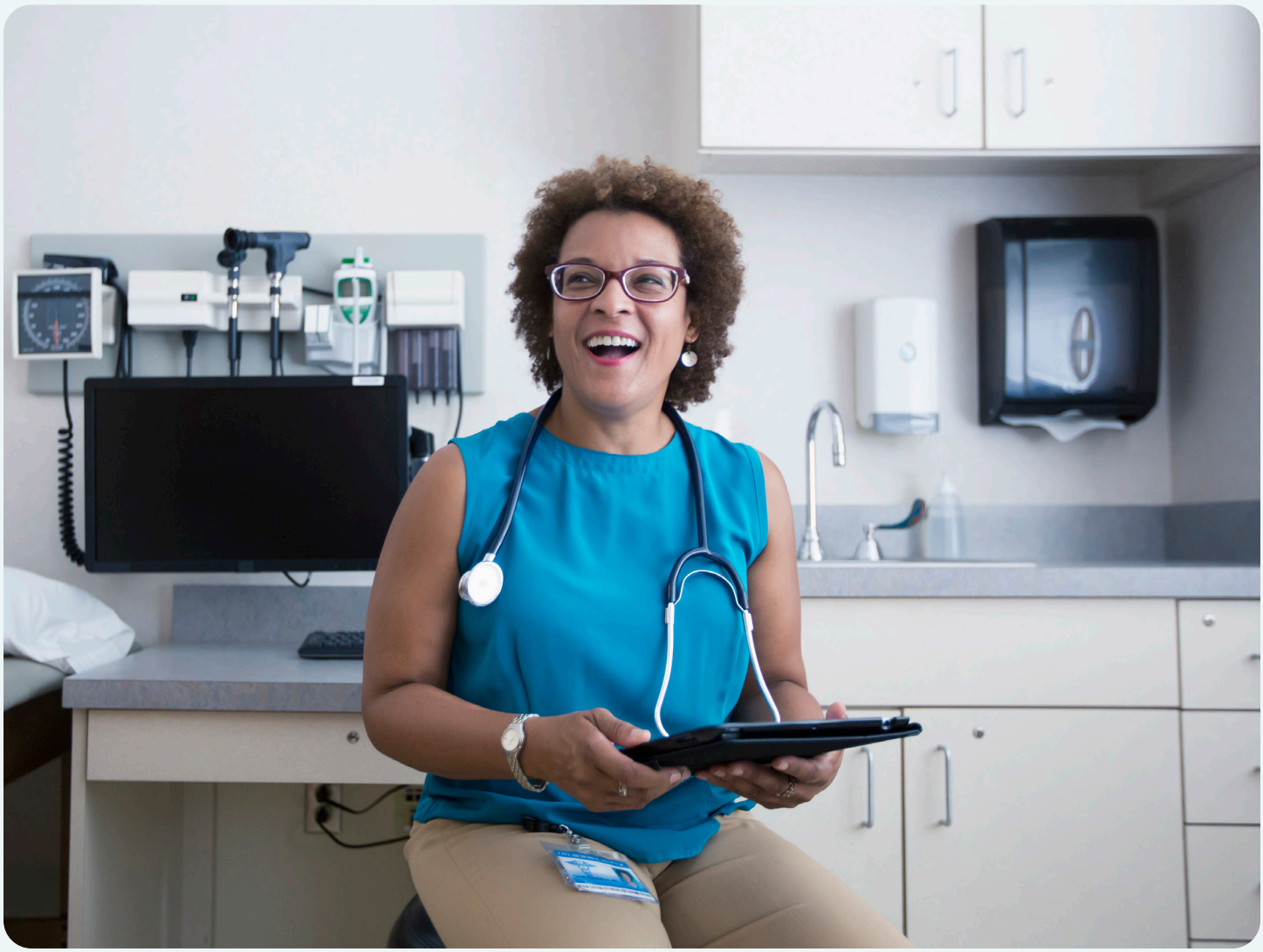
Submit your information to us using the QR code to the left or click **here**.

*Coverage provided by Amerigroup Inc.*

NJAGP-CDCR-018223-23



## Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

### Provider website:

- **https://provider.amerigroup.com/NJ**

### Provider Services:

- Medicaid: **800-454-3730**
- Medicare Advantage: **866-805-4589**

# Administrative

Medicaid

## Remittance advice message enhancements

It can be difficult to understand why a claim has denied, particularly when the descriptions aren't as understandable as they can be. We want to make it easier to understand why your claim denied and how to update your claim with the information needed for processing.

