

June 2021

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

Provider Services:

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

Medicare-Medicaid Plan: 855-878-1785



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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

Maximizing efficient, high quality COVID-19 screenings

Identifying the most appropriate COVID-19 testing codes, testing sites and type of test to use can be confusing. The guidance below can make it easier for you to refer your patients to high-quality, lower-cost COVID-19 testing sites, find Amerigroup-contracted laboratories and identify the proper CPT® codes to use. Contact your Amerigroup representative for additional information or visit <https://provider.amerigroup.com/TX>.

Refer patients to www.myamerigroup.com/TX to find convenient testing locations

If an Amerigroup member requests a COVID-19 test, you may refer them to Amerigroup to find a testing location near them. Our test-site finder gives members important information about each site, including days and hours of operation, and if they offer:

- Appointment or walk-in
- Drive through service
- Rapid test results
- Antibody testing
- Testing for children

Consider Antigen testing as an option when rapid results are needed

Antigen tests can be a quicker way to detect COVID-19 than nucleic acid amplification tests (NAAT) (for example, PCR). Antigen tests offer a reasonable and lower cost alternative when screening asymptomatic or low-risk patients and may be most useful for individuals within the first five to seven days of symptoms when virus replication is at its highest.



Send swab tests to Amerigroup-contracted laboratories

When providing COVID-19 molecular testing services to our members, consider utilizing the following additional in-network, high-quality labs to assist in helping to ensure that our members are receiving high-value healthcare.

In-network lab

Invitae Corporation*

- Telephone: **650-466-7242**
- Website: <https://www.invitae.com/en/partners>

** Invitae Corporation is an independent company providing laboratory testing services on behalf of Amerigroup Community Care.*

TX-NL-0394-21



Keeping up with routine vaccinations during COVID-19

Well-child visits and vaccinations are essential services

In May 2020, the CDC released a [report](#) showing a drop in routine childhood vaccinations as a result of COVID-19, a result of stay-at-home orders and concerns about infection during well-child visits. Both the American Academy of Pediatrics and the CDC recommend the continuation of routine childhood vaccinations during the COVID-19 pandemic, noting they are essential services.

To encourage well-visits and vaccinations, here are some extra steps you can take to ensure visits are as safe as possible for both patients and staff. They include:

- Scheduling sick visits and well-child visits during different times of the day.
- Asking patients to remain outside until it’s time for their appointment to reduce the number of people in waiting rooms.
- Offering sick visits and well-child visits in different locations.

It is important to identify those children who missed immunizations and well-child visits to schedule these essential in-person appointments. To help, the CDC has published [vaccine catch-up guidance](#) on their website.

Help your patients earn rewards

For additional encouragement, Amerigroup members can earn \$20 or more in gift cards for completing vaccines and/or well visits through our Healthy Rewards program. Please encourage your patients to enroll in the program on the Amerigroup website so they can earn rewards for these activities.

See the chart below:

	Ages	Reward amount
Human papillomavirus (HPV)	9 through 12, before 13th birthday	\$20
Texas Health Steps/Child and Adolescent Well Care Visits (WCV)	18, 24, 30 months and each year for ages 3 to 20 years	\$20
Texas Health Steps/Child and Adolescent Well Care Visits (WCV)	Complete six well-child visits for ages 0 to 15 months	\$120
Rotavirus	42 days to 24 months	\$20

Patients can enroll online at <https://myamerigroup.com/tx> or by calling **888-990-8681 (TTY 711)**.

 **Read more online.**

TX-NL-0397-21

Provider collaboration and communication

Provider collaboration leads to well-informed treatment decisions. Providers work together to develop compatible courses of treatment, increasing the chances for positive health outcomes and avoiding adverse interactions.

Provider communication between a member's PCP or medical home and other providers, such as specialists, hospitals, home health agencies, and therapy providers, is key to ensuring our members — your patients — receive quality care that is thorough and seamless. Each provider type is responsible for conducting timely provider-to-provider communication as appropriate. For additional information related to this requirement, visit <https://provider.amerigroup.com/texas-provider/resources/manuals-and-guides>.

TX-NL-0746-21

Provider education program survey: *Your Voice Counts*

To provide you with better educational opportunities, we are collecting data to improve provider education offerings. We are also asking for preferences and topics of interest to ensure that we tailor the education experience to meet your needs. We value our providers, and we want to deliver educational content that is most convenient for you. Please take a moment to complete a brief survey, and remember — Your voice counts!

