

May 2022



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

Provider Services:

Medicaid: 800-454-3730 • Medicare: 866-805-4589

Medicare-Medicaid Plan: 855-878-1785

Provider News

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Want to receive our *Provider News* and other communications via email?
Submit your information to us using the QR code to the left or click [here](#).

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.
Coverage provided by Amerigroup Inc.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

TX-NL-0510-22



Medicaid | Medicare-Medicaid Plan | Medicare Advantage

COVID-19 information

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) and the Texas Health and Human Services Commission (HHSC) to help us determine what action is necessary on our part. Amerigroup will continue to follow HHSC guidance policies.

For additional information, reference the *COVID-19 Updates* section of our [website](#).

TXPEC-3523-20/TXPEC-3523-20/AGPCARE-0423-20

Administration

Medicaid

Amerigroup provider coding education

You can access all provider-coding education events for Amerigroup with one easy convenient [link](#). We will continually add new topics to the training page, so check it often. Enjoy informative webinars designed specifically for network providers, coders, billers, and office staff. A variety of helpful and educational topics relating to coding and documentation, claims and billing issues, member care, quality measures, and more are available.

Live events: Each live training webinar event offers awards one unit of continuing education.

Upcoming topics include:

- 2022 coding updates.
- HEDIS® adult measures.
- HEDIS chronic conditions.
- HEDIS behavioral health.
- HEDIS pediatric measures.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Please direct any questions to Provider Services at **800-454-3730** or email: tx1-providerservices@anthem.com.

Register today, you will not want to miss these exciting opportunities!

There are two easy ways to register:

- Access the training page [online](#).
- You may also access the page using the QR code.
 - Use the camera on your device to capture the QR code.
 - A link will appear. Tap the link to open the training page.



Reserve your place at least 24 hours prior to the start of the event.



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

TXNL-0507-22

Screening for alcohol use disorder in high-prevalence demographics



High-prevalence demographics

The lifetime prevalence of AUD in the U.S. population is approximately 29.1%. However, only 19.8% of people with AUD receive treatment. Prevalence of AUD is high in white and Indigenous people, younger men (age < 65), unmarried people, and those with low incomes.¹

22.8 million people over the age of 12 reported having a substance use disorder (SUD) in 2019; AUD accounted for 63% of this population. An additional 12% presented with AUD and another SUD (excluding nicotine) according to the National Survey on Drug Use and Health (NSDUH).²

AUD and COVID-19

Evidence suggests that alcohol consumption increased during the COVID-19 pandemic. One study found that 60% of respondents reported increased alcohol-intake.³ In 2020, alcohol sales increased by 262% online and 21% in stores, which participants reported was due to increased stress, alcohol availability, and lockdown boredom.⁴ This increase was most substantial between March to April 2020. The study suggests those most affected by COVID-19 (job loss, friend loss, family loss, and isolation) may be more at risk of AUD.³

AUD co-occurring with mental health conditions

People with a variety of mental health conditions are at increased risk of developing an AUD or have an existing co-occurring AUD.⁵ While the rates are higher for co-occurring disorders with mental health conditions, there is also a higher risk of greater severity and a worse prognosis for both the mental condition and AUD.

Trauma, including adverse childhood events (ACEs) and post-traumatic stress disorder (PTSD), are often precursors for AUD.⁶ Traumatic brain injuries (TBIs) are also associated with AUD. Alcohol intoxication is one of the strongest predictors of a TBI. In addition, people with a TBI are more likely to abuse alcohol.⁷

In most co-occurring disorders, the mental health condition preceded the AUD. This indicates that people diagnosed with a mental health condition should be screened for AUD. Preventive work should begin at the onset of symptoms of a mental health condition.⁵

1 Recovery Research Institute, 2019 <https://www.recoveryanswers.org/addiction-101/epidemiology>

2 Substance Abuse and Mental Health Services Administration, 2020 [Results from the 2019 National Survey on Drug Use and Health](#)

3 Pollard, Tucker, and Green (2020) <https://doi.org/10.1001/jamanetworkopen.2020.22942>

4 The Nielsen Company (2020) <https://www.nielsen.com/us/en/insights/article/2020/rebalancing-the-covid-19-effect-on-alcohol-sales>

5 Glantz et al., (2020) <https://doi.org/10.1016/j.addbeh.2019.106128>

6 Brady and Back (2012) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860395>

7 Weil, Corrigan, and Karelina (2018) <https://pubmed.ncbi.nlm.nih.gov/31198656>

Convenient, reliable at-home testing for colorectal cancer and diabetes care

Amerigroup Community Care has contracted with Everlywell* to provide at-home lab tests for a subset of our eligible patients. We mail at-home test kits directly to patients' homes with instructions on how to complete and return the kits. *Clinical Laboratory Improvement Amendments*-certified labs process the tests, and an independent physician reviews the results.