We're phasing in clear, concise, and simplified denial descriptions that explain in greater detail why the claim or claim line has denied and what to do next. We've even included details about how to provide us with information digitally, to move the claim further along faster in the claims process.

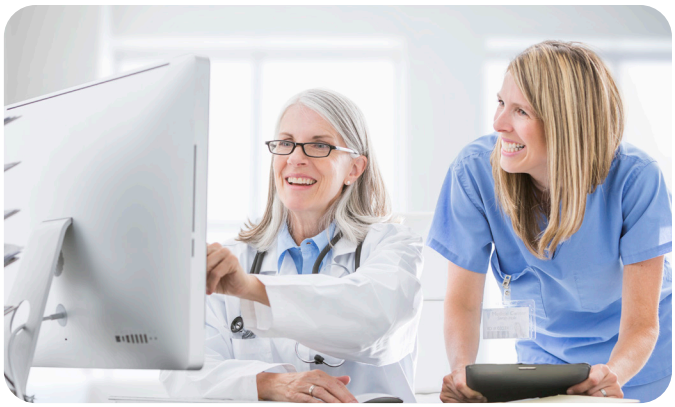
### Continuing to improve

The new denial descriptions will be phased in over the next few months. We're starting with those claim descriptions that have caused the most confusion based on your feedback. If new denial reasons are added, those descriptions will be expanded as well.

Save time. Increase efficiency. Go digital. If you're not enrolled in Availity Essentials,* **register online**. There is no cost for our providers to use the applications through **Availity.com**.

** Availity, LLC is an independent company providing administrative support services on behalf of the health plan.*

NJAGP-CD-014703-22-CPN14593



Medicaid

## InterQual 2023 revisions

Effective May 1, 2023, Amerigroup Community Care will transition to the InterQual® 2023 criteria to include updates from October 2022.

NJAGP-CD-014454-22-CPN13803

Medicare Advantage

## What date to select for inpatient admissions for claims

When submitting an inpatient claim, the admission date reported on the claim is the day on which the patient is formally admitted as inpatient. This will provide the providers with timely and accurate processing of their submitted claims.

MULTI-AGP-CR-012966-22-CPN12321

## New childbirth educator

Amerigroup Community Care is happy to welcome Vanessa A. Kenny to our Childbirth Education network as of August 2022. She owns DoulaNess,* founded in 2016, in Lakewood, New Jersey.

Vanessa's extensive experience in childbirth education includes providing education on the entire birthing process, postpartum services, and lactation services. She received certification from DONA International, a leading doula certifying organization. Vanessa can be contacted at **732-813-2813** or by email at doulaness@optimum.net.

** DoulaNess is an independent company providing childbirth education services on behalf of the health plan.*

NJAGP-CD-016834-23

Medicaid

## Adult outpatient urology and ophthalmology surgery precertification initiative

Beginning in March, Amerigroup Community Care began requiring outpatient urology and ophthalmology surgery procedures to be provided at an ambulatory surgery center (ASC) or provider office unless precertified at a hospital. Only services that cannot be provided safely and effectively at a freestanding ASC or an office are approved to be performed at the hospital.

### Why is this change necessary?

Unless there is a medically necessary reason for providing the outpatient surgery procedure listed on the provided code list in a hospital, the services must be performed at a freestanding ASC or in an office. Members who are under 18 years of age are excluded from this initiative.

### What is the impact of this change?

Providers should review this communication for a list of procedure codes that will require precertification to be performed in a hospital. For code-specific precertification requirements, please refer to our **provider website** > Resources > select Prior Authorization Lookup Tool.

### How do I obtain precertification?

Precertification requests can be submitted through **Availity*** or by calling Provider Services at **800-454-3730** and providing clinical documentation showing a medical reason why the member needs to have an outpatient surgery procedure done in a hospital.

**Read more online.**

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NJAGP-CD-013946-22/NJ-NL-0760-22

## Peer-to-peer update

This discussion affords a peer clinician the ability to provide/discuss clinical that may not have been provided on initial review and/or the ability to explain or clarify clinical that the peer provider believes is important in consideration of meeting medical necessity criteria.

