# Table of Contents

- COVID-19 information from Amerigroup Community Care of New Mexico, Inc.  
  Page 2
- Mid-level practitioners are required to file using their NPI  
  Page 2
- Medical drug *Clinical Criteria* updates  
  Page 2
- 2020 Medicare risk adjustment provider trainings  
  Page 3
- Outpatient Rehabilitation Program transition: new prior authorization requirements  
  Page 4
- New Medicare Advantage Opioid Treatment Program benefit  
  Page 5
- New behavioral health Medicare Advantage individual and Group Retiree Solutions provider fax  
  Page 5
- Coding tip for psychological and neuropsychological testing  
  Page 5
- *Medical Policies and Clinical Utilization Management Guidelines* update  
  Page 6
- Prior authorization requirements  
  Page 7
- **Reimbursement Policy**  
  Unlisted, Unspecified or Miscellaneous Codes  
  Page 8
COVID-19 information from Amerigroup Community Care of New Mexico, Inc.

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) to help us determine what action is necessary on our part.

For additional information, reference the News & Announcements section of our website.

AGPCARE-0423-20

Mid-level practitioners are required to file using their NPI

Amerigroup Community Care of New Mexico, Inc. provides benefits for covered services rendered by nurse practitioners (NPs) and physician assistants (PAs) when operating within the scope of their license. Our policy states that these mid-level practitioners are required to file claims using their specific NPI number — not that of the medical doctor.

We will continue to monitor this area of concern through medical chart review and data analysis. Billing noncompliance can be considered a contract breach.

Amerigroup recognizes the quality of care delivered to our members can be improved by the proper use of NPs and PAs. This notice is in no way intended to discourage their proper use, but rather to clearly define how services should be appropriately billed.

AGPCARE-0342-19

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 Community Care of New Mexico, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the Clinical Criteria web posting.

AGPCRNL-0092-20

December 2019 update
On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (P&T) Committee approved Clinical Criteria applicable to the medical drug benefit for Amerigroup Community Care of New Mexico, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the Clinical Criteria web posting.

AGPCRNL-0098-20

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

Please submit your questions to email.
2020 Medicare risk adjustment provider trainings

The Medicare Risk Adjustment Regulatory Compliance team offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.

Medicare Risk Adjustment and Documentation Guidance (General)

- **When:** The trainings will be offered the first Wednesday of each month from 1 p.m. to 2 p.m. ET (from January 8, 2020, to December 2, 2020).
- **Learning objective:** This onboarding training will provide an overview of Medicare risk adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) model, with guidance on medical record documentation and coding.
- **Credits:** This live activity has been reviewed and is acceptable for up to one prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at the link below: Medicare Risk Adjustment and Documentation Guidance (General)

Note: Dates may be modified due to holiday scheduling.

Medicare Risk Adjustment, Documentation and Coding Guidance (Condition Specific)

- **When:** The trainings will be offered on the third Wednesday of every other month from noon to 1 p.m. ET (from January 15, 2020, to November 18, 2020).
- **Learning objective:** This is a collaborative learning event with Enhanced Personal Health Care (EPHC)* to provide in-depth disease information pertaining to specific conditions including an overview of their corresponding HCC, with guidance on documentation and coding.
- **Credits:** This live series activity has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

- **Red Flag HCCs Part 1 (January 15, 2020)** — register for a recording of the session: Training will cover HCCs most commonly reported in error as identified by CMS (chronic kidney disease stage 5, ischemic or unspecified stroke, cerebral hemorrhage, aspiration and specified bacterial pneumonias, unstable angina and other acute ischemic heart disease, end-stage liver disease). Link: Red Flag Hierarchical Condition Categories (HCCs), part one

- **Red Flag HCCs Part 2 (March 18, 2020):** Training will cover HCCs most commonly reported in error as identified by CMS (atherosclerosis of the extremities with ulceration or gangrene, myasthenia gravis/myoneural disorders and Guillain-Barre syndrome, drug/alcohol psychosis, lung and other severe cancers, diabetes with ophthalmologic or unspecified manifestation) Link: Medicare Risk Adjustment Documentation and Coding Guidance: Red Flag HCC’s Part 2

- **Neoplasms (May 20, 2020)**
  Link: Neoplasms

- **Acute, Chronic and Status Conditions (July 15, 2020)**
  Link: Acute, Chronic and Status Conditions

- **Diabetes Mellitus and Other Metabolic Disorders (September 16, 2020)**
  Link: Diabetes Mellitus and Other Metabolic Disorders

- **TBD — This Medicare risk adjustment webinar will cover the critical topics and updates that surface during the year (November 18, 2020):** Link: Topic TBD

*Enhanced Personal Health Care is an independent company providing collaborative training services on behalf of Amerigroup Community Care of New Mexico, Inc.*

AGPCRNL-0093-20
Outpatient Rehabilitation Program transition: new prior authorization requirements

Effective April 1, 2020, Amerigroup Community Care of New Mexico, Inc. will transition the utilization management of our Outpatient Rehabilitation Program to AIM Specialty Health® (AIM). AIM is a specialty health benefits company. The Outpatient Rehabilitation Program includes physical, occupational and speech therapy services. Amerigroup has an existing relationship with AIM in the administration of other programs.