We provide PCPs a list of their patients who receive test kit(s) and send individual results to the patient and their doctor. You can help your patients navigate needed testing by encouraging them to complete kits mailed to them. A physician's recommendation is a significant factor in patient screenings.

A patient may receive up to two at-home test kits:

- Fecal immunochemical test for colorectal cancer screening
- Hemoglobin A1c test to measure average glucose levels over the past two to three months for those with diabetes

How the program works:

- Test kit(s) are automatically mailed to eligible patients, and patient lists are sent to physicians.
- Patients collect samples at home, using instructions provided.
- Patients mail samples to Everlywell in the provided, postage-paid envelope.
- Individual test results are sent to patients and their primary care physician, providing evidence of preventive screening completion.

If you have questions about the at-home testing program, contact your local representative. For additional information about Everlywell, visit [everlywell.com](https://www.everlywell.com).

* Everlywell is an independent company providing at-home lab testing services on behalf of Amerigroup Community Care.

AGPCRNL-0400-22



Administration — Digital Tools

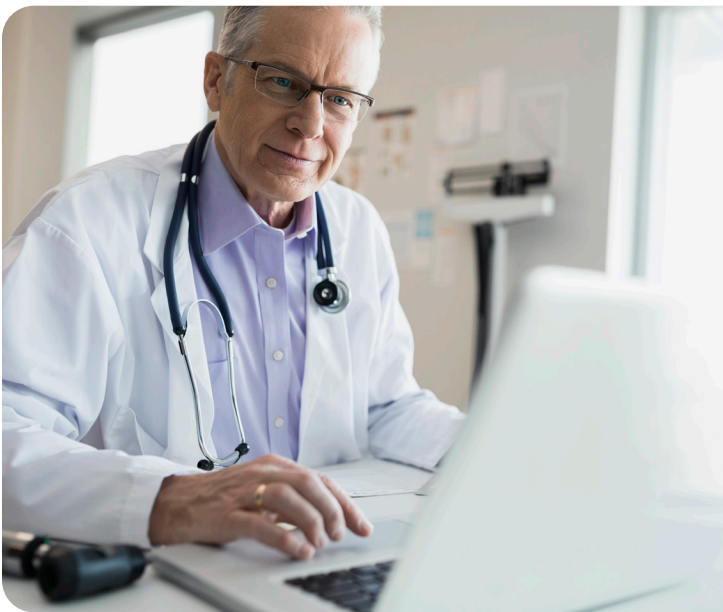
Medicaid | Medicare-Medicaid Plan | Medicare Advantage

New Strategic Provider System implementation May 2022

Strategic Provider System to launch in May

In May 2022, Amerigroup will replace the current data management system with the new and significantly improved Strategic Provider System (SPS). The SPS data website will increase website data accuracy, transparency, and timeliness, creating an enhanced provider experience.

SPS offers robust support features that will improve the ability of Amerigroup to match submitted claims, resulting in more accurate pricing and processing.



The easy-to-use website will allow you to:

- Digitally submit demographic data to one location.
- Maintain, update, and verify demographic data using a single website.
- Receive clear on-screen alerts and guidance as you maintain your data.
- Obtain access to a simplified quick verification process that will allow you to complete required verifications online, eliminating the need to fax, email, or use separate online forms.
- Receive periodic reminders to help you keep your information current.

What you need to do to get ready for the change

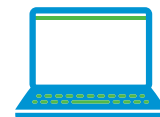
If already enrolled in Availity,* no further action is needed. If you are not enrolled, go to [availity.com](https://www.availity.com) and select the orange *Register* button. Availity is a secure provider website where you can enjoy the convenience of digital transactions, including prior authorization and claims submission, as well as benefit and eligibility look-up.

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

TX-NL-0454-21/AGPCRNL-0376-21

Patient360 — Access Amerigroup member records in just a few clicks

Quickly retrieve detailed records about your Amerigroup patients using Patient360 through the Availity Portal.* This real-time dashboard gives you a robust picture of a patient's health and treatment history and will help you facilitate care coordination.



Drill down to specific patient details:

- Demographic information
- Care summaries
- Claims details
- Authorization details
- Pharmacy information
- Care management activities

With this level of detail at your fingertips, you'll:

- Immediately retrieve a complete medical history for new patients.
- Spot utilization and pharmacy patterns.
- Avoid service duplication.
- Identify care gaps and trends.
- Coordinate care more effectively.
- Reduce the number of communications needed between PCPs and case managers.

