

# Provider Newsletter



## Table of Contents

<b>COVID-19 information</b>	Page 2
<b>Administrative</b>	
<b>Adjudicating claims for COVID-19 vaccines, their administration and COVID-19 monoclonal antibodies</b>	Page 3
<b>2022 Medicare Advantage service area and benefit updates</b>	Page 3
<b>Digital Tools:</b>	
<b>Good news: Non-payment remittance advice enhancements are here</b>	Page 4
<b>Policy Updates</b>	
<b>Medical drug benefit <i>Clinical Criteria</i> updates</b>	Page 5
<b>Updates to AIM Specialty Health <i>Clinical Appropriateness Guideline</i></b>	Page 5
<b>Medical Policies and Clinical Guidelines:</b>	
<b>August 2021 update</b>	Page 8
<b>Reimbursement Policies:</b>	
<b>Drug Screen Testing</b>	Page 10
<b>Products and Programs</b>	
<b>Somatus is your resource for kidney care management</b>	Page 11



## 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

# Administrative

## Adjudicating claims for COVID-19 vaccines, their administration and COVID-19 monoclonal antibodies

Beginning January 1, 2022, Medicare Advantage Organizations (MAOs) and Medicare-Medicaid Plans (MMPs) are responsible for adjudicating claims for COVID-19 vaccines and their administration and for COVID-19 monoclonal antibodies and their administration.


AGPCRNL-0378-21



## 2022 Medicare Advantage service area and benefit updates

An overview of notable 2022 benefit changes and service area updates are now available. Continue to check <https://provider.amerigroup.com/NM> for the latest Medicare Advantage information.

Medicare Advantage




### New Mexico 2022 Medicare Advantage plan changes

**Annual benefit changes for Medicare Advantage plan members under Amerigroup Community Care of New Mexico, Inc. will be effective January 1, 2022.**

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage (EOC)*. Visit <https://shop.amerigroup.com/medicare> for EOC, formularies, and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums, and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's EOC or call Provider Services at the number on the back of the member's ID card for more benefit details.

**2022 highlights:**  
Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's EOC.

**End-Stage Renal Disease (ESRD)**  
Medicare beneficiaries with ESRD may enroll in all Medicare Advantage plans beginning January 1, 2022:

- Previously, ESRD beneficiaries could only obtain Medicare Advantage coverage under limited circumstances. With this new enrollment option, ESRD beneficiaries may select a Medicare Advantage plan during open enrollment regardless of previous coverage.

**Medicare Advantage HMO**  
One new HMO plan will be launching in the following areas in 2022:

New plan for 2022	Counties
Amerivantage ESRD Care (HMO C-SNP)	Bernalillo, Sandoval, Santa Fe, Torrance, Valencia

**Formulary and pharmacy**  
Encourage your patients to review the 2022 formulary information within their *Annual Notice of Change (ANOC)* mailing, their new member kit, or online. Ask your patients if the coverage for any of their prescriptions has been changed. If your patient has been impacted by changes to prescription coverage, consider alternative medications in a lower cost-sharing tier.

\* Availty, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care of New Mexico, Inc.  
<https://provider.amerigroup.com>  
Coverage provided by Amerigroup Inc.  
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October 2021

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# Administrative — Digital Tools

## Good news: Non-payment remittance advice enhancements are here

We have enhanced your ability to search, review, and download a copy of the remittance advice on Availity\* when there is not an associated payment. For remit advice with payment, you can continue to search with the Check/EFT number.

Below are images reflecting the scenarios that have been enhanced:

### Paper remittance

The image shows a paper remittance advice form. At the top, it says "ZERO AMOUNT -- THIS IS NOT A CHECK". Below this, there is a "DATE" field with the value "07/14/21". A "PROVIDER NAME" and "ADDRESS" section is present. Below that, a table lists "PROVIDER-NPI IDS" (XXXXX), "TAX ID NO" (XXXXX), and "CHECK NUMBER: 999999999". An orange arrow points to the check number. At the bottom, there are fields for "0.00", "0.00", "IRS WITHHELD", and "STATE WITHHELD".

### Electronic remittance advice (ERA/835)

The image shows an electronic remittance advice (ERA/835) screen. It displays "Check Details" with the following information: "Check/EFT Number 999999999-2019", "Check/EFT Date 11/18/2019", and "Check Amount \$0.00". An orange arrow points to the check number.