### The following providers can participate in a peer-to-peer conversation:

- An attending/treating/ordering physician.
- A covering physician for the attending/treating/ordering physician.
- The physician's nurse practitioner or physician assistant.
- The facility medical director or chief medical officer.

Providers will have seven business days from the time of denial notification to request a peer-to-peer review. Providers should call **732-744-6304** and leave a voicemail to request a peer-to-peer review and clearly provide the following information:

- Name of caller and telephone number.
- Name of provider requesting the peer-to-peer.
- Member ID number.
- Brief details of request, such as the date of service.

When a peer-to-peer review is requested within seven days of denial notification, the health plan medical director will make a minimum of two attempts to contact the attending/treating/ordering physician in response to the request within those five days:

- If the peer-to-peer review was initiated timely (within seven business days) and denial notification was sent, but the medical director — despite attempts — was unable to complete the call within one business day, then one additional day will be allowed for a reconsideration.

For peer-to-peer reviews that result in a denial being upheld, the provider may communicate that they would like an expedited appeal, and the medical director will refer the provider back to their denial letter for instructions on how to request an expedited appeal.

A reversal or overturn of an adverse determination can be done during the peer-to-peer review conversation. At this time, the denial letter will be rescinded, and an approval notification/log will be faxed.

If the denial is upheld, the provider is directed to the appeal process noted in the denial letter.

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NJAGP-CD-016785-23-SRS16875

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## Introducing the Provider Learning Hub

You can learn about many of our digital capabilities through a new educational platform called the Provider Learning Hub.

### The Provider Learning Hub will include helpful information related to:

- Availity Essentials* registration and onboarding.
- Electronic medical attachments.
- Administrative transactions.

You can access the Provider Learning Hub without a username or password.

Access the **Provider Learning Hub** today from the **provider website** under Availity Essentials.

Our first featured training will focus on attachment applications — with special emphasis on new processes that will make submitting attachments much more efficient.

** Availity, LLC is an independent company providing administrative support services on behalf of the health plan.*

NJAGP-CDCR-012980-22

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## *Advancing Mental Health Equity for Youth & Young Adults*

Register today for the *Advancing Mental Health Equity for Youth & Young Adults* forum hosted by Amerigroup Community Care and Motivo* for Amerigroup providers on Wednesday, March 15, 2023, 4 to 5:30 p.m. ET.

Amerigroup is committed to making healthcare simpler and reducing health disparities for youth and young adults. We believe that advancing health equity for young people is critical to not only improving their experience, but also ensuring the mental health system is a safe and trusted resource. Authentic conversations lead to reducing implicit bias and improving the health and wellbeing of all Americans and the communities in which we live and serve.

Please join us to hear from a diverse panel of experienced professionals from Motivo and Amerigroup as we discuss the intersection of mental health, race, sexual orientation, gender identity, disability, and supporting youth and young adults on their mental health journey.

Each quarterly forum will continue the exploration of ways we can reduce disparities in healthcare, demonstrate cultural humility, address and deconstruct bias, have difficult and productive conversations, learn about valuable resources, and increase diversity equity and inclusion in healthcare.

Please register for this event **online**.

** Motivo is an independent company providing a virtual forum on behalf of the health plan.*

NJAGP-CDCR-017455-23-CPN17407

# Policy Updates

Medicaid

## Medical drug benefit *Clinical Criteria* updates

On May 20, 2022, August 19, 2022, and September 9, 2022, the Pharmacy and Therapeutic Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care.

**Read more online.**

NJAGP-CD-014101-22-CPN13243

Medicare Advantage

## *Clinical Criteria* updates

On On August 19, 2022, and September 9, 2022, the Pharmacy and Therapeutic Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care.

**Read more online.**

MULTI-AGP-CR-014107-22-CPN13243

# Policy Updates — *Medical Policies and Clinical Guidelines*

Medicare Advantage

## *Carelon Medical Benefits Management, Inc. Radiology Clinical Appropriateness Guidelines CPT Code List* update

Effective for dates of service on and after May 1, 2023, several code updates will apply to the *Carelon Medical Benefits Management, Inc. Radiology Clinical Appropriateness Guidelines*.