To access Patient360:

1. Log in to Availity.
2. Select **Payer Spaces**.
3. Select **Applications**.
4. Select **Patient360**.
5. Complete pertinent fields on the Patient360 application.
6. Complete the *Patient360 Sensitive Services Terms and Conditions*.

Your assigned organization administrator must assign access to view Patient360/Patient Health History.

Doe, John

Currently Enrolled

Alerts Exist

No OHI

Member Care Summary

Claims

Utilization

Care Management

Episodic Viewer

Date Range

Mar 12, 2012 to Sep 12, 2014

Update

Active Alerts

| Source | Description | Type |
|--------|---|-------|
| HEDIS | Diabetes- HbA1c Testing - Pending | Alert |
| HEDIS | Diabetes- LDL Screening - Pending | Alert |
| HEDIS | Diabetes- HbA1c > 9 - Pending | Alert |
| HEDIS | Diabetes- HbA1c between 8-9 - Pending | Alert |
| HEDIS | Diabetes- LDL < 100 - Pending | Alert |
| HEDIS | Diabetes- Medical Attention for Neph... | Alert |

Immunizations & Preventive Health

| Date | Service | Provider |
|------------|------------------------------|-------------------------|
| 07/19/2013 | Pneumococcal polysacchari... | Jersey City Medical Ctr |

Lab Results

| Date | Type | Value | Acuity |
|------------------|-------------------|-------|--------------------|
| 07/05/2013 12:33 | Hemoglobin A1C | 6 | No lab acuity p... |
| 07/05/2013 12:33 | LDL | 157 | No lab acuity p... |
| 07/05/2013 12:33 | HDL | 65 | No lab acuity p... |
| 07/05/2013 12:33 | Total Cholesterol | 241 | No lab acuity p... |
| 07/05/2013 12:33 | Blood creatinine | 0.7 | No lab acuity p... |
| 05/21/2013 00:00 | T4, FREE | 1.3 | Normal |
| 05/21/2013 00:00 | PROTEIN, TOTAL | 6.2 | Normal |

Inpatient

| Admit Date | Discharge Date | Facility Name | Primary Diag |
|------------|----------------|-------------------------|----------------------------|
| 08/07/2013 | 08/12/2013 | Jersey City Medical Ctr | Chronic airway obstruct... |
| 08/07/2013 | 08/08/2013 | Jersey City Medical Ctr | Chronic airway obstruct... |
| 07/19/2013 | 07/24/2013 | Jersey City Medical Ctr | Chronic bronchitis with... |
| 06/08/2013 | 06/10/2013 | Jersey City Medical Ctr | Other dyspnea and res... |
| 06/08/2013 | 06/10/2013 | Jersey City Medical Ctr | Chronic obstructive ast... |
| 04/29/2013 | 05/01/2013 | Jersey City Medical Ctr | Obstructive chronic bro... |
| 02/19/2013 | 02/21/2013 | Jersey City Medical Ctr | Chronic airway obstruct... |

Emergency Department

| Date | Facility Name | Primary Diagnosis |
|------------|---------------------------------|-----------------------------------|
| 06/08/2013 | Liberty Emergency Medical As... | Other dyspnea and respirator... |
| 04/29/2013 | Liberty Emergency Medical As... | Obstructive chronic bronchitis... |
| 02/19/2013 | Liberty Emergency Medical As... | Chronic airway obstruction, n... |

Pharmacy

| Date | Medication/Strength | Prescriber |
|------------|---------------------------|-------------------|
| 01/01/2014 | FOLIC ACID TAB 1MG | Elamir, Mazhar |
| 12/30/2013 | METOCLOPRAM TAB 10MG | Elamir, Mazhar |
| 12/30/2013 | LACTULOSE SOL 10GM/15 | Salah-eldin, Alaa |
| 12/30/2013 | ALFUZOSIN HCL ER 10 MG... | Elamir, Mazhar |
| 12/30/2013 | MINTOX SUS | Elamir, Mazhar |
| 12/30/2013 | OMEPRAZOLE CAP 20MG | Elamir, Mazhar |
| 12/30/2013 | IPRATROPIUM SOL 0.02%I... | Elamir, Mazhar |

