

April 2022

Provider Services: 800-454-3730
<https://provider.amerigroup.com/MD>



Provider News



Table of Contents

The Anthem, Inc. name is changing	Page 2
COVID-19 information	Page 3
Administration:	
Reporting fraud, waste, and abuse reminder	Page 4
Continuing medical education/continuing education unit opportunities	Page 4
Phone number change for AIM Specialty Health	Page 4
2021 <i>Provider Satisfaction Survey</i> results	Page 5
CPT Category II code additional reimbursements	Page 6
Policy Updates:	
Medical drug benefit <i>Clinical Criteria</i> updates	Page 7
Prior Authorization:	
Prior authorization updates for medications billed under the medical benefit	Page 8
Outpatient orthopedic prior authorization initiative	Page 8
Outpatient prior authorization (PA) process	Page 9
Products and Programs:	
Required EPSDT program reminder	Page 11
Disease Management/Population Health program	Page 12



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](#).



The Anthem, Inc. name is changing

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

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

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

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

We will continue to do business as Amerigroup Community Care.

Why the change?

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

Our path forward is clear

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

For more information, please read the [press release](#).

Thank you for being our trusted health partner.

A handwritten signature in black ink that reads "Bryony Winn".

Bryony Winn
President, Anthem Health Solutions
Anthem, Inc.

MDPEC-2855-22



COVID-19 information from Amerigroup Community Care

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 Maryland Department of Health (MDH) to help us determine what action is necessary on our part. Amerigroup will continue to follow MDH guidance policies.

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

MDPEC-2081-20

Administration

Reporting fraud, waste, and abuse reminder

Providers can assist to help prevent fraud, waste, and abuse by educating members.

One of the most important steps to help prevent member fraud is as simple as reviewing the member identification card. It is the first line of defense against possible fraud.

If you suspect fraud, waste, or abuse, you can report your concerns by visiting our www.fighthealthcarefraud.com education site. On the home page, select **Report it** and complete the online **Report Waste, Fraud, and Abuse Form** and select **Submit**.

MD-NL-0518-22

Continuing medical education/ continuing education unit opportunities

Amerigroup Community Care offers webinars on a variety of topics, including medical coding, claims issues, quality measures, healthcare, and more. Each live webinar may offer both continuing medical education (CME) and continuing education unit (CMU) credit for attendees. On-demand recordings are also available (for CME credit) at your convenience.

Sign up here for a session today!

MD-NL-0526-22

Phone number change for AIM Specialty Health

AIM Specialty Health[®] (AIM)* has a new phone number for Amerigroup Community Care providers in Maryland to use to submit prior authorization requests. The new phone number is listed below and will go into effect on April 1, 2022. Please use this new number to submit new prior authorization requests to AIM or to get an update on an existing request after April 1, 2022.

- Maryland: **833-404-1679**

As always, the best way to reach AIM is to use the ProviderPortalSM. It is:

- Self-service.
- Available 24/7.
- Customizable with physician information.
- Easy to use and allows real-time determinations.

The ProviderPortal is a fast and efficient way to start a case. It also allows your team to:

- Check order status and view order history.
- Print/save the PDF of an order summary.
- Use multiple staff members to enter/view the practice's orders.
- Increase payment certainty.
- Reference training and tutorials, including *Clinical Criteria* and CPT[®] lists.

Your first step is to register your practice in **ProviderPortal** if you are not already registered.