**Read more online.**

*Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.*

MULTI-AGP-CR-013575-22-CPN12763

## Updates to *Carelon Medical Benefits Management Cardiac Clinical Appropriateness Guidelines* — material adverse change

Effective for dates of service on and after April 9, 2023, the following updates will apply to the *Carelon Medical Benefits Management Cardiology Clinical Appropriateness Guidelines*. As part of the Carelon Medical Benefits Management, Inc. guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

### Cardiac imaging — updates by section

- Stress testing with imaging:
  - Suspected coronary artery disease (CAD) without symptoms — Indications removed
  - Suspected CAD with symptoms — Indications modified
  - Need for testing determined by pretest probability
  - Definition of chest pain expanded to include ischemic equivalent pain elsewhere
  - Dyspnea included as standalone symptom
  - Imaging modality to be selected by the treating physician
  - Exercise preferred over pharmacologic testing in patients referred for stress testing with imaging
  - Patients with atypical symptoms to undergo non-imaging stress testing (assuming capable of exercise and no precluding resting EKG abnormalities)
  - Established CAD without symptoms — Indications removed
  - Established CAD with symptoms — Indications removed
- CT coronary angiography (CCTA):
  - Indications added — Considerable expansion in use for evaluation of CAD (now a first-line modality)
  - Indications added — Preoperative testing indications
  - Indications added — Abnormal prior testing indications
  - Indications removed — Suspected anomalous coronary arteries (basis for suspicion required)
- Fractional Flow Reserve from CCTA (FFR-CT):
  - Indication modified — 40% to 90% coronary stenosis in symptomatic patient who has failed guideline-directed medical therapy and has undergone CCTA within preceding 90 days
- Stress Cardiac MRI:
  - Indications added — Considerable expansion in use for evaluation of CAD (now a first-line modality)
  - Indications added — Preoperative testing indications
  - Indications added — Abnormal prior testing indications
- Resting Cardiac MRI:
  - Indication added — Fabry disease
  - Indications modified — Suspected myocarditis (basis for suspicion required)
  - Indications modified — Arrhythmogenic right ventricular dysplasia (ARVD) requirements clarified
  - Indications modified — Suspected anomalous coronary arteries (basis for suspicion required)
- Resting transthoracic echocardiography (TTE):
  - Valvular heart disease — updated frequency of surveillance in patients with prosthetic valves and those who had transcatheter valve replacement/repair; removed requirement of valvular dysfunction for those who had surgical mitral valve repair; removed moderate/severe mitral regurgitation for those who had transcatheter mitral valve repair

**Updates to *Carelon Medical Benefits Management Cardiac Clinical Appropriateness Guidelines* — Material adverse change (cont.)**

- Diagnostic Coronary Angiography:
  - Indications modified — Clarification that patients with established CAD who have failed GDMT may undergo coronary angiography regardless of how initial diagnosis was made

**As a reminder, ordering and servicing providers may submit prior authorization requests to Carelon Medical Benefits Management, Inc. in one of several ways:**

- Access the **ProviderPortal**SM:
  - Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.

If you have related to guidelines, email MedicalBenefitsManagement.guidelines@carelon.com. Additionally, you may access and download a copy of the current and upcoming guidelines **online**.

** Availity, LLC is an independent company providing administrative support services on behalf of the health plan. Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.*

NJAGP-CD-012472-22-CPN11939

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## *Carelon Medical Benefits Management Cardiology Clinical Appropriateness Guidelines CPT Code List* update

As previously communicated in the December 2022 edition of *Provider News*, Carelon Medical Benefits Management, Inc. will apply additional code updates to the *Carelon Medical Benefits Management Diagnostic Coronary Angiography and Percutaneous Coronary Intervention Clinical Appropriateness Guidelines*. That code update expansion has been delayed. Several codes will go into effect April 1, 2023, not February 1, 2023, as originally communicated.

Medicaid

**Read more online.**

Medicare Advantage

**Read more online.**

*Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.*

NJAGP-CD-015044-22/MULTI-AGP-CR-015047-22-CPN14827

# Reimbursement Policies

Medicare Advantage

## Informational Update
## Modifier Usage

**Policy G-06006**

The Modifier Usage policy is aligning with Medicare modifier requirements by adding the following to our *Related Coding* section:

- Modifier CO — Outpatient occupational therapy assistant services
- Modifier CQ — Outpatient physical therapy assistant services

Additionally, Modifier FB (Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples) was expanded to facility providers.

MULTI-AGP-CR-015029-22-CPN10025

Medicaid

## Policy Update
## Modifiers 25 and 57

**Policy G-06003, effective April 1, 2023**

Beginning with dates of service on or after April 1, 2023, Amerigroup Community Care will update the Modifiers 25 and 57 policy to not allow reimbursement for CPT® code 99211 when appended with Modifier 25.

