

# Provider News



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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](#).



## 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

# Administrative

## Provider notice for COVID-19 testing

### Evaluation and management services for COVID testing — professional

Effective with dates of service on or after September 1, 2022, Amerigroup Community Care will facilitate review of selected claims for COVID-19 visits reported with evaluation and management (E&M) services submitted by professional providers to align with CMS reporting guidelines. When the purpose of the visit is for COVID-19 testing only, reimbursement for CPT® code 99211 (office or other outpatient visit) is allowed when billed with place of service office (11), mobile unit (15), walk-in retail health clinic (17), or urgent care facility (20). Claims for exposure only may be affected. Professional providers are encouraged to code their claims to the highest level of specificity in accordance with ICD-10 coding guidelines.

Prior to payment, Amerigroup will review the selected claims to determine, in accordance with correct coding requirements and/or reimbursement policy as applicable, whether the E&M code level submitted as appropriate for the COVID-19 visit reported. If the visit is determined to be solely for the purpose of COVID-19 testing, Amerigroup will reimburse using CPT code 99211.

Professional providers that believe their medical record documentation supports reimbursement for the originally submitted level for the E&M service will be able to follow the Claims Payment Dispute process (including submission of such documentation with the dispute) as outlined in the provider manual.

If you have questions on this program, contact your Provider Experience representative.

MD-NL-0544-22

## Provider directory annual audit

Our focus is to communicate with practitioners and improve member access to practitioners. To facilitate this, Amerigroup Community Care maintains an up-to-date, accurate, and complete provider directory.

**We need your help!** Center for the Study of Services\* (CSS) is an independent research firm that is helping us collect accurate information. Please take a moment to review and update the information we have on file for your practice.

To review your directory profile information, go to <https://anthem.cssresearch.org/MD>.

Using your tax identification number, sign in and access the practice profile. You will be able to review your practice's profile information and make any changes or updates, including:

- Network provider directory details (for example, provider specialty, etc.).
- Office details (for example, practice office address, billing address, office hours, telephone number, email, etc.).
- Other provider details (for example, accepting new patients and/or hospital affiliations).

Please note, this link will be available for six weeks, beginning June 1, 2022, and ending July 13, 2022, to allow us to process any updates. If you have questions about this communication or need assistance with any other item, contact your assigned Provider Experience associate or call Provider Services at **800-454-3730**.

If you have problems accessing the website or entering information, contact a CSS representative at [Provider\\_directory@cssresearch.org](mailto:Provider_directory@cssresearch.org).

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

MDPEC-2769-21



PT 37-22

## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Doula Transmittal No. 1**  
**Managed Care Organizations Transmittal No. 154**  
**Hospitals Transmittal No. 289**  
**March 11, 2022**

**To:** Managed Care Organizations  
Doula Technical Assistance Advisory Group  
Maryland Hospital Association  
Local Health Departments

**From:** Tricia Roddy, Deputy Medicaid Director *Tricia Roddy*  
Maryland Medicaid

**Subject:** Coverage of Doula Services for HealthChoice and Medicaid Fee-For-Service Enrollees Effective February 21, 2022.

**Note:** Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

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Effective February 21, 2022, Maryland Medicaid will provide coverage for doula/birth worker services to Medicaid beneficiaries. A doula, or birth worker, is a trained professional who provides continuous physical, emotional, and informational support to birthing parents before, during, and after birth. Certified doulas serving Maryland Medicaid members will provide person-centered, culturally-competent care that supports the racial, ethnic, and cultural diversity of members while adhering to evidence-based best practices.

Doulas provide three kinds of services: prenatal visits, attendance at labor and delivery, and postpartum visits.

The Department encourages Maryland based hospitals to review their labor and delivery admitting policies in recognition of this new provider type after the effective date to ensure doulas may provide services within their scope of practice during the delivery.

MDPEC-2896-22



[Read more online.](#)

# Policy Updates



## Medical drug benefit *Clinical Criteria* updates

### February 2022 update

On November 19, 2021, January 4, 2022, and February 25, 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-0542-22

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

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

Effective for dates of service on and after September 11, 2022, several updates will apply to the AIM Specialty Health<sup>®</sup> (AIM) Advanced Imaging *Clinical Appropriateness Guidelines*. As 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 Community Care. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.*

MD-NL-0534-22

# Policy Updates — Prior Authorization

## Prior authorization update for select durable medical equipment (DME) items

Effective June 1, 2022, the following durable medical equipment (DME) codes will require prior authorization (PA).

- E0316
- E0986
- K0007
- K0009
- L0999
- L1499
- L2034
- L2036
- L2037
- L2628
- L5050
- L5100
- L5200
- L5210
- L5220
- L5280
- L5301
- L5312
- L5321
- L5590
- L5613
- L5649
- L5700
- L5701
- L5702
- L5814
- L5828
- L5840
- L5845
- L5960
- L5968
- L5979
- L5980
- L5981
- L5988
- L5999
- L6100

### What is the impact of this change?

Providers should review the list of codes that will require PA. For code-specific PA requirements, visit <https://provider.amerigroup.com/MD>.

### How do I obtain precertification?

PA requests can be submitted through the **Availity\* Portal** or by calling Provider Services at **800-454-3730**.

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

MD-NL-0531-22

## 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 to expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0096	J9021	Rylaze

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

MDPEC-2836-22

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