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

MD-NL-0509-22

2021 Provider Satisfaction Survey results

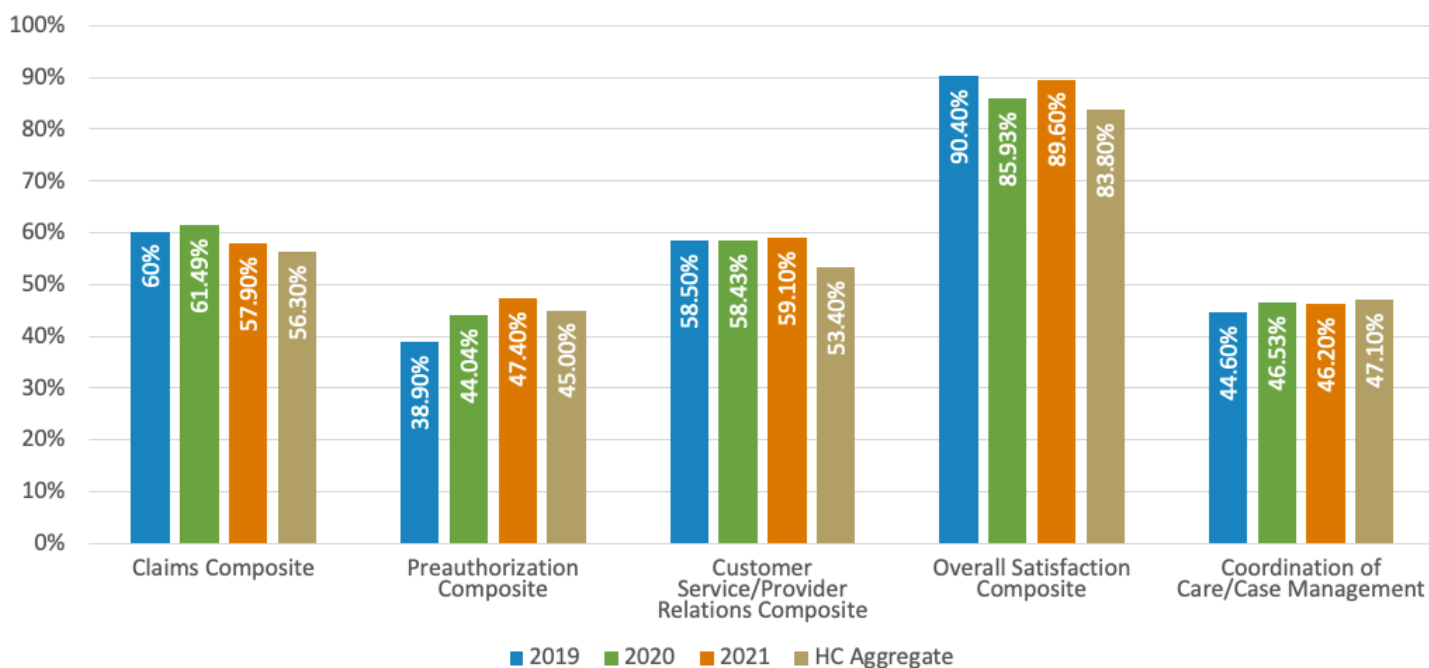
Our provider voices matter!

Quality is a top priority for Amerigroup Community Care, and we want to ensure that our providers receive excellent services and quality attention. Each year, Amerigroup, in partnership with the State of Maryland, reaches out to providers to get valuable feedback. This helps us identify opportunities to improve our quality healthcare services. We are proud to share our successes, ongoing efforts to enhance the services we provide, and the attention we give to our providers.

Provider satisfaction composite results

Based on the results of the annual *PCP Satisfaction Survey*, conducted by the Center for the Study of Services* and prepared by the Maryland Department of Health, the graphs below show the scores that PCPs gave Amerigroup. There were five composite measures that compared the results of 2019, 2020, and 2021 scores, as well as the HealthChoice aggregate or average results from all HealthChoice MCOs in Maryland.

2019 to 2021 Amerigroup composite score results and HealthChoice composite score results



Highlights:

- Amerigroup increased satisfaction scores in three of the five composites.
- Amerigroup scored higher than the HealthChoice aggregate scores in four of the five composites.
- Amerigroup scored statistically higher than the HealthChoice aggregate in two of the five composites.

Watch for more highlighted articles that will address ways we can increase provider satisfaction.

* Center for the Study of Services is an independent company providing surveying services on behalf of Amerigroup Community Care.

MD-NL-0519-22

CPT Category II code additional reimbursements

Providers can earn additional payments on health and wellness services provided to Amerigroup Community Care members by documenting CPT® Category II codes in the medical record and submitting the information in your claims. The use of CPT Category II codes benefits the healthcare system by providing more specific information about healthcare encounters. This data can be used to help providers work more efficiently and effectively in the best interest of each patient.

Reimbursement for the administrative work and effort of completing and reporting CPT Category II codes can only be claimed **once per service, per member, per year**. It is earned by completing the criteria for billing the CPT Category II codes listed in *Table 1* (posted online), including the corresponding diagnosis codes.

The additional reimbursement applies to physicians and qualified healthcare allied practitioners, including primary care providers, cardiologists, endocrinologists, pulmonologists, internal medicine providers, nephrologists, rheumatologists, nurse practitioners, physician assistants, HIV/AIDS specialists, federally qualified health centers, and rural health clinics.

CPT Category II codes eligible for reimbursement must be billed with one of the following outpatient visit codes: 99201 to 99215.



MD-NL-0517-22

What is a CPT Category II code?

- A CPT Category II code provides more detailed information about the clinical service(s) performed.
- CPT Category II codes are billed similar to the way your office bills for regular CPT codes and are placed in the same location on the claim form.

Benefits of using CPT Category II codes include:

- A reduction in the need for Amerigroup to review your medical records by providing more detailed information through your claims submissions.
- Better tracking and management of patient care needs from the use of detailed information provided with the billing of CPT Category II codes.

