October 2021

https://provider.amerigroup.com/tx
Provider Services:
Medicaid: 800-454-3730 • Medicare: 866-805-4589
Medicare-Medicaid Plan: 855-878-1785

Amerigroup

Provider Newsletter

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Want to receive our *Provider Newsletter* 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-0430-21

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 | Medicare-Medicaid Plan | Medicare Advantage

2021 affirmative statement concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting, or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

TX-NL-0419-21/AGPCRNL-0201-21

Medicaid

Reminder regarding after-hours service

To support the efforts of the primary care provider in meeting the needs of patients, we encourage the use of after-hours care to allow greater access to care for members.

Texas Medicaid limits reimbursement for after-hours charges to office-based providers rendering services after routine office hours. A provider's **routine office hours** are the hours posted at the physician's office as the usual office hours. The after-hours procedure code is limited to one per day, per provider. The additional reimbursement is also limited to assigned members only.

For federally qualified health centers and rural health clinics, the term **after-hours** is defined as care provided on weekends, federal holidays, or before 8 a.m. and after 5 p.m., Monday through Friday.

Providers must use the following procedure code to report after-hours services: 99050.

The after-hours care code must be billed with the appropriate evaluation and management code and with Place of Service code 11 (Office), 50 (Federally Qualified Health Center), or 72 (Rural Health Clinic only) for reimbursement. Texas Health Steps services do not qualify for after-hours care.

Federally qualified health centers and rural health clinics will qualify for after-hours service reimbursement outside the encounter rate.

Updating your after-hours care status with your Provider Experience consultant will ensure accuracy of your demographics and make it easier for members to identify your practice on the member website's **Find a Doctor** tool at **myamerigroup.com/TX**. To complete the demographic form to update your after-hours status, go to **https://provider.amerigroup.com/TX** > Resources > Forms > Provider Demographics/Credentialing > **Texas Provider Demographics Address Change Form**.

You can visit Texas Medicaid & Healthcare Partnership (TMHP) at **www.tmhp.com** for more information in the T*exas Medicaid Provider Procedures Manual (TMPPM)* regarding after-hours reimbursement or resources on rendering this type of service.

TX-NL-0433-21

Information about 2021 Special Needs Plans

Introduction

Amerigroup Community Care is offering Special Needs Plans (SNPs) to people eligible for both Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. Some SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid, which include supplemental benefits such as hearing, dental, vision, and transportation to medical appointments. Some SNP plans include a card or catalog for purchasing over-the-counter items, but SNPs do not charge premiums.

SNP members benefit from a model of care (MOC) that is used by Amerigroup to assess needs and coordinate care. Each member receives a comprehensive health risk assessment (HRA) within 90 days of enrollment and annually thereafter, which covers physical, behavioral, and functional needs, along with a comprehensive medication review. The HRA is then used to create a member care plan. Members with multiple or complex conditions are assigned a health plan case manager.

SNP HRAs, care plans, and case managers support members and their providers by helping identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up appointments plus providing navigation and coordination of services across the Medicare and Medicaid programs.

Provider training required

Providers contracted for SNP plans are required to complete an annual training to keep up-to-date with plan benefits and requirements, including details on coordination of care and MOC elements. Every provider contracted for SNP is required to complete an attestation stating they have completed their annual training. These attestations are located at the end of the self-paced training document.

To take the self-paced training, please go to the MOC Provider Training link at **https://www.availity.com**.

How to access the Custom Learning Center on the Availity Portal:*

1. Log in to the Availity Portal at **https://www.availity.com**.
   - At the top of the Availity Portal, select **Payer Spaces** and select the appropriate payer.
2. On the *Payer Spaces* landing page, select **Access Your Custom Learning Center** from *Applications*.
3. In the *Custom Learning Center*, select **Required Training**.
4. Select **Special Needs Plan and Model of Care Overview**.
5. Select **Enroll**.
6. Select **Start**.
7. Once the course is completed, select **Attestation** and complete.

Not registered for the Availity Portal?

Have your organization's designated administrator register your organization for the Availity Portal:

1. Visit **https://www.availity.com** to register.
2. Select **Register**.
3. Select your organization type.
4. In the *Registration* wizard, follow the prompts to complete the registration for your organization.

Read more online.

