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Medical drug Clinical Criteria updates

November 2019 update
On November 15, 2019, the Pharmacy and Therapeutics (P&T) Committee approved Clinical Criteria applicable to the medical drug benefit for Amerigroup Iowa, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the Clinical Criteria web posting.

The Clinical Criteria is publicly available on our provider website. Visit Clinical Criteria to search for specific policies.

Submit your questions via email.

Antibiotic dispensing guidelines

Overuse of antibiotics is directly linked to the prevalence of antibiotic resistance. Promoting judicious use of antibiotics is important for reducing the emergence of harmful bacteria that is unresponsive to treatment. The following HEDIS® measures assess appropriate antibiotic dispensing for pharyngitis, upper respiratory infection and bronchitis/bronchiolitis. Changes for HEDIS 2020 include expanded age range and additional stratifications.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Coding spotlight: HIV and AIDS

Code only confirmed cases
According to ICD-10-CM coding guidelines for Chapter One, code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline Section II, H. In this context, confirmation does not require documentation of positive serology or culture for HIV. The provider’s diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.
Disease Management can help you care for patients with chronic health care needs

Disease Management programs are designed to assist PCPs and specialists in caring for patients with chronic health care needs. Amerigroup Iowa, Inc. provides members enrolled in the program with continuous education on self-management, assistance in connecting to community resources and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications.

Who is eligible?
Disease Management case managers provide support to members with:

- Behavioral health conditions such as depression, schizophrenia, bipolar disorder and substance use disorder.
- Diabetes.
- Heart conditions such as congestive heart failure, coronary artery disease and hypertension.
- HIV/AIDS.
- Pulmonary conditions such as asthma and chronic obstructive pulmonary disease.

Our case managers use member-centric motivational interviewing to identify and address health risks such as tobacco use and obesity to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

We welcome your referrals. To refer a member to Disease Management:
- Call 1-888-830-4300 to speak directly to one of our team members.
- Fill out the Disease Management Referral Form located on the provider website and fax it to 1-888-762-3199 or submit electronically via the Availity Portal.*

Your input and partnership is valued. Once your patient is enrolled, you will be notified by the Disease Management case manager assigned. You can also access your patient’s Disease Management care plan, goals and progress at any time through the Availity Portal using Patient360. We are happy to answer any questions you might have. Our registered nurse case managers are available Monday-Friday from 8:30 a.m.-5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week.

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

IA-NL-0237-20
Use of Imaging Studies for Low Back Pain (LBP)

The HEDIS® measure Use of Imaging Studies for Low Back Pain (LBP) analyzes the percentage of patients 18-50 years of age during the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is used to determine whether imaging studies are overused to evaluate members with low back pain. The measure is an inverted rate. A higher score indicates appropriate treatment of low back pain.

Clinical guidelines for treating patients with acute low back pain recommend against the use of imaging in the absence of red flags (i.e., indications of a serious underlying pathology such as a fracture or tumor). Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.

Measure exclusions:
- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Helpful tips:
Hold off on doing imaging for low back pain within the first six weeks unless red flags are present.

Consider alternative treatment options prior to ordering diagnostic imaging studies, such as:
- Nonsteroidal anti-inflammatory drugs.
- Nonpharmacologic treatment, such as heat and massage.
- Exercise to strengthen the core and low back or physical therapy.

Other available resources:
- National Committee for Quality Assurance — NCQA.org
- Choosing Wisely — Choosingwisely.org
- American Academy of Family Physicians — AAFP.org

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*

IAPEC-1705-19
Policy Update
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
(Policy 06-0149, effective 05/01/20)

Currently, Amerigroup Iowa, Inc. includes Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component services in the reimbursement of preventive medicine evaluation and management (E&M) visits unless they are appended with Modifier 25 to indicate a significant, separately identifiable E&M service by the same physician on the same date of service.

Effective May 1, 2020, the following EPSDT component services will be separately reimbursable from the preventive medicine E&M visit:
- Hearing screening with or without the use of an audiometer or other electronic device
- Vision screening

For additional information, refer to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) reimbursement policy at https://providers.amerigroup.com/IA.

IA-NL-0195-19

Policy Update
Unlisted, Unspecified or Miscellaneous Codes
(Policy 06-004, effective 08/01/20)

Effective August 1, 2020, Amerigroup Iowa, Inc. will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes. Unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

For additional information, review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy here.

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