Authorizations

| Auth Number | Start Date | End Date | Place of Service | Referred To Provider | Status |
|-------------|------------|------------|---------------------|---|------------|
| C01228606 | 08/07/2013 | 08/12/2013 | Inpatient Hospital | Jersey City Medical Ctr | Discharged |
| C01228191 | 08/07/2013 | 08/08/2013 | Inpatient Hospital | Jersey City Medical Ctr | Void |
| 103658934 | 07/19/2013 | 01/18/2014 | Outpatient Hospital | Senior Spirit Of Jersey City Adult Medic... | Complete |
| C01191978 | 07/19/2013 | 07/24/2013 | Inpatient Hospital | Jersey City Medical Ctr | Discharged |
| 103647282 | 07/16/2013 | 07/16/2013 | Patient's Home | Loving Care Agency | Complete |
| 103629058 | 07/03/2013 | 08/03/2013 | Ambulance-Land | Ostrich Medical Transportation | Complete |
| C01110310 | 06/08/2013 | 06/10/2013 | Inpatient Hospital | Jersey City Medical Ctr | Disallowed |

Office Visits

| Date | Provider | Primary Diagnosis |
|------------|---------------------|--------------------------------|
| 07/15/2013 | Raginsky, Boris | Other peripheral vascular... |
| 07/03/2013 | Elamir, Mazhar E | Shortness of breath |
| 06/19/2013 | Elamir, Mazhar E | Essential hypertension, be... |
| 06/14/2013 | Salah-eldin, Alaa A | Acute gastritis without men... |
| 05/20/2013 | Lala, Vinod R | Diabetes mellitus without... |
| 04/26/2013 | Fatah, Nail A | Asthma, unspecified with st... |
| 04/17/2013 | Elamir, Mazhar E | Cough |

Home Mods and Equipment Claims

| Date | Provider | Service |
|------|----------|---------|
|------|----------|---------|

Other Claims

| Date | Provider | Service |
|------|----------|---------|
|------|----------|---------|

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

TX-NL-0500-22

Policy Updates



Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review process. Step therapy will not apply for members who are actively receiving medications listed below.

Clinical Utilization Management (UM) Guidelines are publicly available on the provider website. Visit the [Clinical Criteria](#) page to search for specific criteria.

Medicare-Medicaid Plan | Medicare Advantage

New specialty pharmacy medical step therapy requirements

Effective March 1, 2022, the following Part B medications from the current *Clinical UM Guidelines* will be included in our medical step therapy precertification review process.

| <i>Clinical UM Guidelines</i> | Preferred drug(s) | Nonpreferred drug(s) |
|-------------------------------|--|----------------------|
| ING-CC-0062 | Inflectra, Remicade, Infliximab (unbranded) | Avsola, Renflexis |

AGPCARE-1279-22/TXDPEC-0965-22

Effective June 1, 2022, the following Part B medications from the current *Clinical UM Guidelines* will be included in our medical step therapy precertification review process.

| <i>Clinical UM Guidelines</i> | Preferred drug(s) | Nonpreferred drug(s) |
|-------------------------------|-------------------|--------------------------------------|
| ING-CC-0072 | Avastin, Eylea | Lucentis, Byooviz, Macugen, Beovu |

AGPCARE-1289-22/TXDPEC-0969-22

New Clinical Laboratory Improvement Amendments edits

The *Clinical Laboratory Improvement Amendments (CLIA)* regulate laboratory testing and require clinical laboratories to be certified by CMS before they can accept human samples for diagnostic testing. *CLIA* edits are code specific, and CMS expanded those edits to COVID test codes in 2021. Going forward, all *CLIA* edits for COVID tests will be implemented at the time of CMS notification.

Noncompliance with the requirements may result in rejected claims, denied claims, or recoveries.

Therefore, Amerigroup is aligning to that requirement; effective July 1, 2022, a valid *CLIA* certification number is required for reimbursement for the following codes:

| Procedure codes | | | | | | | |
|-----------------|---------|---------|---------|---------|---------|---------|---------|
| ■ 86328 | ■ 86413 | ■ 87428 | ■ 87637 | ■ 0223U | ■ 0226U | ■ U0001 | ■ U0004 |
| ■ 86408 | ■ 86769 | ■ 87635 | ■ 87811 | ■ 0224U | ■ 0240U | ■ U0002 | |
| ■ 86409 | ■ 87426 | ■ 87636 | ■ 0202U | ■ 0225U | ■ 0241U | ■ U0003 | |

Any claim that does not contain a valid *CLIA* ID, certificate level, or address will be considered incomplete and receive a denial code below.

| Denial code | Denial description |
|-------------|---|
| GLI | Missing or an invalid <i>CLIA</i> number |
| B85 | <i>CLIA</i> not valid on DOS |
| B84 | CMS address does not match box 32/33 of claim |
| GLJ | Certification level not high enough for procedure performed |

Note: *CLIA* edits do not apply to claims submitted on *UB-04* claim forms.

