

Provider News



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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

Patient exam opportunities reminder

365-day rule

Amerigroup Community Care will pay for one wellness exam every calendar year, regardless of the last date of service. You do not have to wait 365 days to receive payment for a wellness visit claim.

Sick and wellness visits

You can submit a claim for both a sick visit and wellness exam by appending modifier 25 to the appropriate evaluation and management (E&M) code for the sick visit.

Other health insurance

For HealthChoice members who also have other health insurance, you can submit the *Explanation of Benefits* from the primary insurance company along with claims to recoup the remaining expenses. Even if the primary insurance company covers all of the services in full, you should still submit the claim to assist in the member's continuity of care.

After-hours care, weekends, and holiday hours

If you perform an acute care visit before 8 a.m. or after 5 p.m. on a weekday or at any time on weekends or holidays, you can receive an additional reimbursement. For services provided in the office at times other than regularly scheduled office hours or days when the office is normally closed (for example, holidays, Saturday, or Sunday), submit your claim with CPT® code 99050 in addition to the appropriate E&M code. For services provided in the office during regularly scheduled evening (defined as after 5 p.m.), weekend, or holiday office hours, submit your claims with CPT code 99051 in addition to the appropriate E&M code.

MD-NL-0527-22

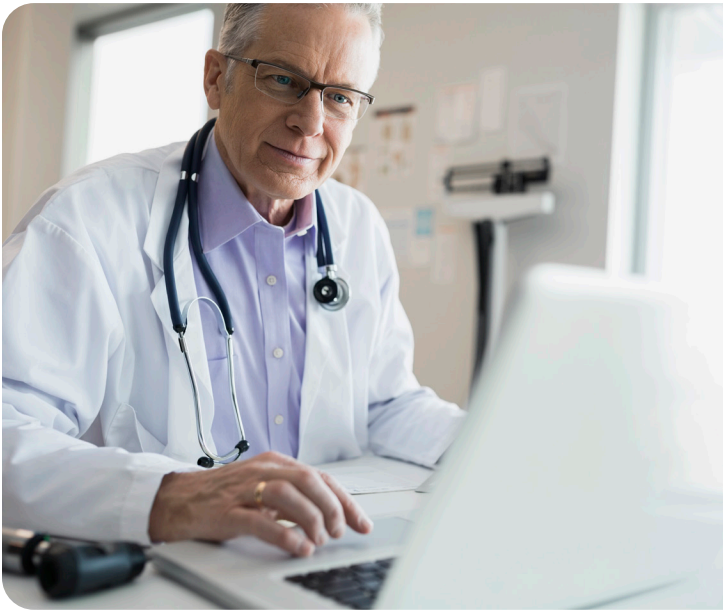


New Strategic Provider System implementation May 2022

Strategic Provider System to launch in May

In May 2022, Amerigroup Community Care will replace the current data management system with the new and significantly improved Strategic Provider System (SPS). The SPS data portal 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 Community Care.*

MD-NL-0487-21

Policy Updates

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after April 15, 2022, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon precertification initiation or renewal in addition to the current medical necessity review of all drugs noted below.

Clinical Criteria is publicly available on our provider website. Visit the [Clinical Criteria website](#) to search for specific *Clinical Criteria*.

Clinical Criteria	Status	Drug(s)	HCPCS codes
ING-CC-0075, ING-CC-0167	Preferred	Riabni	Q5123
ING-CC-0075, ING-CC-0167	Non-Preferred	Rituxan	J9312
ING-CC-0075, ING-CC-0167	Non-preferred	Ruxience	Q5119
ING-CC-0075, ING-CC-0167	Non-preferred	Truxima	Q5115

MDPEC-2809-22



UB-04 claim maximum reminder

Amerigroup Community Care has updated its system to ensure inpatient and outpatient claims received do not exceed the 50-line maximum, per the Maryland Department of Health claim guidelines.

Instructions for completing inpatient and outpatient claims have not changed unless otherwise noted. Keep in mind that there is a maximum line-item allowance on the *UB-04* of 50 lines per claim. Claims submitted with more than 50 lines will be rejected upfront and will not be entered into our claims system. For more information, refer to page 7 of the [UB-04 Hospital Billing Instructions](#).