Next steps to take:

- Review the CPT Category II code billing opportunities in *Table 1* and set up your billing system to bill us for the codes when applicable.
- Ensure that you meet the criteria for recording and billing the CPT Category II codes in *Table 1* by matching the diagnosis codes and setting up your billing system to bill appropriately.

Note: All CPT Category II codes are eligible for payment only **once per service, per member, per calendar year**. Continuation of payment and payment rates for billing the CPT Category II codes in *Table 1* will be evaluated annually.

Policy Updates



Medical drug benefit *Clinical Criteria* updates

September and November 2021 updates

On September 22, 2021 and November 19, 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.](#)

MD-NL-0510-22

December 2021 updates

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



[Read more online.](#)

MD-NL-0523-22

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

Policy Updates — Prior Authorization



Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after June 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim is necessary for claim processing of drugs billed with a not otherwise classified code.

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0192	J1448	Cosela
ING-CC-0193	J1305	Evkeeza
ING-CC-0194	J0741	Cabenuva
ING-CC-0195	Q2055	Abecma

MD-NL-0524-22

Outpatient orthopedic prior authorization initiative

Amerigroup Community Care requires outpatient orthopedic procedures and surgeries to be provided at an ambulatory surgery center (ASC) or provider office unless preauthorized at a hospital in the following counties: Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County, Montgomery County, or Prince George's County. Effective April 1, 2022, only the services that cannot be provided safely and effectively at a freestanding ASC or office will be approved to be performed at the hospital.

What is the impact of this change?

Unless there is a medical reason for providing the outpatient orthopedic procedures and surgeries listed on the provided code list in a hospital, the services must be performed at a freestanding ASC or in an office. Members who are 18 years of age or younger are excluded from this initiative.

Review section one of this communication for a list of procedure codes that will require prior authorizations to be performed in a hospital. For code-specific prior authorization requirements, refer to <https://provider.amerigroup.com/MD> > Resources > [Prior Authorization Lookup Tool](#).

This initiative applies to providers in Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County, Montgomery County, or Prince George's County, and covers all orthopedic codes listed on our provider website.

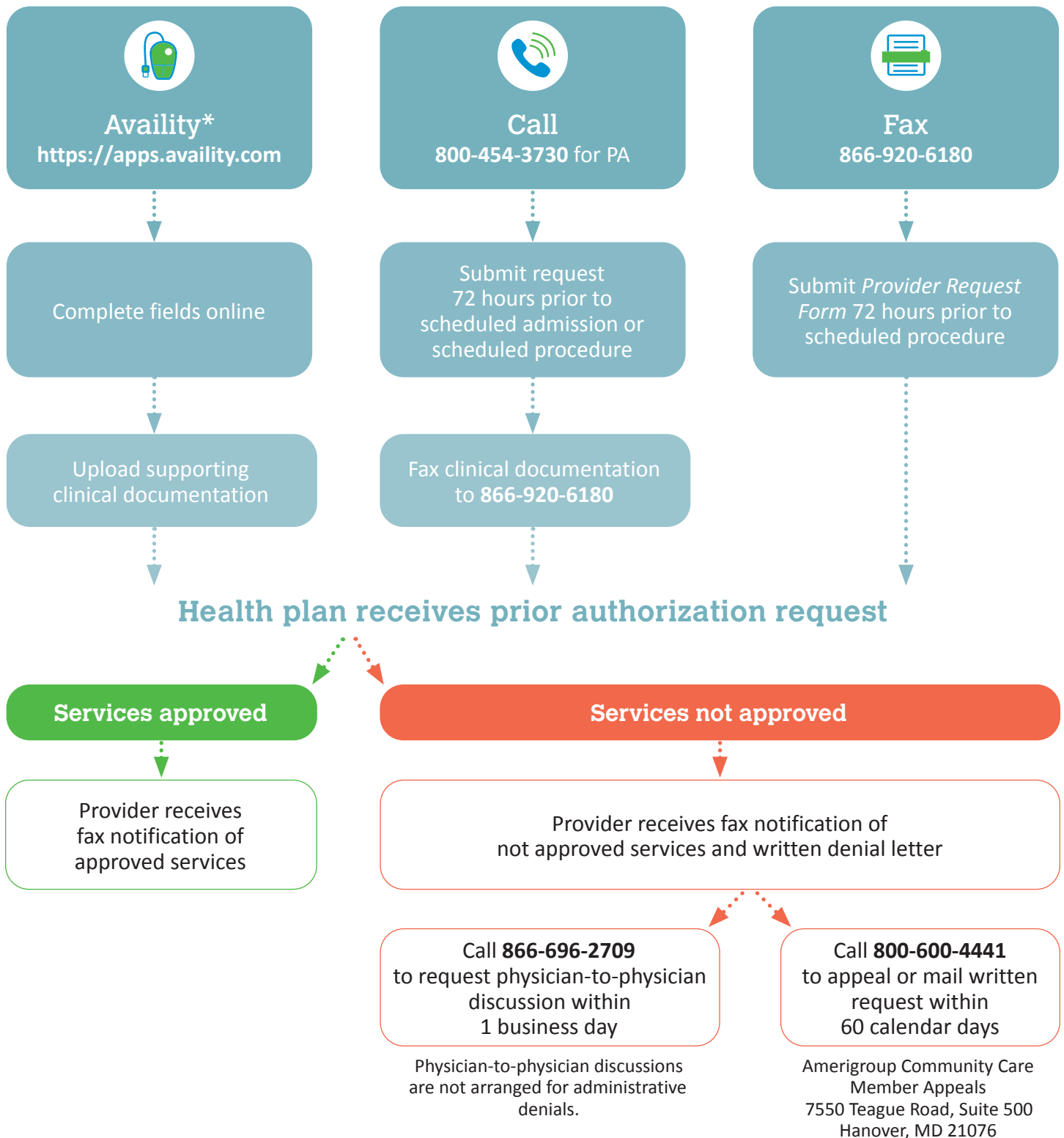
How do I obtain prior authorization?

