Amerigroup

Provider News

Table of Contents

The Anthem, Inc. name is changing

The new name will reflect the company's exciting strategy for the future.

We are very excited to share the news that our parent company, Anthem, Inc., has filed a preliminary proxy statement to change its name. The new name, pending shareholder approval, will be Elevance Health.

Please know that if the name change is approved by shareholder vote, **the following will not change:**

- Your contract, reimbursement, or level of support
- Your patients' plan or coverage

We will continue to do business as Amerigroup Community Care.

Why the change?

The upcoming name change reflects the company's strategy to elevate the importance of whole health and to advance health beyond healthcare for our customers, their families, and our communities.

Our path forward is clear

We are thrilled to share our journey with you as our parent company continues its evolution from a traditional health benefits organization to a health company that looks beyond the traditional scope of physical health and how to best support it.

For more information, please read the **press release**.

Thank you for being our trusted health partner.

Bryony Winn
President, Anthem Health Solutions
Anthem, Inc.

COVID-19 information from Amerigroup Community Care of New Mexico, Inc.

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

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

AGPCARE-0423-20

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Administration

Quick tips to filing a complete and correct professional claim

Electronic claims filing

If you are filing professional claims electronically (supported by electronic data interchange [EDI]), below are some tips for a successful claim submission:

- **Billing provider** — Loop (section) 2010:
  - When the billing provider is an organization healthcare provider, the organization's national provider identification (NPI) number is reported in field **NM109**.
  - The taxpayer identification number (TIN) of the billing provider must be reported in the **REF** segment of this loop.
  - The billing provider may be an individual only when the healthcare provider performing the services is an independent, unincorporated entity.
  - The billing provider address must hold a physical address and should not contain any of the following: Post Office Box, P.O. Box, PO Box, Lock Box, or Lock Bin.
- **Rendering provider** — Loop 2310:
  - This loop or section of the EDI file is required when the rendering provider's NPI is different from that carried in Loop ID-2010AA-billing provider. If not required by the EDI implementation guide, do not send.
  - The rendering provider is the person or company who rendered the care.

Mail claims filing

If you are filing a professional claim via mail:

- **Facility information:**
  - Include the address of the servicing facility — the address where services were rendered — in Box 32.
  - Include the servicing facility's NPI — service location NPI — in Box 32a.
- **Billing provider:**
  - The billing provider's complete name, address, and phone number **must** be in Box 33.
  - NPI **must** be reported in Box 33a (group's organization or individual provider is an independent, unincorporated entity).
  - The TIN of the billing provider **must** be reported in Box 25.
- **Rendering provider:**
  - For claims that require a rendering provider, report the rendering provider NPI in Box 24J.

Review your billing practices carefully to ensure proper TIN, billing NPI, and rendering provider information (if applicable) are submitted in the appropriate fields. Please bill according to your contracted network roster. If you are billing with a rendering NPI that you have not notified us about, you will see a claim rejection and/or claim denial. Please notify us about any practice changes, including providers joining or leaving your organization. As a reminder, claims submitted incorrectly **will be denied and/or rejected.**

Not set up with EDI?

Amerigroup Community Care of New Mexico, Inc. has a strategic relationship with Availity* to serve as our Electronic Data Interchange (EDI) partner for all electronic data and transactions. Healthcare professionals, billing services and clearinghouses who are new to the EDI space can register to exchange EDI transactions with **Availity**.

- *EDI Connection Services Startup Guide*
- *Batch Electronic Data Interchange (EDI) Standard Companion Guide*

Your organization can submit and receive the following transactions through the Availity EDI Gateway:

- 837- Institutional Claims
- 837- Professional Claims
- 837- Dental Claims
- 835- Electronic Remittance Advice
- 276/277- Claim Status
- 270/271- Eligibility Request
- 275- Electronic Medical Attachments
- 278- Prior Authorizations and Referrals

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care of New Mexico, Inc.