## What has changed?

### Non-payment number display in the Check Number and Check/EFT Number fields:

#### Old —

There were two sets of numbers for the same remittance advice. The paper remittance displayed 10 bytes (9999999999 or 99#####) and the corresponding 835 (ERA) displayed 27 bytes (9999999999 — [year] #####).

#### Enhancement —

The updated numbering sequence for the paper remittance and corresponding 835 (ERA) now contain the same 10-digit number beginning with 9 (9XXXXXXXXX). Each non-payment remittance issued will be assigned a unique number.

### Searching for non-payment remittance:

#### Old —

When using *Remit Inquiry* to locate paper remittance, the search field required a date range and tax ID to locate a specific remittance due to same number scenario (10 bytes (9999999999) being used for every non-payment remittance).

#### Enhancement —

Once the unique ERA non-payment remittance number is available, it can be entered in the check number field in *Remit Inquiry*. This new way of assigning check numbers provides a faster and simplified process to find the specific remittance.

The way your organization receives remittances and payments has not changed; we have simply enhanced the numbering for the non-pay remittances. These changes do not impact previously issued non-payment remittance advice.

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

AGPCRNL-0211-21

# Policy Updates



## Medical drug benefit *Clinical Criteria* updates

### August 2021 update

On August 20, 2021, 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.



**View more online.**

AGPCRN-0371-21

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

## Updates to AIM Specialty Health *Clinical Appropriateness Guideline*

As part of the AIM Specialty Health® (AIM)\* guideline annual review process, the following updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

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

- Access AIM's [ProviderPortal<sub>SM</sub>](#) 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 Web Portal](#).\*
- Call the AIM Contact Center toll-free number: **800-714-0040** Monday through Friday from 7 a.m. to 7 p.m. CT

If you have questions related to guidelines, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto: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.

### **Musculoskeletal Interventional Pain Management Clinical Appropriateness Guidelines**

Effective for dates of service on and after March 13, 2022, the following updates will apply to the *Clinical Appropriateness Guideline* for musculoskeletal (MSK) interventional pain management from AIM.

#### **Updates by section:**

- Epidural injection procedures (ESI) and diagnostic selective nerve root blocks (SNRB):
  - Allow more frequent ESI in newly diagnosed patients
  - Remove imaging requirement in certain circumstances
  - Require similar criteria as ESI for diagnostic SNRB
  - Add epidural abscess as a contraindication
  - Limit multilevel and combination diagnostic SNRB
- Paravertebral facet injection/medial branch block (MBB)/neurolysis:
  - Limit indefinite use of diagnostic MBB
  - Add indication for diagnostic pars defect MBB
  - Expand exceptions allowed for intraarticular facet injections
  - Define MBB timing with respect to radiofrequency neurotomy, MBB limited to RFA candidacy
  - Limit open surgical neurolysis and limited multiple spinal injections
- Sacroiliac joint injections:
  - Limit indefinite use of diagnostic intraarticular injections
  - Disallow sacral lateral branch blocks
  - Disallow sacroiliac joint therapeutic injections in a previously fused joint

- Spinal cord and nerve root stimulators:
  - Allow minimally invasive pain procedures to satisfy conservative management definition
  - Specify timing of mental health evaluation
  - Define indications for repeat stimulator trial

