

February 2023

Provider News

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Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

Provider website:
<https://provider.wellpoint.com/md/>

Provider Services:
833-707-0868



Featured Announcement

A new look is coming to our *Provider News*

We are committed to improving the way we do business with our provider community. Based on your feedback, we are pleased to announce that a new look and feel is coming to *Provider News*, including our monthly newsletter, in the first half of 2023, with additional improvements planned throughout the rest of year.

This new design features an enhanced search capability for individual articles and publications housed in a fully digital library. We're updating the format of articles to improve readability and allow for printing on an individual basis.

Stay tuned as we share more details on the new *Provider News* and these improvements in 2023.

MDWP-CD-016195-22-CPN15789





Attention physicians and lab providers: COVID-19 update regarding reimbursement

Notification regarding reimbursement changes to COVID-19 laboratory services codes:

Beginning with dates of service on or after April 12, 2023, or the end of the public health emergency (PHE), whichever is the latter, reimbursement for COVID-19 laboratory services codes may be reduced for independent laboratories in a Wellpoint network.

New COVID-19 laboratory service codes were implemented and reimbursed at rates to meet the needs of providers during the PHE. Reimbursement will be revised to the Wellpoint standard reimbursement methodology for independent laboratory providers for the following codes:

- U0001
- U0002
- U0003
- U0004
- U0005
- 86328
- 86408
- 86409
- 86413
- 86769
- 87426
- 87428
- 87635
- 87636
- 87637
- 87811
- 0202U
- 0223U
- 0224U
- 0225U
- 0226U
- 0240U
- 0241U

MDWP-CD-017826-23



AIM Specialty Health will transition to Carelon Medical Benefits Management Inc.

In March 2023, AIM Specialty Health® will transition to Carelon Medical Benefits Management Inc. **This transition is a name change only, and there will be no process changes.** The new name will not impact the way AIM works with health plans and providers. In March, any operational assets that mention AIM Specialty Health (such as determination letters) will adopt the new Carelon Medical Benefits Management Inc. name.

Provider brand transition FAQ

Provider experience focus area

- | | |
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| 1. Will the AIM ProviderPortalSM URL or platform name be changed? | No, the website address will not be impacted; all providers will continue to have access to www.providerportal.com . The AIM logo will be replaced with a Carelon logo. No changes are being made to the case submission process. |
| 2. Will there be any changes to the AIM Clinical Guidelines URL or content? | Yes, the clinical guidelines site will be automatically redirected to a new Carelon URL, and the branding will be updated to reflect Carelon. |
| 3. Are any phone number changes planned as part of this transition? | No, inbound phone numbers are not being changed. References to AIM within recorded scripting will be replaced with Carelon Medical Benefits Management Inc. |
| 4. Will there be any changes for providers who connect with AIM via other means such as Availity Essentials ? | No, access changes are not needed or planned; however, all references to the AIM company name will eventually be updated to Carelon Medical Benefits Management Inc. |
| 5. Will AIM references on health plan websites and member materials such as ID cards be changed? | Not right away. Providers may continue to see the AIM company name on health plan websites and member ID cards for some time, but it's expected that these will be changed through scheduled content update cycles. |

Corporate website

- | | |
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| 1. Will the AIM corporate website URL be changed? | The corporate website will be moved to www.carelon.com . All links to the ProviderPortal and clinical guideline pages will remain active and will be redirected. |
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Provider microsites

- | | |
|---|--|
| 1. Will the AIM provider microsite URLs change? | The provider microsite URLs you use today to access information from AIM will be automatically redirected to new Carelon URLs, and the branding will be updated to reflect Carelon branding. |
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MDWP-CD-015642-22



Submitting prior authorizations digitally through ICR webcast

Prior authorizations submitted digitally can reduce denials associated with manual submission errors. The Interactive Care Reviewer (ICR) prior authorization application makes it easy to submit, review, and check authorization status – all in one place.

Learn how by attending our January 2023 ICR webcast.

Tuesday, January 17, 2023 | Noon Eastern time



Learn how to use ICR to:

- Create an authorization request.
- Inquire on a previously submitted authorization.
- Update a case.
- Copy a case.
- View letters associated with a case.
- Request and check the status of an authorization appeal.

Visit the **ICR target page** to register and to access self-service learning and to view recorded learning sessions. Download ICR user guides and other job aides from the ICR target page too. You can also register from the **Provider Learning Hub** by selecting the ICR live webinar learning icon.

If you have questions, call **833-707-0868**.

Register today!

MDWP-CD-014694-22-CPN14594



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 share this notice with other providers in your practice and office staff.

To view a guideline, visit <https://provider.amerigroup.com/maryland-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>.