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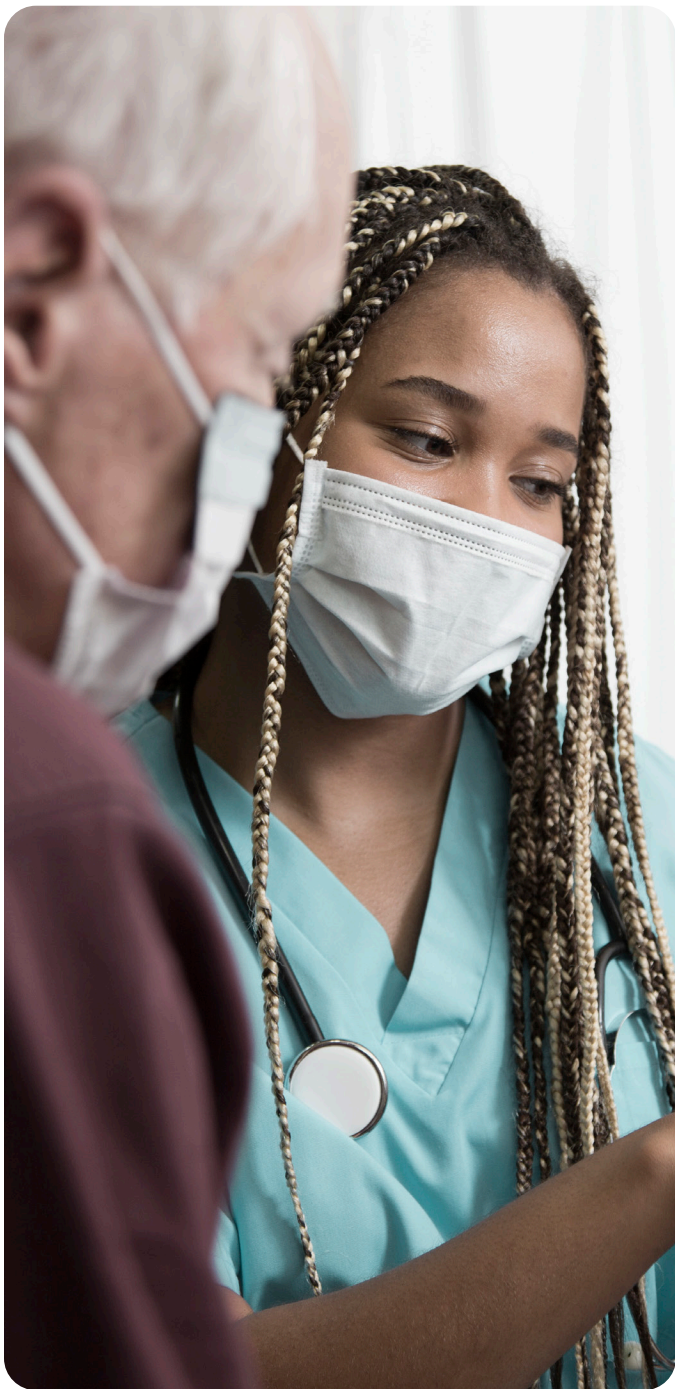
The impact of listening

As a provider, every patient encounter is an opportunity to demonstrate how well you can listen and understand their needs and concerns. Likewise, to ensure your patients can implement your plan of care, you want to be sure that your patients are truly listening and understanding the advice you are giving.

Strategies to improve your communication to patients

One way to figure out if your communication with a patient is effective is by asking them to repeat back the plan of care you discuss with them. You will be able to identify gaps in their understanding and clarify by asking a patient to repeat the next steps back to you.

If you have just shared information with your patient, ask them to repeat back what you told them. For example, you could say, "I just shared a lot of information with you about the new medication I think you should try. Can you please repeat it back to me so we can make sure you remember all of the important points?"

How does your patient know you are listening to them?

To make sure your patient knows you are listening, repeat back to them what you have heard. A quick summary helps assure you heard correctly. For example, you might say, "I want to make sure that I understand all of the important information you just shared. Let me repeat back what I heard so you can verify I didn't miss anything." This will help your patients know you are understanding their needs.

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Policy Updates

AIM Specialty Health Outpatient Rehabilitative and Habilitative Services *Clinical Appropriateness Guidelines* updates

Effective for dates of service on and after June 12, 2022, the following updates will apply to the AIM Specialty Health® (AIM)* Outpatient Rehabilitative and Habilitative Services *Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

Physical therapy and occupational therapy:
- Removed definition of evidence-based therapy and added definition for functional progress
- Added examples of the following:
  - Appropriate goals
  - Skilled intervention documentation
  - Clinically meaningful improvement and functional progress
  - Rehabilitation purpose

Speech-language pathology:
- Removed definition of evidence-based therapy and added definition for functional progress
- Added examples of the following:
  - Appropriate goals
  - Functional progress
  - Rehabilitation purpose

Physical therapy and occupational therapy adjunctive treatments:
- Removed dry needling indication
- Edited exclusions

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of the following methods:
- Access AIM's *ProviderPortal*SM 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 **800-714-0040** available Monday through Friday, from 7 a.m. to 7 p.m. Central time.