For all requirements, please reference the [Amerigroup provider manual](#), the [Texas Medicaid Provider Procedures Manual](#), and the [Companion Guides](#).

TX-NL-0503-22



Policy Updates — Prior Authorization



Federal and state law, 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.**

Medicare-Medicaid Plan | Medicare Advantage

Amerigroup expands specialty pharmacy precertification list

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

| HCPSC or CPT® codes | Medicare Part B drugs |
|---------------------|-----------------------|
| Q5117 | Kanjinti |
| Q5113 | Herzuma |
| Q5114 | Ogivri |
| Q5112 | Ontruzant |
| Q5116 | Trazimera |

AGPCARE-1300-22/TXDPEC-0972-22

| HCPSC or CPT® codes | Medicare Part B drugs |
|---------------------|-----------------------|
| J3490, J3590 | Fyarro |
| J3490, J3590 | Besremi |
| C9399, J3490, J3590 | Vyvgart |
| J3490 | Adbry |
| J3490 | Leqvio |

AGPCARE-1282-22/TXDPEC-0967-22

Prior authorization requirement change for HCPCS code K1022



Effective June 1, 2022, prior authorization (PA) requirements will change for HCPCS code K1022. The medical code below will require PA for Amerigroup members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- K1022: Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

To request PA, use one of the following methods:

- Web: Log into **Availity**,* then select Patient Registration > Authorizations & Referrals. Then select Authorization Request or Auth/Referral Inquiry, as appropriate.
- Fax: **800-964-3627**
- Phone: **800-454-3730**

Not all PA requirements are listed here. PA requirements are available to providers by accessing the **Precertification Lookup Tool** at <https://provider.amerigroup.com/TX> on the Resources tab or for contracted providers on the **Availity Portal**. Providers may also call Provider Services at **800-454-3730** for assistance with PA requirements.

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

TX-NL-0486-22

Quality Management

Medicare Advantage

HEDIS 2022: summary of changes from NCQA

The National Committee for Quality Assurance (NCQA) has changed, revised, and retired HEDIS® measures for measurement year 2022. Below is a summary of the key changes to be aware of.

Diabetes measures

NCQA has separated the Comprehensive Diabetes indicators into stand-alone measures:

- Hemoglobin A1c Control for Patients with Diabetes (HBD) (HbA1c Control < 8 and Poor Control HbA1c)
- Eye Exam Performed for Patients with Diabetes (EED)
- Blood Pressure for Patients with Diabetes (BPD)
- Kidney Health Evaluation for Patients with Diabetes (KED)

The process measure Comprehensive Diabetes HbA1c testing was retired as the goal is to move towards more outcome measures.

Race/ethnicity stratification

To address healthcare disparities, the first step is reporting and measuring performance. Given this, NCQA has added race and ethnicity stratifications to the following HEDIS measures:

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for patients with Diabetes (HBD)
- Prenatal and Post-Partum Care (PPC)
- Child and Adolescent Well Care Visits (WCV)

NCQA plans to expand the race and ethnicity stratifications to additional HEDIS measures over several years to help reduce disparities in care among patient populations. This effort builds on NCQA's existing work dedication to the advancing health equity in data and quality measurement.

New measures

Antibiotic Utilization for Respiratory Conditions

(AXR): the percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event

This measure was added given antibiotics prescribed for acute respiratory conditions are a large driver of antibiotic overuse. Tracking antibiotic prescribing for all acute respiratory conditions will provide context about overall antibiotic use. Given this new measure, the Antibiotic Utilization measure has been retired.

Deprescribing of Benzodiazepines in Older Adults

(DBO): the percentage of Medicare members 65 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose during the measurement year

Guidelines recommend that benzodiazepines be avoided in older adults, and deprescribing benzodiazepines slowly and safely, rather than stopping use immediately. There is an opportunity to promote harm reduction by assessing progress in appropriately reducing benzodiazepine use in the older adult population.



HEDIS 2022: summary of changes from NCQA (cont.)

Advanced Care Planning (ACP): the percentage of adults 65 to 80 years of age, with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older, who had advance care planning during the measurement year

Advance care planning is associated with improved quality of life, this measure will allow an understanding if it is provided to those who are most likely to benefit from it. Given this new measure, the Care for Older Adults measure has been retired.

Measure changes

Use of Imaging Studies for Low Back Pain (LBP):

This measure was expanded to the Medicare line-of-business and the upper age limit for this measure was expanded to age 75. Additional exclusions to the measure were also added.

A complete summary of 2022 HEDIS changes and more information, can be found [online](#).

Source: [NCQA.org](https://www.ncqa.org)

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

AGPCRNL-0404-22