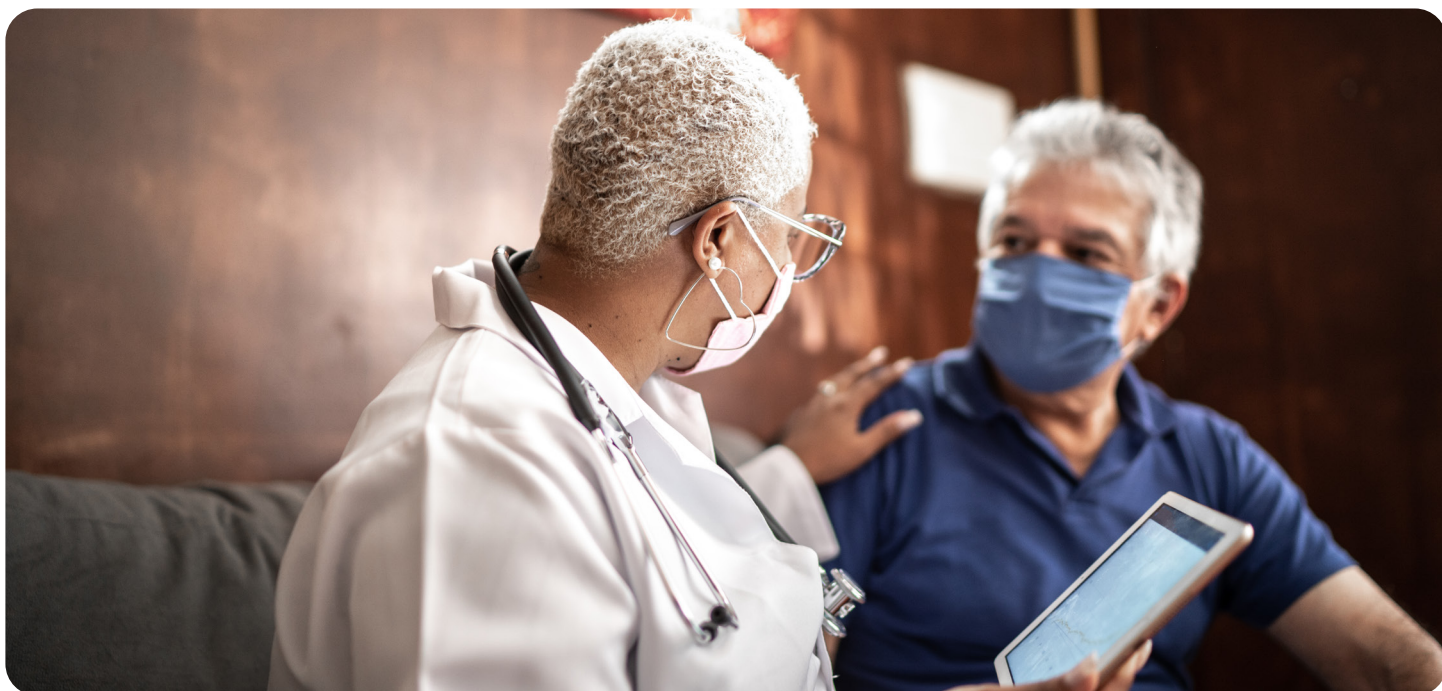
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### **Advanced Imaging Clinical Appropriateness Guidelines**

Effective for dates of service on and after March 13, 2022, the following updates will apply to the listed AIM *Advanced Imaging Clinical Appropriateness Guidelines*.

#### **Updates by guideline:**

- Imaging of the Brain:
  - Acoustic neuroma — removed indication for CT brain and replaced with CT temporal bone
  - Meningioma — new guideline establishing follow-up intervals
  - Pituitary adenoma — removed allowance for CT following nondiagnostic MRI in macroadenoma
  - Tumor, not otherwise specified — added indication for management; excluded surveillance for lipoma and epidermoid without suspicious features
- Imaging of the Head and Neck:
  - Parathyroid adenoma — specified scenarios where surgery is recommended based on American Association of Endocrine Surgeons guidelines
  - Temporomandibular joint dysfunction — specified duration of required conservative management
- Imaging of the Heart:
  - Coronary CT angiography — removed indication for patients undergoing evaluation for transcatheter aortic valve implantation/replacement who are at moderate coronary artery disease risk



■ Imaging of the Chest:

- Pneumonia — removed indication for diagnosis of COVID-19 due to availability and accuracy of lab testing
- Pulmonary nodule — aligned with Lung-RADS for follow-up of nodules detected on lung cancer screening CT

■ Imaging of the Abdomen and Pelvis:

- Uterine leiomyomata — new requirement for ultrasound prior to MRI; expanded indication beyond uterine artery embolization to include most other fertility-sparing procedures
- Intussusception — removed as a standalone indication
- Jaundice — added requirement for ultrasound prior to advanced imaging in pediatric patients
- Sacroiliitis — defined patient population in whom advanced imaging is indicated (predisposing condition or equivocal radiographs)

- Azotemia — removed as a standalone indication

- Hematuria — modified criteria for advanced imaging of asymptomatic microhematuria based on AUA guideline

■ Oncologic Imaging:

- National Comprehensive Cancer Network (NCCN) recommendation alignments for breast cancer, Hodgkin and Non-Hodgkin lymphoma, neuroendocrine tumor, melanoma, soft tissue sarcoma, testicular cancer, and thyroid cancers.
- Cancer screening — new age parameters for pancreatic cancer screening; new content for hepatocellular carcinoma screening
- Breast cancer — clinical scenario clarifications for diagnostic breast MRI and PET/CT

AGPCRNL-0373-21

# Policy Updates — Medical Policies and Clinical Guidelines

## August 2021 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://medpol.providers.amerigroup.com/green-provider/medical-policies-and-clinical-guidelines>.