MDPEC-2820-22

Policy Updates — Prior Authorization

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 Community Care 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 **Prior Authorization Lookup Tool** at <https://provider.amerigroup.com/MD> 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 Community Care.*

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.**

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

November 2021 update

Notes/updates

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

- *CG-LAB-19 — Laboratory Evaluation of Vitamin B12:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for the use of vitamin B12 blood test
- *DME.00044 — Wheelchair Mounted Robotic Arm:
 - The use of a wheelchair mounted robotic arm is considered Investigational and Not Medically Necessary for all uses
- *MED.00138 — Wearable Devices for Stress Relief and Management:
 - Wearable devices for management, monitoring or prevention of stress and stress-related conditions are considered Investigational and Not Medically Necessary for all indications
- *CG-MED-53 — Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing:
 - Removed criteria addressing chronically immunosuppressed individuals
- *CG-MED-81 — Ultrasound Ablation for Oncologic Indications:
 - Added Not Medically Necessary statement for TULSA
- *CG-SURG-78 — Locoregional and Surgical Techniques for Treating Primary and Metastatic Liver Malignancies:
 - Revised the clinical indications to add a Not Medically Necessary statement for histotripsy
- *MED.00099 — Navigational Bronchoscopy:
 - Removed the word “Electromagnetic” in the Position Statement
- *SURG.00010 — Treatments for Urinary Incontinence:
 - Added new criterion to Investigational and Not Medically Necessary statement on endovaginal cryogen-cooled, monopolar radiofrequency remodeling
 - Added “as treatments for urinary incontinence” to Investigational and Not Medically Necessary statement and removed wording on urinary incontinence
- *SURG.00097 — Scoliosis Surgery:
 - Added “minimally invasive deformity correction system” to the Scope and Position Statement

November 2021 update (cont.)

Effective April 15, 2022, Amerigroup Community Care will begin using the AIM Specialty Health® (AIM)** *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*:

- Musculoskeletal Interventional Pain Management *Clinical Appropriateness Guideline*
- Cardiology *Clinical Appropriateness Guidelines*:
 - Diagnostic Coronary Angiography
 - Percutaneous Coronary Intervention

Medical Policies

On November 11, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup. These guidelines take effect April 15, 2022.

Clinical UM Guidelines

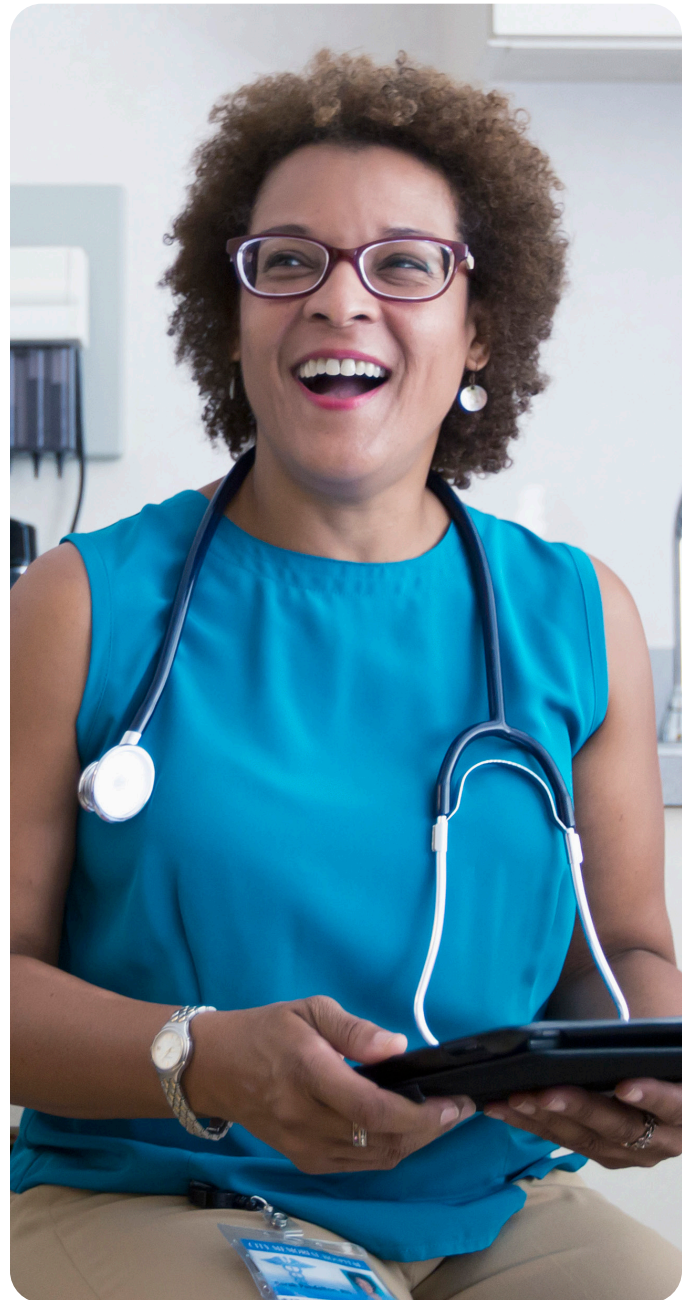
On November 11, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines adopted by the medical operations committee for HealthChoice members on December 16, 2021. These guidelines take effect April 15, 2022.