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

AGPCRNL-0209-21

Medicaid | Medicare-Medicaid Plan | Medicare Advantage

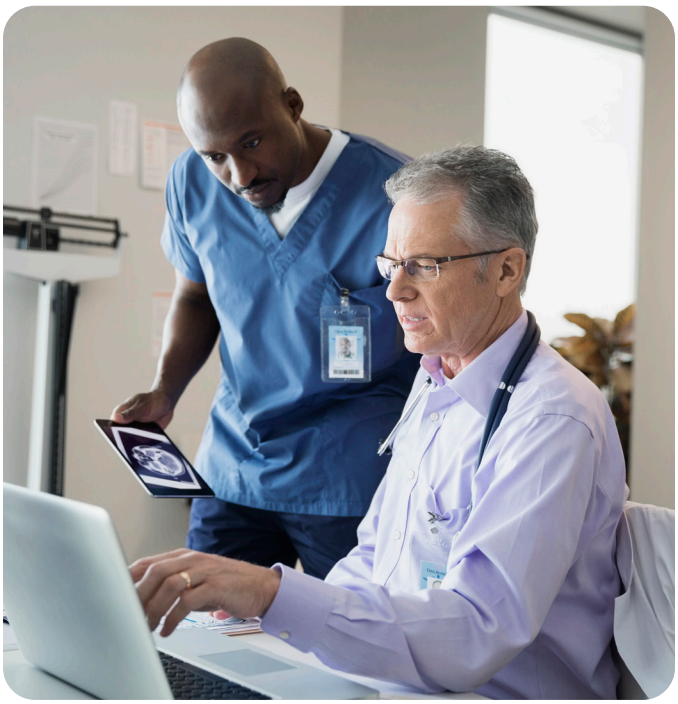
Get your payments faster when you sign up for electronic funds transfer

Effective November 1, 2021, EnrollSafe will replace CAQH Enrollhub® as the electronic funds transfer (EFT) enrollment website for Amerigroup providers. As of November 1, 2021, CAQH Enrollhub will no longer offer EFT enrollment to new users.

When you sign up for EFT through **https://enrollsafe.payeehub.org**, the new enrollment website, you'll receive your payments up to seven days sooner than through the paper check method. Not only is receiving your payment more convenient, so is signing up for EFT. What's more, it's easier to reconcile your direct deposits.

EnrollSafe is safe, secure, and available 24-hours a day

Beginning November 1, 2021, log onto the EnrollSafe enrollment hub at **https://enrollsafe.payeehub.org** to enroll in EFT. You'll be directed through the EnrollSafe secure portal to the enrollment page, where you'll provide the required information to receive direct payment deposits.



Already enrolled in EFT through CAQH Enrollhub?

If you're already enrolled in EFT through CAQH Enrollhub, no action is needed unless you are making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.

If you have changes to make, after October 31, 2021, use **https://enrollsafe.payeehub.org** to update your account.

Electronic remittance advice (ERA) makes reconciling your EFT payment easy and paper-free

Now that you are enrolled in EFT, using the digital ERA is the very best way to reconcile your deposit. You'll be issued a trace number with your EFT deposit that matches up with your ERA on the Availity* Portal. To access the ERA, log onto **https://www.availity.com** and use the **Claims and Payments** tab. Select **Send and Receive EDI Files**, then select **Received Files Folder**. When using a clearinghouse or billing service, they will supply the 835 ERA for you. You also have the option to view or download a copy of the *Remittance Advice* through the Remittance Inquiry app.

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

TX-NL-0428-21

Policy Updates

Medicare-Medicaid Plan | Medicare Advantage

New medical step therapy requirements

Effective November 1, 2021, the *Clinical Criteria* ING-CC-0005 will include a trial and inadequate response or intolerance to two preferred hyaluronan agents in the Part B medical step therapy precertification review. 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 non-preferred medications listed below.

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

Clinical Criteria	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0005	Euflexxa (J7323) Supartz FX (J7321) Durolane (J7318) Gelsyn-3 (J7328)	Including but not limited to: ■ Gel-One (J7326) ■ GenVisc 850 (J7320) ■ Hymovis (J7322) ■ Monovisc (J7327) ■ Orthovisc (J7324) ■ Synvisc/Synvisc One (J7325) ■ TriVisc (J7329) ■ Hyalgan/Visco-3 (J7321) ■ Triluron (J7332)

TXDPEC-1068-21/AGPCARE-1058-21

Medicaid

May 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 prior authorization 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 (*) notate that the criteria may be perceived as more restrictive.