Select the survey below to begin:
Provider education: *Your Voice Counts*

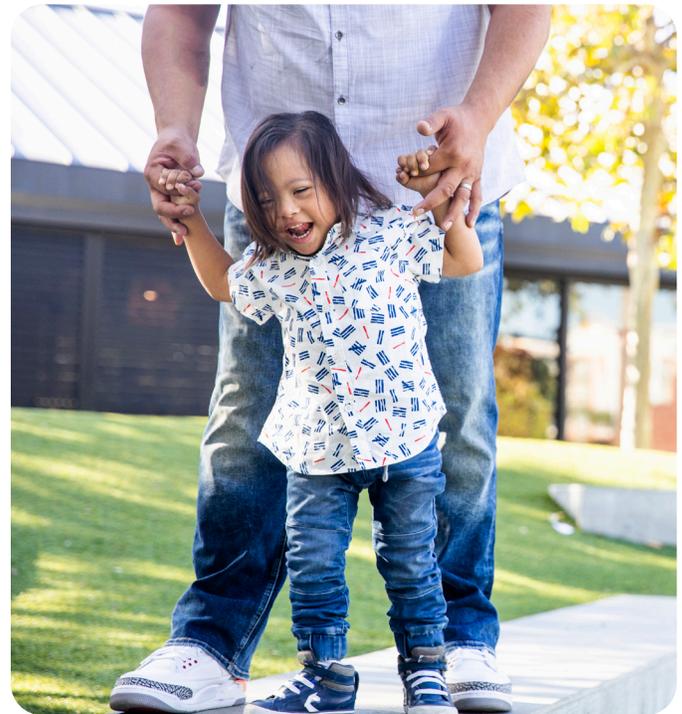
TX-NL-0372-20

Members' Rights and Responsibilities Statement

The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment to participating practitioners and members in our plans, Amerigroup has adopted *Member Rights and Responsibilities*, which are located within the provider manual. For additional information related to this requirement, visit https://provider.amerigroup.com/dam/publicdocuments/TXTX_CAID_ProviderManual_tx_prdocs.pdf.

If you need a physical copy, call Provider Services at **800-454-3730**.

TX-NL-0408-21



Complex Case Management program

Managing illness can be a daunting task for our members. It's not always easy for patients to understand test results, to know how to obtain essential resources for treatment, or to know whom to contact with questions and concerns.

Amerigroup is available to offer assistance in these difficult areas with our Complex Case Management program. Our care managers are part of an interdisciplinary team of clinicians and other resource professionals there to support members, families, PCPs, and caregivers. The Complex Case Management process provides education to our members, which helps our members understand their illnesses and empowers our members by increasing their self management skills. Case Management can help our members learn about care choices to ensure they have access to quality and efficient healthcare.

Members or caregivers can refer themselves or family members by calling the Member Services number located on their member ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us by phone or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals. Members can opt in and opt out of the Case Management program at any time.

You can contact us by phone at **833-869-5890** or by fax at **866-249-1185**. For OB case management, fax to **866-249-1180**. Case Management business hours are Monday through Friday from 8 a.m. to 5 p.m. Central time.

TX-NL-0404-21

Important information about utilization management

Our utilization management (UM) decisions are based on medical necessity of the requested care and services, as well as the member's coverage according to their benefit plan. We do not reward providers or other individuals for issuing denials of coverage, service, or care. Nor do we make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization.

Regarding UM issues, staff are available at least eight hours a day, Monday through Friday, during normal business hours for inbound collect or toll-free calls and can receive inbound communication by fax after normal business hours. Messages will be returned within one business day. Our staff will identify themselves by name, title, and organization name when initiating or returning calls. TDD/TTY services and language assistance services are available for members as needed, free of charge.

For questions about the UM process, including requesting a free copy of our UM criteria, call Provider Services at **800-454-3730**.



[Read more online.](#)

TX-NL-0405-21



Aspire Health for members in need of palliative care

Amerigroup has contracted with Aspire Health* to provide in-home and virtual palliative care services to our Medicaid members facing advanced illness.

Aspire offers a solution to the fragmented and expensive care that patients so often experience during the last chapter of life. By working with community physicians to enroll and serve these vulnerable patients in their homes, Aspire helps patients to increase their overall comfort, increase their satisfaction with both their PCP and their health plan, and minimize the risk of unnecessary or unwanted hospitalizations.

