

Provider Newsletter



An Anthem Company

<https://providers.amerigroup.com/MD>

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the *Provider Newsletter* via email?
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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 News and Resources* section on the homepage of our [website](#).

MDPEC-2081-20

Coding spotlight: tips and best practices for compliance



Need for coding compliance

Coding compliance refers to the process of ensuring that the coding of diagnosis, procedures and data complies with all coding rules, laws and guidelines.

All provider offices and health care facilities should have a compliance plan. Internal controls in the reimbursement, coding, and payment areas of claims and billing operations are often the source of fraud and abuse, and have been the focus of government regulations

Compliance plan benefits:

- More accurate payment of claims
- Fewer billing mistakes
- Improved documentation and more accurate coding
- Less chance of violating state and federal requirements including self-referral and anti-kickback statutes.

Compliance programs can show the provider practice is making an effort to submit claims appropriately and send a signal to employees that compliance is a priority.



[Read more online.](#)

MD-NL-0345-20

Provider transparency update



A key goal of the provider transparency initiatives of Amerigroup Community Care is to improve quality while managing health care costs.

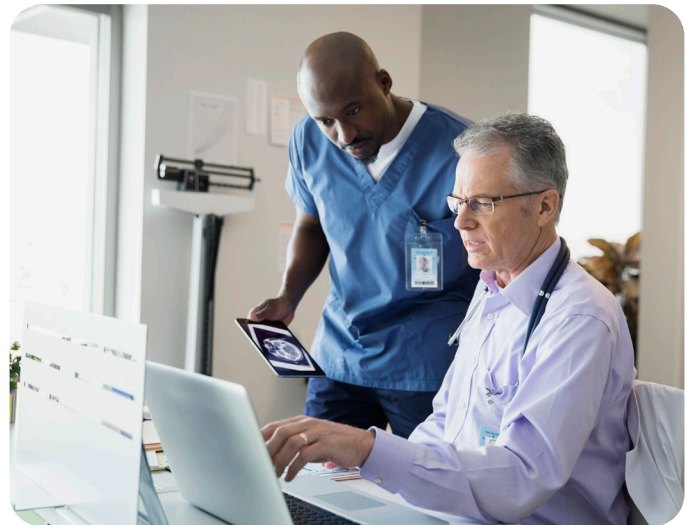
One of the ways this is accomplished is through our value-based programs (for example, the Provider Quality Incentive Program, the Provider Quality Incentive Program Essentials, Risk and Shared Savings, etc.), known as the Programs.

Value-Based Program Providers (also known as Payment Innovation Providers) in our various value-based programs receive quality, utilization and/or cost data, reports and information about other health care providers (Referral Providers). The Value-Based Program Providers can use that information in selecting Referral Providers for their patients covered under the Programs. If a Referral Provider is higher quality and/or lower cost, this component of the Programs should result in the provider getting more referrals from Value-Based Program Providers. If Referral Providers are lower quality and/or higher cost, the converse should be true.

Providing this type of data, including comparative cost information, to Value-Based Program Providers helps them make more informed decisions about managing health care costs, and maintaining and improving quality of care. It also helps them succeed under the terms of the Programs.

Amerigroup will share data on which we relied in making these quality/cost/utilization evaluations upon request and will discuss it with Referral Providers, including any opportunities for improvement. If you have questions or need support, please refer to your local market representative or care consultant.

MD-NL-0348-20



CAHPS education for providers

Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] is an annual standardized survey conducted to assess consumer experience with their health care services and health plan. Providers and their staff play a key role in the member experience. Several questions specific to the member's experience with their provider are included in the CAHPS survey. Education about the CAHPS survey, the importance of focusing on the patient experience and ways to improve the patient experience are included in the *Provider Orientation* and available by visiting <https://providers.amerigroup.com/MD> under the Training Programs section.

CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

MD-NL-0344-20

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after January 1, 2021, 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. Bevacizumab (under Brand names: Avastin, Mvasi, and Zirabev) is preferred for the indication of wet age-related macular degeneration.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective January 1, 2021.

<i>Clinical Criteria</i>	Status	Drug(s)	HCPCS codes
ING-CC-0072	Preferred	Avastin	J9035, C9257
ING-CC-0072	Preferred	Mvasi	Q5107
ING-CC-0072	Preferred	Zirabev	Q5118
ING-CC-0072	Non-preferred	Eylea	J0178
ING-CC-0072	Non-preferred	Lucentis	J2778
ING-CC-0072	Non-preferred	Macugen	J2503
ING-CC-0072	Non-preferred	Beovu	J0179

MD-NL-0349-20

Effective for dates of service on and after January 1, 2021, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy precertification 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.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective January 1, 2021.