- *GENE.00057 — Gene Expression Profiling for Idiopathic Pulmonary Fibrosis
  - The use of gene expression profiling to assist in the diagnosis or management of idiopathic pulmonary fibrosis is considered investigational and not medically necessary in all situations
- *LAB.00041 — Machine Learning Derived Probability Score for Rapid Kidney Function Decline
  - The use of a machine learning derived probability score (e.g., KidneyIntelX) to predict rapid kidney function decline in chronic kidney disease is considered investigational and not medically necessary for all indications
- *MED.00137 — Eye Movement Analysis Using Non-spatial Calibration for the Diagnosis of Concussion
  - Eye movement analysis using non-spatial calibration is considered investigational and not medically necessary for the diagnosis of concussion
- *CG-MED-70 — Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule
  - Added the use of a magnetically controlled wireless capsule as not medically necessary
- *CG-SURG-59 — Vena Cava Filters
  - Removed major trauma indication from medically necessary statement
  - Added “severe trauma without documented venous thromboembolism” and “cancer and recurrent venous thromboembolism, despite anticoagulation treatment” to not medically necessary statement
- *MED.00004 — Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)
  - Added electrical impedance spectroscopy for the evaluation of skin lesions as investigational and not medically necessary
- *TRANS.00025 — Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
  - Added noninvasive tests for detection of heart transplant rejection as investigational and not medically necessary including, but not limited to, AlloSure Heart, AlloSeq cell-free DNA, MMDx Heart, and myTAIHeart

May 2021 update (cont.)

- CG-DME-49 — Standing Frames
  - A new *Clinical Guideline* was created from the content contained in DME.00034. There are no changes to the guideline content and the publish date is July 7, 2021
- CG-SURG-111 — Open Sacroiliac Joint Fusion
  - A new *Clinical Guideline* was created from the content contained in SURG.00127. There are no changes to the guideline content and the publish date is July 30, 2021

Effective October 3, 2021, Amerigroup 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*.

- Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device will be reviewed using the AIM *Sacroiliac Joint Fusion Guideline*

Medical Policies

On May 13, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup. These guidelines take effect October 3, 2021.

Clinical UM Guidelines

On May 13, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for our members on May 27, 2021. These guidelines take effect October 3, 2021.

Read more online.

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

TX-NL-0426-21

May 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 prior authorization 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 (*) notate that the criteria may be perceived as more restrictive.

- *GENE.00057 — Gene Expression Profiling for Idiopathic Pulmonary Fibrosis
  - The use of gene expression profiling to assist in the diagnosis or management of idiopathic pulmonary fibrosis is considered investigational and not medically necessary in all situations
- *LAB.00041 — Machine Learning Derived Probability Score for Rapid Kidney Function Decline
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  - Added the use of a magnetically controlled wireless capsule as not medically necessary
- *CG-SURG-59 — Vena Cava Filters
  - Removed major trauma indication from medically necessary statement
  - Added “severe trauma without documented venous thromboembolism” and “cancer and recurrent venous thromboembolism, despite anticoagulation treatment” to not medically necessary statement
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  - Added noninvasive tests for detection of heart transplant rejection as investigational and not medically necessary including, but not limited to, AlloSure Heart, AlloSeq cell-free DNA, MMDx Heart, and myTAIHeart
- CG-DME-49 — Standing Frames
  - A new *Clinical Guideline* was created from the content contained in DME.00034. There are no changes to the guideline content and the publish date is July 7, 2021
- CG-SURG-111 — Open Sacroiliac Joint Fusion
  - A new *Clinical Guideline* was created from the content contained in SURG.00127. There are no changes to the guideline content and the publish date is July 30, 2021

May 2021 update (cont.)

Medical Policies

On May 13, 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 December 2, 2021.

Clinical UM Guidelines

On May 13, 2021, the MPTAC approved the following Clinical UM Guidelines applicable to Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). These guidelines were adopted by the medical operations committee for our members on May 27, 2021. These guidelines take effect December 2, 2021.

Read more online.