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 of New Mexico, Inc. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care of New Mexico, Inc.

AGPCRNL-0395-22

Clinical Criteria updates

On November 19, 2021, December 13, 2021, and January 10, 2022, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care of New Mexico, Inc. These policies were developed, revised, or reviewed to support clinical coding edits.

Read more online.

Visit the *Clinical Criteria* **website** to search for specific policies. For questions or additional information, reach out via **email**.

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Amerigroup Community Care of New Mexico, Inc. expands specialty pharmacy precertification list

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

HCPCS or CPT® codes	Medicare Part B drugs
J3490, J3590, J9999	Tivdak
Q5109	Ixifi
J3590	Byooviz

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

AGPCRNL-0398-22

The *Medical Policies, Clinical Utilization Management (UM) Guidelines,* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

To view a guideline, visit **https://medpol.providers.amerigroup.com/green-provider/medical-policies-and-clinical-guidelines**.

November 2021 updates

Notes/updates:

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

- *CG-LAB-19 — Laboratory Evaluation of Vitamin B12:
  - Outlines the medically necessary and not medically necessary criteria for the use of vitamin B12 blood test.
- *DME.00044 — Wheelchair Mounted Robotic Arm:
  - The use of a wheelchair mounted robotic arm is considered investigational and not medically necessary for all uses.
- *MED.00138 — Wearable Devices for Stress Relief and Management:
  - Wearable devices for management, monitoring or prevention of stress and stress-related conditions are considered investigational and not medically necessary for all indications.
- *CG-MED-53 — Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing:
  - Removed criteria addressing chronically immunosuppressed individuals.
- *CG-MED-81 — Ultrasound Ablation for Oncologic Indications:
  - Added not medically necessary statement for TULSA.

- *CG-SURG-78 — Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies:
  - Revised the clinical indications to add a not medically necessary statement for histotripsy.
- *MED.00099 — Navigational Bronchoscopy:
  - Removed the word electromagnetic in the position statement.
- *SURG.00010 — Treatments for Urinary Incontinence:
  - Added new criterion to investigational and not medically necessary statement on endovaginal cryogen-cooled, monopolar radiofrequency remodeling.
  - Added as treatments for urinary incontinence to investigational and not medically necessary statement and removed wording on urinary incontinence.
- *SURG.00097 — Scoliosis Surgery:
  - Added minimally invasive deformity correction system to the Scope and Position Statement

November 2021 updates (cont.)

Effective April 1, 2022, Amerigroup Community Care of New Mexico, Inc. will begin using the AIM Specialty Health®** *Clinical Appropriateness Guidelines* for medical necessity review of the below services. Please note, the Amerigroup Utilization Management team will complete these reviews using the AIM *Clinical Appropriateness Guidelines*:

- Advanced Imaging *Clinical Appropriateness Guideline*:
    - Imaging of the brain
    - Imaging of the head and neck
    - Imaging of the heart
    - Imaging of the chest
    - Imaging of the abdomen and pelvis
    - Oncologic imaging
- Musculoskeletal Interventional Pain Management *Clinical Appropriateness Guideline*
- Cardiology *Clinical Appropriateness Guidelines*:
    - Diagnostic coronary angiography
    - Percutaneous coronary intervention
- Radiation Oncology Clinical Appropriateness Guideline

Medical Policies
On November 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care of New Mexico, Inc. These guidelines take effect April 1, 2022.

Clinical UM Guidelines
On November 11, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for Medicare Advantage members on December 16, 2021. These guidelines take effect April 1, 2022.

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

Read more online.

AGPCRNL-0391-22

Policy Update
Inpatient Readmissions
(Policy G-13001, effective 07/01/22)

Effective July 1, 2022, when a member is readmitted within 30 days as part of a planned readmission and/or placed on a leave of absence, the admissions are considered to be one admission, and only one diagnosis-related group (DRG) will be reimbursed.

For additional information, please review the Inpatient Readmission reimbursement policy at
https://provider.amerigroup.com/new-mexico-provider/claims/reimbursement-policies.

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