<i>Clinical Criteria</i>	Preferred drug	Nonpreferred drug
ING-CC-0166	Herzuma (Q5113), Kanjinti (Q5117), Ogivri (Q5114), Ontruzant (Q5112), Trazimera (Q5116)	Herceptin (J9355)

MD-NL-0351-20

Effective for dates of service on and after January 1, 2021, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy precertification review process. Step therapy review will apply on precertification initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective January 1, 2021.

<i>Clinical criteria</i>	Preferred drug	Nonpreferred drug
ING-CC-0107	Mvasi (Q5107), Zirabev (Q5118)	Avastin (J9035)

MD-NL-0352-20

Clinical Criteria is publicly available on our [provider website](#).



Attention: updated laboratory fee schedule

Effective January 1, 2021, Amerigroup Community Care will update the *Reference Laboratory Fee Schedule* for Amerigroup. This change is applicable to providers who are reimbursed, either in whole or in part, based on the fee schedule for laboratory services for Medicaid.

What is the impact of this change?

The actual impact to any particular provider will depend on the codes most frequently billed by that provider.

The updated fee schedule will be available on the [Availity Portal](#)* on the effective date of January 1, 2021.

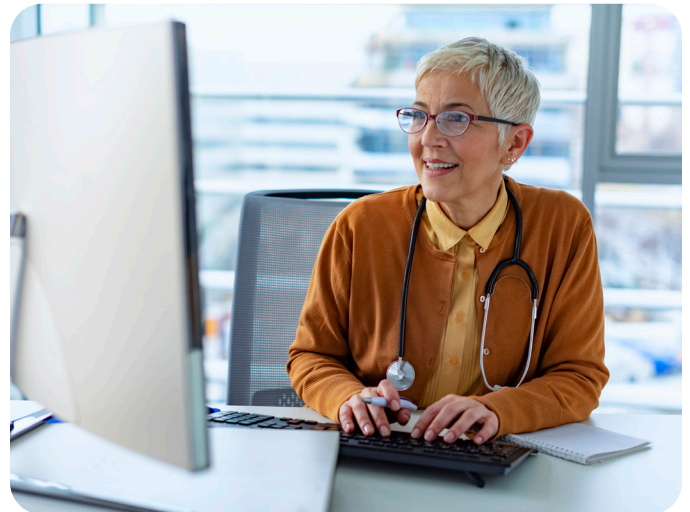
* *Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.c.*

MD-NL-0301-20

Digital transactions cut administrative tasks in half

Introducing the Amerigroup Community Care Provider Digital Engagement Supplement to the provider manual

Using our secure provider portal or EDI submissions (via Availity*), administrative tasks can be reduced by more than 50% when filing claims with or without attachments, checking statuses, verifying eligibility, benefits and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, just go [here](#) for EDI or [here](#) for the secure provider portal (Availity).



Get payments faster

By eliminating paper checks, electronic funds transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and will deliver payments to you faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the Availity Provider Portal or the EDI 835 remittance, which meets all HIPAA mandates — eliminating the need for paper remittances.

Member ID cards go digital

Members who are transitioning to digital member ID cards, will find it is easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed through the secure provider portal via Availity. Providers should begin accepting the digital member ID cards when presented by the member.

Amerigroup makes going digital easy with the Provider Digital Engagement Supplement

From our digital member ID cards, EDI transactions, application programming interfaces and direct data entry, we cover everything you need to know in the *Provider Digital Engagement Supplement* to the provider manual, available by going to <https://providers.amerigroup.com/MD> > Provider Resources & Documents > Training Programs > Provider Digital Engagement, and on the secure Availity Provider Portal. The supplement outlines our provider expectations, processes and self-service tools across all electronic channels Medicaid and Medicare, including medical, dental and vision benefits.

The *Provider Digital Engagement Supplement* to the provider manual is another example of how Amerigroup is using digital technology to improve the health care experience. We are asking providers to go digital with Amerigroup no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration. Read the *Provider Digital Engagement Supplement* now by going to <https://providers.amerigroup.com/MD> > Provider Resources & Documents > Training Programs > Provider Digital Engagement, and go digital with Amerigroup.

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

MD-NL-0354-20

Prior authorization requirements

Effective December 1, 2020, prior authorization (PA) requirements will change for HCPCS code 55899. This will be reviewed using MED.00132: Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures. This code will require PA by Amerigroup Community Care for members.

PA requirements will be added to the following:

- 55899 — Unlisted procedure, male genital system

MD-NL-0341-20

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. **Noncompliance with new requirements may result in denied claims.**

To request PA, you may use one of the following methods:

- Web: <https://www.availity.com>
- Fax: **1-800-964-3627**
- Phone: **1-800-454-3730**

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at www.availity.com at <https://providers.amerigroup.com/MD> > Login. Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at **1-800-454-3730** for assistance with PA requirements

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