### Notes/updates:

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

- \*CG-SURG-112 — Carpal Tunnel Decompression Surgery
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for carpal tunnel decompression surgery
- \*CG-SURG-113 — Tonsillectomy with or without Adenoidectomy for Adults
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria
- \*DME.00043 — Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring
  - The use of a neuromuscular electrical training device is considered *Investigational & Not Medically Necessary* for the treatment of obstructive sleep apnea or snoring
- \*GENE.00058 — TruGraf Blood Gene Expression Test for Transplant Monitoring
  - TruGraf blood gene expression test is considered *Investigational & Not Medically Necessary* for monitoring immunosuppression in transplant recipients and for all other indications
- \*LAB.00040 — Serum Biomarker Tests for Risk of Preeclampsia
  - Serum biomarker tests to diagnosis, screen for, or assess risk of preeclampsia are considered *Investigational & Not Medically Necessary*
- \*LAB.00042 — Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy
  - Molecular signature testing to predict response to Tumor Necrosis Factor inhibitor (TNFi) therapy is considered *Investigational & Not Medically Necessary* for all uses, including but not limited to guiding treatment for rheumatoid arthritis
- \*OR-PR.00007 — Microprocessor Controlled Knee-Ankle-Foot Orthosis
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for the use of a microprocessor controlled knee-ankle-foot orthosis
- \*SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
  - Added *Medically Necessary* statement for transcatheter closure of left atrial appendage (LAA) for individuals with non-valvular atrial fibrillation for the prevention of stroke when criteria are met
  - Revised *Investigational & Not Medically Necessary* statement for transcatheter closure of left atrial appendage when the criteria are not met



### August 2021 update (cont.)

- \*SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques
  - Added *Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation
  - Added *Not Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation when criteria in *Medically Necessary* statement are not met
  - Removed laparoscopic radiofrequency ablation from *Investigational & Not Medically Necessary* statement
  - Removed *Investigational & Not Medically Necessary* statement on radiofrequency ablation using a transcervical approach

### **Medical Policies**

On August 12, 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 November 29, 2021.

### **Clinical UM Guidelines**

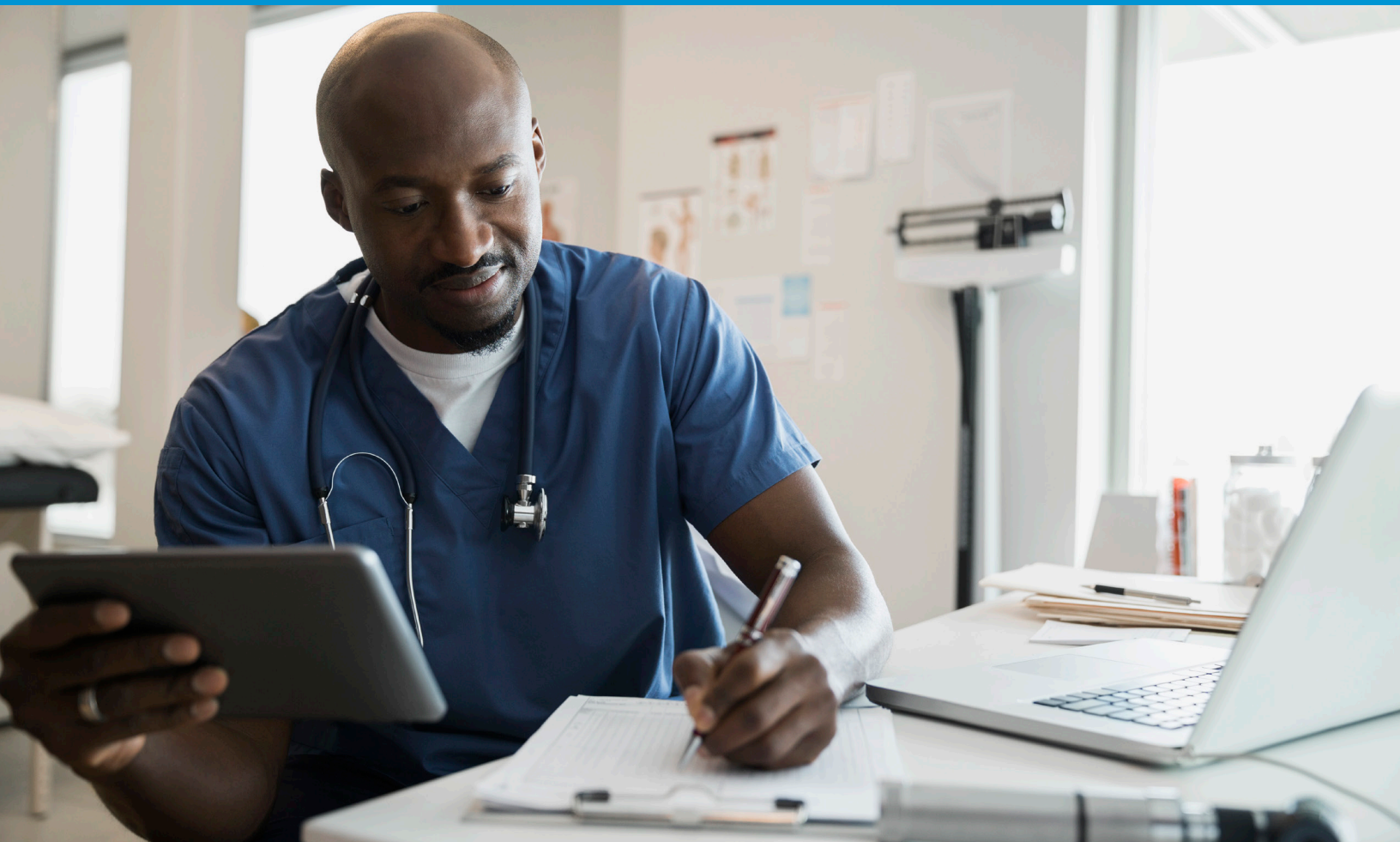
On August 12, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup Community Care of New Mexico, Inc. These guidelines adopted by the Medical Operations Committee for our members on September 23, 2021. These guidelines take effect November 29, 2021.