The typical Aspire patient:

- Is usually in the most chronically ill sector of the physician's patient population with high emergency room or hospitalization use.
- Confronts multiple illnesses, such as:
 - Chronic heart failure.
 - Chronic obstructive pulmonary disease.
 - Advanced cancers.
 - Dementia.
 - Geriatric frailty.
 - Chronic or end-stage renal disease.
 - Chronic liver disease.
 - Cerebrovascular accidents.
 - Other neurologic illnesses.
- May see multiple providers or frequently seek care in emergency rooms and hospitals.
- May have limited family support or have family caregivers with their own health concerns.
- Receives care that is both high-cost and low-value, often resulting in frequent hospitalizations for uncontrolled symptoms and/or exacerbations of chronic disease.

The Aspire team works to align medical care with a patient's goals and values. Through patient and caregiver support, education and expert symptom management with an interdisciplinary team accessible 24/7, Aspire enables patients to avoid unnecessary emergency department visits and hospitalizations.

Aspire's model is built around a philosophy of co-management. After each Aspire visit, a patient's PCP and pertinent specialists receive a clinical visit summary via secure eFax to facilitate coordination of care, and Aspire's local clinical leadership is available to communicate with providers around the clock.

For more information or to refer one of your patients to the Aspire program, please call Aspire's 24/7 Patient and Referral Hotline at **877-702-6863** or visit aspirehealthcare.com.

** Aspire Health is an independent company providing in-home health care services on behalf of Amerigroup.*

TX-NL-0400-21

Updates to the AIM Specialty Health Advanced Imaging Clinical Appropriateness Guidelines

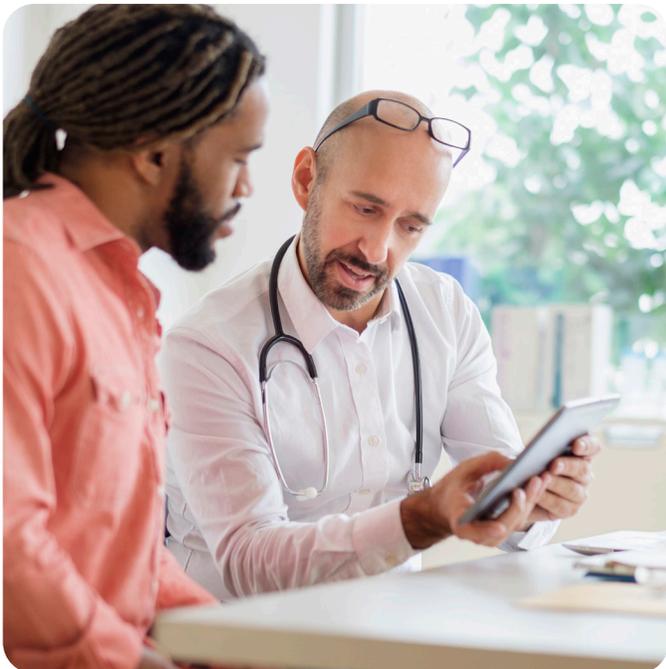
Effective for dates of service on and after September 12, 2021, several updates will apply to the AIM Specialty Health® (AIM)* *Advanced Imaging Clinical Appropriateness Guidelines*. Part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe and affordable healthcare services.



Read more online.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup.

TX-NL-0389-21



Medical drug benefit *Clinical Criteria* updates

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup. 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. If you have questions or would like additional information, reach out via [email](#).

TX-NL-0401-21

MCG Care Guidelines 25th edition

Effective September 1, 2021, Amerigroup will upgrade to the 25th edition of MCG Care Guidelines for the following modules: Inpatient and Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC). Tables in the full article highlight new guidelines and changes that may be considered more restrictive.



Read more online.

TX-NL-0390-21



MCG Care Guidelines 25th edition

View the [article](#) in the Medicaid section

TX-NL-0390-21

Medical drug benefit *Clinical Criteria* updates

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). 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. If you have questions or would like additional information, reach out via [email](#).

TXD-NL-0214-21



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. Please note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

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

Notes/updates:

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

- *CG-LAB-17 - Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting
 - Outlines the medical necessity and not medically necessary criteria for multiplex PCR-based panel testing of gastrointestinal pathogens for infectious diarrhea in the outpatient setting
- *GENE.00056 - Gene Expression Profiling for Bladder Cancer
 - Gene expression profiling for diagnosing, managing and monitoring bladder cancer is considered investigational and not medically necessary
- *LAB.00038 - Cell-free DNA Testing to Aid in the Monitoring of Kidney Transplants for Rejection
 - Cell-free DNA testing is considered investigational and not medically necessary as a non-invasive method of determining the risk of rejection in kidney transplant recipients
- *LAB.00039 - Pooled Antibiotic Sensitivity Testing
 - Pooled antibiotic sensitivity testing is considered investigational and not medically necessary in the outpatient setting for all indications
- *SURG.00159 - Focal Laser Ablation for the Treatment of Prostate Cancer
 - Focal laser ablation is considered investigational and not medically necessary for the treatment of prostate cancer
- *ANC.00008 - Cosmetic and Reconstructive Services of the Head and Neck
 - Added otoplasty using a custom-fabricated device, including but not limited to a custom fabricated alloplastic implant, as cosmetic and not medically necessary
- *CG-SURG-78 - Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies
 - Added TACE using immunoembolization (for example, using granulocyte-macrophage colony-stimulating factor GM-CSF) as not medically necessary for all liver-related indications
- *CG-SURG-82 - Bone-Anchored and Bone Conduction Hearing Aids
 - Revised audiologic pure tone average bone conduction threshold criteria for unilateral implant for bilateral hearing loss
 - Added not medically necessary statement for when medical necessity criteria have not been met and clarified not medically necessary statement regarding replacement parts or upgrades
 - Added bone conduction hearing aids using an adhesive adapter behind the ear as not medically necessary for all indications
- CG-GENE-22 - Gene Expression Profiling for Managing Breast Cancer Treatment
 - A new *Clinical Guideline* was created from the content contained in GENE.00011. There are no changes to the guideline content and the publish date is April 7, 2021.
- CG-GENE-23 - Genetic Testing for Heritable Cardiac Conditions
 - A new *Clinical Guideline* was created from the content contained in GENE.00007 and GENE.00017. There are no changes to the guideline content and the publish date is April 7, 2021.
- CG-SURG-110 - Lung Volume Reduction Surgery
 - A new *Clinical Guideline* was created from the content contained in SURG.00022. There are no changes to the guideline content and the publish date is June 25, 2021

AIM Specialty Health[®] Clinical Appropriateness Guideline updates**

To view AIM guidelines, visit the [AIM page](#).

- The Small Joint Surgery Guideline has been revised and will be effective on March 14, 2021.

Medical Policies

On February 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). These guidelines take effect August 4, 2021.

Clinical UM Guidelines

On February 11, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup STAR+PLUS MMP. These guidelines were adopted by the medical operations committee for Amerigroup STAR+PLUS MMP members on February 25, 2021. These guidelines take effect August 4, 2021.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan).*



 **View more online.**

TXD-NL-0216-21



Medicare Advantage



Maximizing efficient, high quality COVID-19 screenings

View the [article](#) in the Medicaid section

TX-NL-0394-21

Updates to the AIM Specialty Health *Advanced Imaging Clinical Appropriateness Guidelines*

View the [article](#) in the Medicaid section

TX-NL-0390-21/AGPCRNL-0177-21

MCG Care Guidelines 25th edition

View the [article](#) in the Medicaid section

TX-NL-0389-21/AGPCRNL-0180-21

Working with Optum to collect medical records for risk adjustment

In 2021, Amerigroup Community Care is collaborating with Optum,* which works with Ciox Health* (Ciox), to request medical records with dates of service for the calendar target year 2020 through present day. If you receive a request for medical records, it is because we have received a claim from you for a Medicare Advantage member during the time frame requested. Please make every effort to locate the chart or direct us to where it is housed, even if it is at a different location or combined with records of another provider.



[View FAQ online.](#)

Jaime Marcotte, Medicare Retrospective Risk Program Lead, is managing this project. If you have any questions regarding this program, please contact Jaime at jaime.marcotte@anthem.com or **1-843-666-1970**.

** Optum and Ciox Health are independent companies that provide medical record retrieval services on behalf of Amerigroup Community Care.*

AGPCRNL-0183-21



Medical drug benefit *Clinical Criteria* updates

On February 19, 2021, and March 4, 2021, 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.](#)

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

AGPCRNL-0184-21

Medical Policies and Clinical Utilization Management Guidelines update

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 - Outlines the medical necessity and not medically necessary criteria for multiplex PCR-based panel testing of gastrointestinal pathogens for infectious diarrhea in the outpatient setting
- *ANC.00008 — Cosmetic and Reconstructive Services of the Head and Neck
 - Added otoplasty using a custom-fabricated device, including but not limited to a custom fabricated alloplastic implant, as cosmetic and not medically necessary
- *CG-OR-PR-04 — Cranial Remodeling Bands and Helmets (Cranial Orthotics)
 - Removed condition requirement from reconstructive criteria and replaced current diagnostic reconstructive criteria with criteria based on one of the following cephalometric measurements: the cephalic index, the cephalic vault asymmetry index, the oblique diameter difference index, or the cranioproportional index of plagiocephelometry
- *CG-SURG-78 — Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies
 - Added TACE using immunoembolization (for example, using granulocyte-macrophage colony-stimulating factor GM-CSF) as not medically necessary for all liver-related indications
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AIM Specialty Health[®] Clinical Appropriateness Guideline updates**

To view AIM guidelines, visit the [AIM page](#).

