

Provider News | December 2022



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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.amerigroup.com/MD>

Provider Services:

800-454-3730



Featured Announcement

Important reminders for our upcoming name change to Wellpoint

On January 1, 2023, Amerigroup Community Care in Maryland will become Wellpoint.

Please review the key dates below for changes you will see beginning in December 2022:

Date	Change
December 10, 2022	Wellpoint will be a tile in Availity* Essentials under <i>Payer Spaces</i> . You will no longer see Amerigroup in your dashboard. You may perform all activities in Availity Essentials from December 10 and beyond under the Wellpoint name.
December 15, 2022	The new Wellpoint provider website launches at: https://provider.wellpoint.com/md/ . Our website will have a similar look as our current Amerigroup website with the same navigation. We will also be redirecting Amerigroup URLs to our new website.
January 1, 2023	We begin operating under the new Wellpoint name: <ul style="list-style-type: none"> ■ Begin using the new Provider Services number: 833-707-0868 Monday through Friday, 8 a.m. to 6 p.m. ET ■ Begin using the new Member Services number: 833-707-0867 (TTY 711) Monday through Friday, 8 a.m. to 6 p.m. ET ■ Members will begin presenting in your office with a Wellpoint ID card. <div data-bbox="475 1100 740 1268" data-label="Image"></div> <div data-bbox="781 1100 1045 1268" data-label="Image"></div>
Beginning in 2023	In early 2023, you will see some changes to the format of our monthly newsletter that combines the latest news and information from Wellpoint. Each article will be arranged in a separate searchable and printable format. If you're not signed up for email delivery of our Provider News, sign up here today.

Remember to update any internal systems to Wellpoint, and your practice's website if you list us by name.

Please share this information with front office and billing staff.

You can also view the following resources for more detail:

- [Frequently Asked Questions](#)
- [November Provider News — Top 5 things to know about our name change to Wellpoint article](#)

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

MDAGP-CD-012684-22

Administrative

Medicaid enrollment reminder

The *21st Century Cures Act*, a federal law enacted by Congress, requires all Medicaid Managed Care network providers to be enrolled in state Medicaid programs. Providers must enroll separately with each state in which they practice.

All billing and rendering providers submitting claims to Amerigroup Community Care are required to maintain active enrollment in the Maryland Medicaid program. Providers enroll through the electronic Provider Revalidation and Enrollment Portal (ePREP), managed by the Maryland Department of Health. Failure to enroll and maintain an active status with ePREP may result in future claims denial. Please enroll and/or verify active status with ePREP at <https://eprep.health.maryland.gov>. For more information, contact the Maryland Department of Health at **844-4MD-PROV (844-463-7768)**, or visit www.health.maryland.gov/eprep.

Medicaid providers will use ePREP as a one-stop shop for new enrollment, re-enrollment, revalidation, and provider/demographic updates (for example, license updates, changes of ownership, address changes).

How to enroll

Providers must sign up with a username and password at <https://eprep.health.maryland.gov>. For help navigating, you can contact the ePREP Call Center at **844-4MD-PROV (844-463-7768)**, Monday through Friday, 7 a.m. to 7 p.m. (except state holidays).

Resources are also available at the [Maryland Department of Health website](#).

MDAGP-CD-011365-22/MD-NL-0482-21

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 facilitates 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), or mobile unit (15). 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 who 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.