Based on the descriptions of both Modifier 25 and CPT 99211, the Evaluation and Management must be separately identifiable, and CPT 99211 is not a separately identifiable service.

In addition, the policy titled *Modifiers 25 and 57: Evaluation and Management with Global Procedures* will be renamed to *Modifiers 25 and 57*.

NJAGP-CD-015684-22-CPN15299

For additional information, review specific reimbursement policies at **https://provider.amerigroup.com/new-jersey-provider/claims/reimbursement-policies**.

# Products and Programs

Medicare Advantage

## Shared savings and transition care management after inpatient discharges

Amerigroup Community Care is actively seeking to promote CMS's transition care management (TCM) program for its Medicare members.

The goal is to ensure comprehensive physician follow-up and management of patients within seven and/or 14 days of discharge from hospital, skilled nursing facility (SNF), inpatient rehabilitation hospital (IRF), or long-term acute care hospitals (LTAC). And thus, to minimize clinical relapses, that often result in acute hospital readmissions, within 30-days of discharge.

**Read more online.**

MULTI-AGP-CR-018710-23-CPN18422

# NJ FamilyCare maternal resources for Amerigroup Community Care members in New Jersey

To ensure healthy deliveries, Amerigroup Community Care members in New Jersey have access to several maternal resources such as family planning, childbirth education, doula services, breastfeeding and lactation services, and postpartum support just to name a few. Our Obstetric (OB) Care Management team manages high-risk medical conditions for expectant mothers. Providers can send referrals to NJ1OBNICUCM@Amerigroup.com.

## Healthy Rewards


Healthy Rewards is a program that incentivizes expectant mothers to take control of their health during their pregnancy. Expectant mothers can earn rewards by completing healthy activities, including:

- Prenatal and postpartum visits.
- Screenings for diabetes management and lead.

Members can log in to the **Benefit Reward Hub** to redeem their Healthy Rewards. Members can also call the Healthy Rewards Customer Service line at **888-990-8681 (TTY 711)**, Monday through Friday, from 9 a.m. to 8 p.m. ET.

## Women, Infants, and Children (WIC)

WIC is a program that provides important resources to families with children. Expectant mothers can receive food vouchers, health education, and peer counseling for moral support in parenting. Visit **fns.usda.gov/wic** for more information. Members can apply for WIC by visiting **state.nj.us/health/fhs/wic** or by calling **800-328-3838**.

## NJ FamilyCare

Enrolling in NJ FamilyCare is simple. Remind new mothers to select a primary care provider for their newborn and to visit the office within one to three weeks after delivery. New mothers have 60 days to select a primary care provider for their newborn and to reenroll in NJ FamilyCare to avoid interruption in healthcare benefits. New mothers can enroll in NJ FamilyCare by calling **800-701-0710 (TYY 800-701-0720**).

## My Advocate®

My Advocate* is a proactive, culturally appropriate, outreach and education program that provides personalized information, tips, resources, tools, and pregnancy support for expectant mothers. Eligible members receive regular phone calls with tailored content from a voice personality (Mary Beth), or they may choose to access the program via a smartphone application or website.

** Change Healthcare is an independent company managing the My Advocate program on behalf of the health plan. Availity, LLC is an independent company providing administrative support services on behalf of the health plan.*

NJAGP-CD-014671-22


# Products and Programs — Pharmacy

Medicare Advantage

## New specialty pharmacy medical step therapy requirements

Effective April 1, 2023, the following part B medications from the current *Clinical Criteria Guidelines* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

*Clinical Criteria CC-0002* currently has a step therapy preferring Neulasta, Neulasta OnPro, and the biosimilar Udenyca. This update is to notify that Rolvedon and the new biosimilars Fylnetra and Stimufend will be added to existing step therapy as non-preferred agents.

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

| *Clinical UM Guidelines* | Preferred drugs | Nonpreferred drugs |
|---|---|---|
| **CC-0002** | Neulasta, Neulasta OnPro, Udenyca | Fulphila, Fylnetra, Nyvepria, Rolvedon, Stimufend, Ziextenzo |

MULTI-AGP-CR-015590-22-CPN15348

# Quality Management

Medicare Advantage

## Annual planned visits

An annual planned visit (APV) can be a significant driver of positive health outcomes and engagement with a patient's provider. There are three main types of important, but often underutilized, APVs: initial preventive physical exam, annual wellness visit, and annual routine physical. By engaging your patient early in the year to schedule these visits, there is opportunity to increase your APVs in 2023, and, in turn, improve the health of your patients and increase your success in the value-based programs (VBPs) you may participate in.