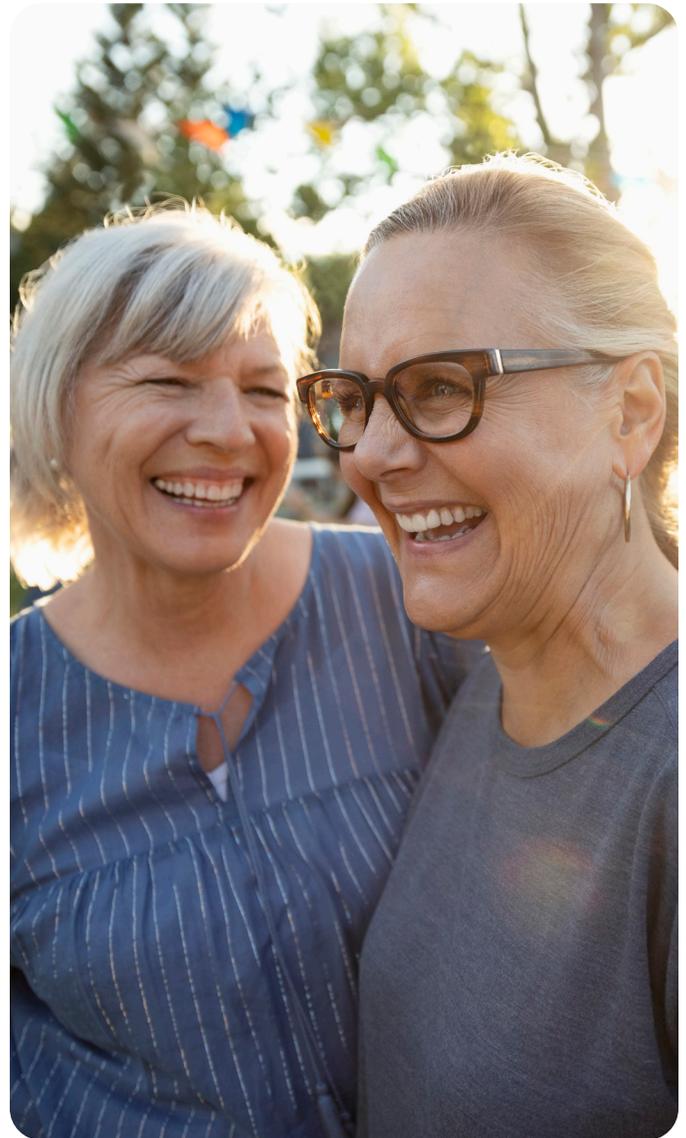
- The Small Joint Surgery Guideline has been revised and will be effective on March 14, 2021.
- The following Guidelines have been revised and will be effective on June 4, 2021:
 - * Imaging of the Spine
 - * Imaging of the Extremities
 - * Vascular Imaging
 - * Joint Surgery
 - * Spine Surgery

Medical Policies

On February 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. These guidelines take effect June 4, 2021.

Clinical UM Guidelines

On February 11, 2021, the MPTAC approved the several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for Amerigroup members on February 25, 2021. These guidelines take effect June 4, 2021.



 **View more online.**

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

AGPCRNL-0185-21



Reimbursement Policy

Policy Reminder — Medicare Advantage **Inpatient Readmissions**

As a reminder, Amerigroup Community Care Medicare Advantage does not allow separate reimbursement for claims that have been identified as a readmission to the same hospital for the same, similar or related condition unless provider, federal or CMS contracts and/or requirements indicate otherwise, as further described in the **existing reimbursement policy**.

If Amerigroup Medicare Advantage determines that this reimbursement policy has not been followed, Amerigroup Medicare Advantage may deny the claim prior to payment or recover any paid claim. Providers may dispute any claim denied under this policy consistent with applicable law, your agreement with Amerigroup Medicare Advantage and Amerigroup Medicare Advantage policies.

For more detailed information on the Inpatient Readmissions reimbursement policy, please visit <https://provider.amerigroup.com/texas-provider/claims/reimbursement-policies>.

AGPCARE-0936-21