Notes/updates:

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

- CG-LAB-22 — Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis:
 - Outlines the *medically necessary* and *not medically necessary* criteria for the use of nucleic acid amplification tests using algorithmic assays to detect bacterial vaginosis.
- CG-MED-91 — Remote Therapeutic and Physiologic Monitoring Services:
 - Outlines the *medically necessary* and *not medically necessary* criteria for remote therapeutic and physiologic monitoring services.
- CG-SURG-114 — Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy:
 - Outlines the *medically necessary* and *not medically necessary* for ophthalmic use of Nd: YAG laser for posterior capsulotomy.
- DME.00049 — External Upper Limb Stimulation for the Treatment of Tremors:
 - Wrist-worn external upper limb tremor stimulator is considered *investigational* and not medically necessary for all indications, including but not limited to the treatment of essential tremor of the hands.
- DME.00050 — Remote Devices for Intermittent Monitoring of Intraocular Pressure:
 - The use of remote devices for intermittent monitoring of IOP is considered *investigational* and *not medically necessary* for all indications.
- LAB.00049 — Artificial Intelligence-Based Software for Prostate Cancer Detection:
 - Use of artificial intelligence-based software for prostate cancer detection is considered *investigational* and *not medically necessary* for all indications.



Medical Policies and Clinical Utilization Management Guidelines update (cont.)

- MED.00140 — Gene Therapy for Beta Thalassemia:
 - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia.
- MED.00141 — High-volume Colonic Irrigation:
 - High-volume colonic irrigation is considered *investigational* and *not medically necessary* for all indications.
- MED.00142 — Gene Therapy for Cerebral Adrenoleukodystrophy:
 - Outlines the medically necessary and *investigational* and *not medically necessary* criteria for infusion of elivaldogene autotemcel.
- TRANS.00040 — Hand Transplantation:
 - Hand transplantation is considered *investigational* and *not medically necessary*.
- CG-DME-13 — Lower Limb Prosthesis:
 - Added new *not medically necessary* statements addressing prosthetics utilized primarily for leisure or sporting activities.
- CG-GENE-11 — Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status:
 - Added thiopurine methyltransferase (TPMT) to scope of document and *Clinical Indications Medically Necessary* section.
- DME.00044 — Robotic Arm Assistive Devices; previously titled: Wheelchair Mounted Robotic Arm:
 - Revised title.
 - Rescoped the *Position Statement* to also address robotic feeding assistive device.
- SURG.00079 — Nasal Valve Repair; previously titled: Nasal Valve Suspension:
 - Revised title.
 - Revised the *Position Statement*.
 - Expanded scope of document to address an absorbable nasal implant and low dose radiofrequency intranasal tissue remodeling for the treatment of nasal airway obstruction.
 - Content related to the absorbable nasal implant (Latera) moved from CG SURG 87 to this document.
- CG-GENE-13 — Genetic Testing for Inherited Diseases:
 - Interim update to add genes PIK3CA and CDKL5 to the table of genes in the Discussion section; added existing CPT® code 81309 and genes to tier 2 codes 81405, 81406 (*medically necessary* criteria).





Medical Policies and Clinical Utilization Management Guidelines update (cont.)

AIM Specialty Health updates

Effective for dates of service on and after April 9, 2023, several updates will apply to the AIM Specialty Health® *Clinical Appropriateness Guidelines* for medical necessity review for Wellpoint.

MCG Care Guidelines 26th Edition updates

Effective May 1, 2023, we will implement the *MCG Care Guidelines Content Patch 26.1* updates for several modules,

Medical Policies

On August 11, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Wellpoint.

Clinical UM Guidelines

On August 11, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Wellpoint.

Read more online.

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

MDWP-CD-13839-22-CPN12607



Products and Programs — Pharmacy

Prior authorization updates for medications billed under the medical benefit

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 required for claim processing.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

Effective for dates of service on and after February 1, 2023:

Clinical Criteria	HCPCS or CPT code(s)	Drug name
ING-CC-0118	A9699	Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
ING-CC-0216	J9999, J3490, J3590, C9399	Opdualag (nivolumab and relatlimab-rmbw)
ING-CC-0107 ING-CC-0072	J9999, J3490, J3590, C9399	Alymsys (bevacizumab-maly)
ING-CC-0062	J3590	Yusimry (adalimumab-aqvh)

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Effective for dates of service on and after April 1, 2023:

Clinical Criteria	HCPCS or CPT code(s)	Drug name
ING-CC-0210	J3490, J3590, J9999, C9094	Enjaymo (sutimlimab-jome)
ING-CC-0211	J3490, J3590, J9999, C9095	Kimtrak (tebentafusp-tebn)
ING-CC-0212	J2356	Tezspire (tezepelumab-ekko)
ING-CC-0213	J3490, C9399	Voxzogo (vosoritide)

* HCPCS and CPT codes noted are eligible for payment based on Medicaid requirements and covered services by each state agency.

MDWP-CD-013030-22-CPN12608