To obtain prior authorization, you must call Provider Services at **800-454-3730** and provide clinical documentation that identifies a medical reason requiring that the member have an outpatient orthopedic procedure done in a hospital.



MDPEC-2814-22

Outpatient prior authorization (PA) process





Outpatient prior authorization (PA) process (cont.)

Quick references

Amerigroup Community Care provider home page: <https://provider.amerigroup.com/MD>

HealthChoice provider manual for Amerigroup: <https://provider.amerigroup.com/MD> > Resources > Provider policies, guidelines & manuals > HealthChoice Provider Manual

Provider Request Form: <https://provider.amerigroup.com/MD> > Resources > Forms > Prior Authorizations > Precertification Request Form

Prior authorization expedited request criteria:

Please note the criteria to qualify for expedited requests (*Code of Maryland Regulation 10.67.09.04*): If the provider indicates or the MCO determines that the standard time frame stated in the regulation could jeopardize:

1. The enrollee's life
2. The enrollee's health or
3. The enrollee's ability to attain, maintain, or regain maximum function

Tips for submitting prior authorization requests:

- Submit the prior authorization request in Availity; upload all clinical documentation, procedure codes and include provider contact information.
- Submit the authorization request at least 72 hours prior to scheduled admission or scheduled procedure; include all supporting clinical information and procedure codes.
- All administrative denials must follow the appeals process.

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

MD-NL-0406-21/MD-NL-0520-22

Products and Programs



Required EPSDT program reminder

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for individuals under the age of 21. EPSDT was defined by law as part of the *Omnibus Budget Reconciliation Act of 1989* and requires states to cover all services within the scope of the federal Medicaid program. The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental, and hearing services.

Where can I find more on the EPSDT program?

For more resources and information about the EPSDT program, see the *Quality Management* page on our provider website by going to <https://provider.amerigroup.com/MD> > Patient Care > **Early Periodic Screening, Diagnosis and Treatment**.

MD-NL-0521-22

Disease Management/Population Health program

The Disease Management/Population Health program is designed to support providers in caring for patients with chronic healthcare needs. Amerigroup Community Care provides members enrolled in the Disease Management/Population Health program with continuous education on self-management, assistance in connecting to community resources, and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless healthcare interventions and communications.

Who is eligible?

Disease Management/Population Health program case managers provide support to members with:

- Asthma
- Bipolar disorder
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure
- Coronary artery disease
- Diabetes
- HIV/AIDS
- Hypertension
- Major depressive disorder — adults
- Major depressive disorder — children and adolescents
- Schizophrenia
- Substance use disorder

The Disease Management/Population Health program includes and addresses the following for each condition:

- Condition monitoring (including self-monitoring and medical testing)
- Adherence to treatment plans (including medication adherence, as appropriate)
- Medical and behavioral health co-morbidities and other health conditions (for example, cognitive deficits, physical limitations)
- Health behaviors
- Psychosocial issues including depression and substance use screening
- Providing information about the patient's condition to caregivers who have the patient's consent
- Encouraging patients to communicate with their practitioners about their health conditions and treatment
- Additional resources external to the organization, as appropriate

Our case managers use member-centric motivational interviewing to identify and address health risks, such as tobacco use and obesity, to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management, and health outcomes.

For more information on our program and how to refer an Amerigroup member, please visit <https://provider.amerigroup.com/maryland-provider/patient-care/health-education/disease-management>.

Your input and partnership are valued. Once your patient is enrolled in the Disease Management/Population Health program, you will be notified by the clinical associate assigned.

MD-NL-0506-22