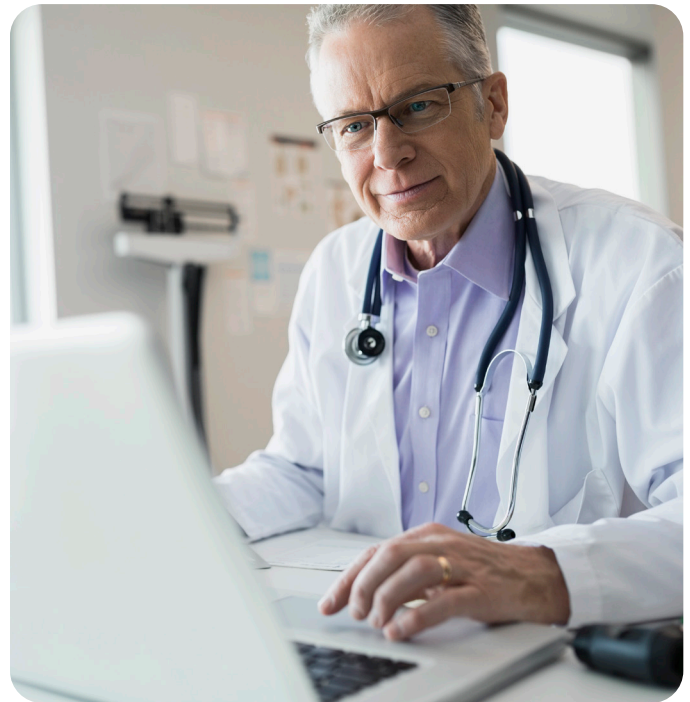
If you have questions on this program, contact your Provider Experience representative.

MDAGP-CD-011381-22

Signature requirements for laboratory orders or requisitions

Amerigroup Community Care strives to ensure our providers understand documentation compliance, and we are committed to educating our providers in hopes of eliminating errors in documentation practices. It is a best practice and industry standard that physicians sign and date laboratory orders or requisitions.

Although the provider signature is not required on laboratory requisitions, if signed and dated, the requisition will serve as acceptable documentation of a physician order for the testing and so it is strongly encouraged. In the absence of a signed requisition, documentation of your intent to order each laboratory test must be included in the patient's medical record and available to Amerigroup upon request. Documentation must accurately describe the individual tests ordered; it is not sufficient to state "labs ordered."



Amerigroup will consider laboratory order or requisition requirements met with one of the following:

- A signed order or requisition listing the specific test(s).
- An unsigned order or requisition listing the specific test(s), and an authenticated medical record supporting the physician's intent to order the test(s).
- An authenticated medical record (for example, office notes or progress notes) supporting the physician's intent to order the specific test(s).

Attestation statements are not acceptable for unsigned physician order or requisitions. Signature stamps are not acceptable.

References:

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LabServices-ICN909221-Text-Only.pdf>
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf
- <https://go.cms.gov/3UHD7S9>
- *Title 42 CFR §410.32*
- *Documentation Standards for Episodes of Care — Professional Administrative*

MDAGP-CD-005966-22-CPN5368



Update to the *Pregnancy Notification Form*

Amerigroup Community Care is excited to share that we have recently made an update to our *Pregnancy Notification Form*, which will allow us to gather additional information. This information will provide Amerigroup with important details about a member's conditions that are not easily garnered from claims alone. The information you provide on the *Pregnancy Notification Form*, as well as the health information that we are able to leverage via claims and authorizations, will allow Amerigroup to better identify pregnant members with high risk factors so that we can provide timely and comprehensive care management.

The *Pregnancy Notification Form* is available on the Amerigroup Community Care [provider website](#) > Resources > [Forms](#) under the Pregnancy and Maternal Child Services section for easy access and will replace any existing pregnancy notification form you are currently using.

You may also download the form [online](#).

MDAGP-CD-008830-22

Policy Updates

Medical drug benefit *Clinical Criteria* updates

June 2022 update

On May 20, 2022, and June 23, 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.

MDAGP-CD-006345-22 -CPN5937

Visit the [Clinical Criteria website](#) to search for specific policies. For 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 February 1, 2023, 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.

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

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0002	C9096	Releuko (Injection, fil-grastim-ayow, biosimilar)
ING-CC-0072	C9097	Vabysmo (faricimab-svoa)

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

MDAGP-CD-008130-22-CPN7504

Prior authorization requirement changes effective January 1, 2023

Effective January 1, 2023, prior authorization (PA) requirements will change for several code(s). The medical code(s) listed will require PA by Amerigroup Community Care for Amerigroup members.



[Read more online.](#)

MDAGP-CD-005335-22-CPN4725



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.