**Read more online.**

MULTI-AGP-CR-014640-22

## Time to prepare for HEDIS medical record review

Each year, Amerigroup Community Care performs a review of a sample of our members' medical records as part of the HEDIS® quality study. HEDIS is part of a nationally recognized quality improvement initiative and is used by Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and several states to monitor the performance of managed care organizations.

For 2022, Amerigroup will begin requesting medical records in January 2023. No special authorization is needed for you to share member medical record information with us since quality assessment and improvement activities are a routine part of healthcare operations.

### Ways to submit your records:

- **Remote electronic medical records (EMR) access service:** As we published in the provider newsletter, we now offer EMR access to providers to submit member medical record information to Amerigroup. If you are interested in more information, please contact us at Centralized_EMR_Team@amerigroup.com.
- **Upload:** Medical records can be uploaded to the Amerigroup secure website using the instructions in the request document.
- Fax: Medical records can be faxed to Amerigroup using the instructions in the request document.
- **U. S. Postal Service:** Medical records can be mailed to Amerigroup using the instructions in the request document.
- **Onsite:** Medical records can be pulled by an Amerigroup representative at your office where medical records are located.
- **Secure File Transfer Protocol (SFTP):** Medical records can be uploaded via secure website set up by Amerigroup.

HEDIS review is time sensitive, so please submit the requested medical records within the time frame indicated in the initial HEDIS request document.

We appreciate the care you provide our members. Your assistance is crucial to ensuring our data is statistically valid, auditable, and accurately reflects quality performance.

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

NJAGP-CDCR-007851-22-CPN7161

# Controlling High Blood Pressure and submitting compliant readings

The Controlling High Blood Pressure (CBP) HEDIS® measure can be challenging as it not only requires proof of a blood pressure reading, but also that the patient's blood pressure is adequately controlled. CBP care gaps can open and close throughout the year depending on if the patient's most recent BP reading is greater than 140/90 mmHG. As we start a new year, it's important that we have record of your patients' blood pressure readings and that you continue to monitor patients with elevated readings.

## Tips when scheduling members to close CBP care gaps:

- When scheduling appointments, have staff ask patients to avoid caffeine and nicotine for at least an hour before their scheduled appointment time.
- If possible, update your scheduling app and/or your reminder text message campaigns to include reminders about abstaining from caffeine and nicotine prior to appointment time as well as a reminder to arrive early to avoid a sense of rushing.

## Tips for lower BP readings during the appointment:

- Ask the patient if they tend to get nervous at appointments and have higher readings as a result. If they do, take their blood pressure at both the start and end of the appointment and document the lower reading.
- Readings can also vary arm to arm. If slightly elevated in one arm, try the other and document the lower reading.

## Getting credit for adequately controlled blood pressure readings:

- Submit readings via Category II CPT® codes on claims.
- Ensure readings are carefully and appropriately documented within your electronic medical record system.
- If you have questions on how to submit readings, speak to your care or practice consultant.
- Also, be sure to adequately code patients who meet the exclusion criteria:
  - **Exclusions:**
    - Palliative care
    - Enrolled in hospice
    - Frailty and/or advanced illness
    - Living in long-term care
  - **Optional exclusions:**
    - Dialysis (ESRD), kidney transplant, nephrectomy
    - Female members with a diagnosis of pregnancy
    - Non-acute inpatient admissions

| Description | Code(s) |
|---|---|
| Diastolic BP | **CAT II:** 3078F-3080F, **LOINC:** 8462-4 |
| Diastolic 80 to 89 | **CAT II:** 3079F |
| Diastolic greater than/equal to 90 | **CAT II:** 3080F |
| Diastolic less than 80 | **CAT II:** 3078F |
| Systolic BP | **CAT II:** 3074F, 3075F, 3077F, **LOINC:** 8480-6 |
| Systolic greater than/equal to 140 | **CAT II:** 3077F |
| Systolic less than 140 | **CAT II:** 3074F, 3075F |

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MULTI-AGP-CR-012277-22-CPN10532