TXD-NL-0222-21

May 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. Please note: The *Medical Policies* and *Clinical Utilization Management (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-MED-89 — Home Parenteral Nutrition
  - Outlines the medically necessary and not medically necessary criteria for initial and continuing use of home parenteral nutrition
- *CG-MED-70 — Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule
  - Added the use of a magnetically controlled wireless capsule as not medically necessary
- *CG-SURG-59 — Vena Cava Filters
  - Removed major trauma indication from medically necessary statement
  - Added “severe trauma without documented venous thromboembolism” and “cancer and recurrent venous thromboembolism, despite anticoagulation treatment” to not medically necessary statement
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  - A new Clinical Guideline was created from the content contained in DME.00034. There are no changes to the guideline content and the publish date is July 7, 2021
- CG-SURG-111— Open Sacroiliac Joint Fusion
  - A new Clinical Guideline was created from the content contained in SURG.00127. There are no changes to the guideline content and the publish date is July 30, 2021

Medical Policies

On May 13, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. These guidelines take effect October 4, 2021.

Clinical UM Guidelines

On May 13, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the Medical Operations Committee for our members on May 27, 2021. These guidelines take effect October 4, 2021.

Read more online.

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

AGPCRNL-0207-21

Medicare Advantage

New Policy
Sexually Transmitted Infections Testing — Professional
(Effective 01/01/22)

Amerigroup Community Care allows reimbursement of sexually transmitted infection (STI) tests unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. We consider certain STI testing CPT® codes to be part of a laboratory panel grouping. When Amerigroup receives a claim with two or more single tests laboratory procedure codes reported, we will bundle those two or more single tests into the comprehensive laboratory procedure code listed below.

Applicable single STI CPT codes:
- 87491: Infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, amplified probe technique
- 87591: Infectious agent detection by nucleic acid (DNA or RNA); neisseria gonorrhoeae, amplified probe technique
- 87661: Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique

Applicable comprehensive code:
- 87801: Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

Amerigroup will reimburse the more comprehensive, multiple organism code for infectious agent detection by nucleic acid, amplified probe technique (CPT code 87801), when two or more single test CPT codes are billed separately by the same provider on the same date of service. Reimbursement will be made based on a single unit of CPT code 87801 regardless of the units billed for a single code. No modifiers will override the edit.

For additional information, please review the Sexually Transmitted Infections Testing — Professional reimbursement policy at **https://provider.amerigroup.com/texas-provider/claims/reimbursement-policies**.

/AGPCRNL-0208-21

Quality Management

Medicaid

Diabetes testing and screening HEDIS measures

Comprehensive Diabetes Care

The Comprehensive Diabetes Care HEDIS® measure evaluates the percent of adult members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following during the measurement year:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (> 9.0%)
- HbA1c control (< 8.0%)
- Retinal eye exam performed
- Blood pressure control (< 140/90 mm Hg)

Kidney health evaluation for patients with diabetes

Additionally, the Kidney Health Evaluation for Patients with Diabetes measure was added as a first year HEDIS measure in 2020. This measure evaluates the percent of members 18 to 85 years of age with diabetes who received a kidney health evaluation, including an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

Record your efforts

Document results in the member's medical record: HbA1c tests, retinal eye exam, blood pressure, urine creatinine test, eGFR test.

Helpful tips:

- Have reminders set in your electronic medical record (EMR) to alert staff when a patient's screenings are due.
- Provide reminders to patients for upcoming appointments and screenings.
- Draw labs in your office if available or refer patients to a local lab for screenings.
- Refer patients to participating eye professionals for annual retinal eye exams.
- Follow up on lab test, eye exams and specialist referrals and document in your chart.
- Telephone visits, telehealth visits, and virtual check-ins are acceptable settings for blood pressure readings and should be recorded in the chart.
- Include Category II reporting codes on claims to reduce the burden of HEDIS medical record review.
- Educate patients on topics (for example, home monitoring of blood sugar and blood pressure, taking medications as prescribed, and other healthy lifestyle education like diet, exercise, and smoking cessation).

Other available resources:

- *Clinical Practice Guidelines* are available on our provider website.
- Contact the Health Plan for a copy of *Quality Measures Desktop Reference for Medicaid Providers* and the *HEDIS Benchmarks and Coding Guidelines for Quality*.
- Diabetes programs may be available to our members; contact your Provider Solutions representative for more information.

TX-NL-0416-21