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:

- DME.00046 — Intermittent Abdominal Pressure Ventilation Devices:
 - Intermittent abdominal pressure ventilation devices are considered investigational and not medically necessary for all indications.
- DME.00047 — Rehabilitative Devices with Remote Monitoring:
 - The use of rehabilitative devices with remote monitoring or adjustment capabilities (for example, ROMTech PortableConnect® and ROMTech AccuAngle®) is considered investigational and not medically necessary for all indications.
- DME.00048 — Virtual Reality-Assisted Therapy Systems:
 - Use of virtual reality systems (for example, EaseVRx, SootheVR, and RelieVR) for screening, diagnosis, or treatment of a health condition is considered investigational and not medically necessary for all indications.
- GENE.00059 — Hybrid Personalized Molecular Residual Disease Testing for Cancer:
 - Oncologic hybrid personalized molecular residual disease (MRD) tests are considered investigational and not medically necessary for all indications.
- LAB.00048 — Pain Management Biomarker Analysis:
 - The functional pain biomarker urine test panel is considered investigational and not medically necessary for chronic pain management and for all other indications.
- MED.00139 — Electrical Impedance Scanning for Cancer Detection:
 - Electrical impedance scanning for cancer detection is considered investigational and not medically necessary for all indications.
- TRANS.00039 — Portable Normothermic Organ Perfusion Systems:
 - Outlines the medically necessary and investigational and not medically necessary criteria for Portable Normothermic Organ Perfusion Systems
- CG-MED-90 — Chelation Therapy:
- Moved content of MED.00127 Chelation Therapy to new clinical UM guideline document with the same title.
- CG-SURG-61 — Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver:
 - Removed the reference to glomerular filtration rate from the radiofrequency and cryosurgical ablation treatment of renal cancer

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

- Added the term “metastatic” to the radiofrequency ablation treatment of metastatic lung cancer to clarify extra-pulmonary disease
- Added not medically necessary statement for laser ablation therapy
- Removed examples from the cryosurgical and radiofrequency ablation not medically necessary statements
- **GENE.00023** — Gene Expression Profiling of Melanomas and Cutaneous Squamous Cell Carcinoma:
 - Expanded Scope and Position Statement to include cutaneous squamous cell carcinoma

Medical Policies

On May 12, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. These guidelines take effect November 20, 2022.

Clinical UM Guidelines

On May 12, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines adopted by the Medical Operations Committee for Medicaid members on June 23, 2022. These guidelines take effect November 20, 2022.



Read more online.

MDAGP-CD-006081-22-CPN5614



AIM Specialty Health Cardiology Clinical Appropriateness Guidelines CPT Code List update

Effective for dates of service on and after February 1, 2023, several code updates will apply to the AIM Specialty Health[®]* diagnostic coronary angiography and the percutaneous coronary intervention *Clinical Appropriateness Guidelines*.



Read more online.

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

MDAGP-CD-008151-22-CPN7092

Products and Programs — Pharmacy

IngenioRx will become CarelonRx on January 1, 2023

Our pharmacy benefit management partner, IngenioRx,* will join the Carelon family of companies and change its name to CarelonRx, Inc. on January 1, 2023.



This change will not affect the ways in which CarelonRx, Inc. will do business with care providers and there will be no impact or changes to the prior authorization process, how claims are processed, or level of support.

If your patients are having their medications filled at our home delivery and specialty pharmacies, please take note of the following information:

- IngenioRx Home Delivery Pharmacy will become CarelonRx Mail.
- IngenioRx Specialty Pharmacy will become CarelonRx Specialty Pharmacy.

These are name changes only and will not impact patients' benefits, coverage, or how their medications are filled. Your patients will not need new prescriptions for medicine they currently take.

When e-prescribing orders to our mail and specialty pharmacies:

- Prescribers will need to choose **CarelonRx Mail or CarelonRx Specialty Pharmacy**, not IngenioRx, if searching by name.
- If searching by NPI (National Provider Identifier), the **NPI will not change**.

In addition to our mail and specialty pharmacies, your patients can continue to have their prescriptions filled at any in-network retail pharmacy.

Keeping you well informed is essential and remains our top priority. We will continue to provide updates prior to January and throughout 2023.

** IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care.*

MDAGP-CD-005482-22/MDAGP-CD-013110-22