Read more online.

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

MD-NL-0508-22





Pharmacy Corner 2022 update

Amerigroup Community Care continues to prioritize making the pharmacy prior authorization (PA) process and the *Formulary* easier to navigate. With this in mind, we offer the tools below for our providers.

Electronic prior authorization (ePA) through CoverMyMeds®:*

- Approximately 81% of all pharmacy PA requests are submitted online with a quicker turnaround time compared to PA requests submitted via phone or fax.
- Providers can also submit medical injectable PA requests online.
- Providers can submit requests through the Availity* link on our [provider website](#) or directly at [covermymeds.com](#).

Support with ePA through CoverMyMeds:

- For the Support Center and to register for a weekly webinar on how to use CoverMyMeds for PAs for all plans and all medications, visit [covermymeds.com/main/support](#).
- For support via chat, locate and activate the chat window in the bottom right of the webpage.
- For support via phone, call **866-452-5017**.

Pharmacy corner 2022 update (cont.)

Hot Tips:

- *Hot Tips* offers preferred drug alternatives for commonly prescribed drug classes or chronic conditions. Currently, *Hot Tips* for acne, allergies, asthma, chronic pain, diabetes, proton pump inhibitors, and topical corticosteroid medications are available.
- *Hot Tips* are located on our [provider website](#) under Eligibility & Pharmacy > [Pharmacy Information](#) > Hot Tips.

PDL and searchable Formulary:

- The *Preferred Drug List (PDL)* and searchable *Formulary* provide coverage details and limitations, including PA, quantity limits, age limits or step therapy, and a direct link for *Clinical Criteria*.
- The searchable *Formulary* is provided by Formulary Navigator™* and is the same tool used by all Medicaid MCOs and fee-for-service.
- The *PDL* is located on our [provider website](#) under Eligibility & Pharmacy > [Pharmacy Information](#) > *Preferred Drug List*.
- The searchable *Formulary* is located on our [provider website](#) under Eligibility & Pharmacy > [Pharmacy Information](#) > Medicaid formulary, drug criteria and limitation.

Quarterly Formulary updates:

- Quarterly *Formulary* updates are sent to providers, highlighting any upcoming *Formulary* or edit changes.
- The current quarterly *Formulary* update is located on our [provider website](#) under *Communications* and then select [Archives](#).
- All *Clinical Criteria* are developed to help guide clinically appropriate use of drugs and therapies and are reviewed and approved by the Pharmacy and Therapeutics Committee, which is an independent and external committee including various disciplines:
 - If you have questions or feedback, email druglist@ingenio-rx.com.

Real-time benefit check:

- As part of the electronic prescribing process, providers can access real-time, patient-specific prescription drug benefit information within the electronic medical record (EMR). Information within the EMR system includes:
 - The *Formulary* status of selected medication.
 - The pricing of medication at a retail and mail-order pharmacy.
 - *Formulary* alternatives.
 - Coverage alerts and limitations.
- Providers should contact their IT department or EMR Customer Support with questions regarding access to this functionality and if any upgrades to EMR software may be required.

* CoverMyMeds® is an independent company providing prior authorization services on behalf of Amerigroup Community Care. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care. Formulary Navigator™ is an independent company providing formulary information management on behalf of Amerigroup Community Care.

MDPEC-2833-22