This relationship with AIM will enable Amerigroup to expand and optimize this program, further ensuring that care aligns with established evidence-based medicine. AIM will follow the clinical hierarchy established by Amerigroup for medical necessity determination. Amerigroup makes coverage determinations based on guidance from CMS, including national coverage determinations, local coverage determinations, other coverage guidelines and instructions issued by CMS, and legislative changes in benefits. When existing guidance does not provide sufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

AIM will continue to use criteria documented in Amerigroup clinical guidelines CG.REHAB.04, CG.REHAB.05 and CG.REHAB.06 for review of these services. These clinical guidelines can be reviewed online at https://medicalpolicies.amerigroup.com/am_search.html.

Detailed prior authorization requirements are available online https://www.availity.com* by accessing the Precertification Lookup Tool under Payer Spaces. Contracted and noncontracted providers should call Provider Services at the phone number on the back of the member’s ID card for prior authorization requirements.

* AIM Specialty Health is a separate company providing utilization review services on behalf of Amerigroup Community Care of New Mexico, Inc. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care of New Mexico, Inc.

AGPCARE-0329-19
**New Medicare Advantage Opioid Treatment Program benefit**

Effective January 1, 2020, under the calendar year *2020 Physician Fee Schedule Final Rule*, CMS began paying Opioid Treatment Programs (OTPs) through bundled payments for opioid use disorder treatment services in an episode of care provided to people with Medicare Part B (medical insurance). As such, Amerigroup Community Care of New Mexico, Inc. will also cover these services through our Medicare Advantage (MA) and Medicare-Medicaid Plan (MMP) plans. We would like to extend an opportunity to opioid treatment providers to join our MA and MMP networks.

**Under the new OTP benefit, Medicare covers:**
- U.S. FDA-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- The dispensing and administration of MAT medications (if applicable).
- Substance use counseling.
- Individual and group therapy.
- Toxicology testing.
- Intake activities.
- Periodic assessments.

Before joining our network, providers must complete the following two steps:
- Enroll in original Medicare [here](#).
- Apply to become a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified OTP provider [here](#).

Once the above steps are completed, providers are eligible to join our MA and MMP networks. To receive an application packet, email medicareadvantagequestions@amerigroup.com.

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**New behavioral health Medicare Advantage individual and Group Retiree Solutions provider fax**

Effective March 30, 2020, Medicare Advantage individual and Group Retiree Solutions (GRS) behavioral health providers will have a new fax number for all behavioral health clinical requests and reviews. For behavioral health inpatient Medicare Advantage individual and GRS requests, use the new fax number 1-844-430-1702.

For behavioral health outpatient Medicare Advantage individual and GRS requests, use the new fax number 1-844-430-1703.

Medicare-Medicaid Plans (MMP) are not in scope at this time for this fax number change. Please continue to use the current fax number for MMP.

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**Coding tip for psychological and neuropsychological testing**

A change to CPT® codes for psychological and neuropsychological test administration and evaluation services was effective January 1, 2019.* The new codes do not crosswalk on a one-to-one basis with the deleted codes.

These coding changes separate test administration from test evaluation, psychological testing evaluation from neuropsychological testing evaluation and define the testing performed by a professional or technician. The information below clarifies coding for these services.

**Please note:** Prior authorization (PA) requirements have not changed. Please check the Precertification Look Up Tool for PA requirements for each code.

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. Please note: The Medical Policies and Clinical UM Guidelines below are followed in the absence of Medicare guidance.

To view a guideline, visit https://medicalpolicies.amerigroup.com/am_search.html.

Notes/updates:
Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- *SURG.00028 — Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding “prostate volume less the 30 mL”
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement

- *SURG.00037 — Treatment of Varicose Veins (Lower Extremities)
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
  - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
  - Added limits to retreatment to the medically necessary criteria for all procedures

- *SURG.00047 — Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary

- *SURG.00097 — Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary

- *CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary

- *CG-MED-68 — Therapeutic Apheresis
  - Added diagnostic criteria to the condition “chronic inflammatory demyelinating polyradiculoneuropathy” (CIDP) when it is treated by plasmapheresis or immunoadsorption

The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the AIM Specialty Health® page:

- *Joint Surgery
- *Advanced Imaging—Vascular Imaging
Prior authorization requirements

New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Amerigroup Community Care of New Mexico, Inc. members.

To request PA, you may use one of the following methods:
- Web: https://www.availity.com*

Not all PA requirements are listed here. PA requirements are available to contracted providers through the Availity Portal (https://www.availity.com). Providers may also call the Provider Services number on the back of the member’s ID card for PA requirements.

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care of New Mexico, Inc.
Policy Update — Medicare Advantage
Unlisted, Unspecified or Miscellaneous Codes
(Policy 06-004, effective 08/01/20)

Effective August 1, 2020, Amerigroup Community Care of New Mexico, 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.

AGPCRNL-0081-19