**View more online.**

AGPCRNL-0374-21

# Policy Updates — Reimbursement Policy



## **Policy Update** **Drug Screen Testing** (Effective March 1, 2022)

Effective March 1, 2022, separate reimbursement is not allowed for specimen validity testing when utilized for drug screening. Reimbursement is included in the CPT® and HCPCS code descriptions for presumptive and definitive drug testing. Modifier 59, XE, XP, XS, and XU will not be allowed to override.

For additional information, please review the Drug Screen Testing reimbursement policy at <https://provider.amerigroup.com/new-mexico-provider/claims/reimbursement-policies>.

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# Products and Programs

## Somatus is your resource for kidney care management

We are pleased to announce a new no-cost care management program available for your Medicare Advantage covered patients with chronic kidney disease (CKD) or end-stage kidney disease (ESKD). This high-touch program, delivered by Somatus,\* is designed to support and enhance your existing patient care by providing hands-on, one-on-one care management to eligible patients with kidney disease.

Somatus is the leading and largest provider of kidney care management services in the country. Through an innovative care-delivery model, Somatus surrounds patients with access to the full suite of support services and education needed to delay kidney disease progression and retain quality of life.

### **Somatus' care management services are personalized to each participating member and may include:**

- A full care team comprised of a nurse, community health worker, pharmacist, dietitian, and social worker.
- Ongoing in-home physical assessments, environmental assessments, face-to-face education, and health coaching to identify problems early and avoid potential hospitalizations and complications.
- Comprehensive 1:1 care management of the patient's kidney disease and co-morbidities, delivered in person (at home, clinic, or hospital) or via telephone.
- Clinical and logistical assistance to help patients transfer safely from hospital to home, if needed.
- Meal planning, appointment scheduling, transportation coordination, connection to local resources and community-based organizations, and more.

Amerigroup Community Care of New Mexico, Inc. will identify Medicare Advantage patients in your practice that qualify for and would benefit from Somatus' kidney-care services, and we look forward to working with you to ensure these patients enroll and take part in this no-cost opportunity. A member of the Somatus team will be in touch to discuss your eligible patients and how you can help encourage their participation.

### **For more information about Somatus, visit [www.somatus.com](http://www.somatus.com) or, contact the Somatus Care Team at:**

- Phone: **855-851-8354** | Monday through Friday | 9 a.m. to 9 p.m. ET
- Email: [care@somatus.com](mailto:care@somatus.com)

*\* Somatus is an independent company providing care management services on behalf of Amerigroup Community Care of New Mexico, Inc.*

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