



Amerigroup Iowa, Inc. Quick Reference Card

Precertification/notification requirements
Important contact information ■ Revenue codes

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

Important contact information

Our service partners

LogistiCare (nonemergent transportation)	Reservations: 1-844-544-1389 Ride assist: 1-844-544-1390
Express Scripts, Inc. (pharmacy services)	1-855-712-0104
Superior Vision Care (vision services)	1-866-819-4298

Provider Experience program

Our Provider Services team offers precertification, case and disease management, automated member eligibility, claims status, health education materials, outreach services, and more. Call 1-800-454-3730 Monday-Friday from 7:30 a.m.-6 p.m. CT.

Our provider website and interactive voice response (IVR) system is available 24 hours a day, 7 days a week:

To verify eligibility, check claims status, and look up precertification and notification requirements, visit <https://providers.amerigroup.com/IA>.

Can't access the internet? Call Provider Services and simply provide your NPI when prompted by the recorded voice. The IVR system guides you through our menu of options, and you can select the information or materials you need when you hear it.

Claims services

Providers should refer to their specific provider contract for timely filing periods. Paper and electronic claims must be filed within 180 calendar days from date of service for PCPs, specialists, medical ancillary providers, HCBS/LTSS providers, nursing facilities and hospitals.

Timely filing periods begin from the date of discharge for inpatient services and from the dates of service for outpatient/physician services. Timely filing requirements are defined in your provider agreement; please refer to it for detailed requirements.

There are exceptions to the timely filing requirements. They include:

- Cases of coordination of benefits/subrogation — The time frames for filing a claim will begin on the date of the third party resolution of the claim.
- Cases where a member has retroactive eligibility — In situations of enrollment with a retroactive eligibility date, the time frame for filing a claim will begin on the date we receive notification from the enrollment broker of the member's eligibility/enrollment.
- Out-of-network care — All out of network providers are allowed a timely filing limit of 365 days.

Claims should be billed directly to Amerigroup.

Paper claims must be sent directly to Amerigroup:

Amerigroup Iowa, Inc.
P.O. Box 61010
Virginia Beach, VA 23466

Electronic data interchange (EDI)

Call the EDI hotline at 1-800-590-5745 to get started.

We accept professional and institutional claims through the following clearinghouse payer IDs:

- Emdeon — 27514
- Capario — 28804
- Availity — 26375
- Smart Data Solutions — 81237

Amerigroup will pay or deny 90 percent of clean claims within 14 calendar days of receipt, 99.5 percent of clean claims within 21 calendar days of receipt and 100 percent of claims within 90 calendar days of receipt.

Provider grievances and payment disputes

Please reference the most recent version of our *Provider Manual* at <https://providers.amerigroup.com/IA> for full details about how to file a grievance or payment dispute.

Services to help your patients

Member Services ■ 1-800-600-4441

Translation and interpreter services

- 1-800-454-3730 (for providers)
- 1-800-600-4441 (TTY 711) (for members)

We provide phone and face-to-face interpreter services, including sign language, at no cost to providers or members in order to support the linguistic needs of our diverse members. During business hours, contact Provider Services or Member Services; after business hours, contact the 24-hour Nurse HelpLine, our nurse triage hotline available 24 hours a day, 7 days a week.

24-hour Nurse HelpLine

- 1-866-864-2544 (English)
- 1-866-864-2545 (Spanish) (TTY 711)

Members can call our 24-hour Nurse HelpLine for health advice 7 days a week, 365 days a year.

Care Management services

- 1-800-454-3730 (for providers)
- 1-800-600-4441 (TTY 711) (for members)

We offer case and care management services to members who are likely to have extensive health care needs. Our nurse case managers work with you to develop individualized care plans including identifying community resources, providing health education, monitoring compliance, assisting with transportation, etc.

Disease Management Centralized Care Unit (DMCCU) services 1-888-830-4300 (for members)

DMCCU services include educational information like local community support agencies and events in our service area. Services are available for members with the following medical conditions: asthma, bipolar disorder, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes, HIV/AIDS, hypertension, major depressive disorder, SUD and schizophrenia. Our member-centric, holistic approach also allows us to manage members with multiple conditions like SUDs, cerebrovascular disease, fibromyalgia and musculoskeletal complications.

Easy access to precertification/notification requirements and other important information

For more information about requirements, benefits and services, reference the most recent version of the *Provider Manual* posted on our provider self-service website (<https://providers.amerigroup.com/IA>). If you have questions about this quick reference card (QRC) or recommendations to improve it, call Provider Services at 1 800-454-3730. We want to hear from you and improve our service, so you can focus on serving your patients!

Precertification/prior authorization (PA) notification instructions and definitions

Instructions

To request precertification (sometimes referred to as PA) or to provide notification, refer to the contacts below:

Pharmacy:

- Visit <https://www.express-path.com> (registration required).
- Call Express Scripts, Inc. at 1-855-712-0104.
- Send a fax to 1-800-601-4829.

Behavioral Health:

- For inpatient requests:
 - Send a fax to 1-877-434-7578.
- For outpatient requests:
 - Send a fax to 1-866-877-5229.

Long-Term Services and Supports (LTSS):

- For inpatient requests:
 - Send a fax to 1-844-400-3461.
- For outpatient requests:
 - Send a fax to 1-844-400-3462.

Other services:

- Visit <https://providers.amerigroup.com/IA>.
- Call Amerigroup at 1-800-454-3730.
- Send a fax to 1-800-964-3627.

When requesting authorization, be prepared to provide the necessary information to support the service(s); this includes the following documentation:

- Member name and IA Health Link or *hawk-i* ID number
- Member's DOB
- PCP name*

- Specialist or attending physician name*
- Number of visits/services
- Date(s) of service
- Diagnosis with the ICD code
- Current ICD procedure code(s)
- Clinical information
- Medication history with trial dates and failure reason*

*As applicable

Definitions

Precertification/PA: Precertification/PA is the act of authorizing specific services or activities before they are rendered or occur.

Notification: Phone, fax or electronic communications received from providers to inform us of their intent to render covered medical services to a member.

For code-specific requirements for all services, use our Precertification Lookup Tool at <https://providers.amerigroup.com/IA> > Quick Tools > Precertification Lookup Tool.

Requirements listed are for participating providers with Amerigroup. Out-of-network providers are required to request precertification for all nonemergent services with the exception of rural health clinics/federally qualified health centers, Title V and Indian Health Services.

For cases where the member is made retroactively eligible for an Amerigroup waiver program or a nursing facility, please contact Amerigroup on the next business day to obtain retroactive authorization for the applicable services.

Behavioral Health services

Emergency behavioral health care services are covered 24 hours a day, seven days a week.

Precertification is required for, but may not be limited to, the following services:

- Applied behavioral analysis
- Assertive community treatment
- Behavioral health intervention services
- Community support services
- Electroconvulsive therapy
- Habilitation
- Inpatient psychiatric and substance abuse treatment
- Intensive outpatient treatment
- Partial hospitalization
- Psychiatric medical institute for children

- Psychological/neuropsychological testing (authorization for psychological testing not required for first three hours)

Substance use disorder (SUD) services treatment

Precertification is required for, but may not be limited to, the following services:

- Intensive outpatient/day treatment services
- Detoxification services
- Halfway house
- Residential treatment

Cardiac rehabilitation

Precertification is required for all services.

Chemotherapy

Precertification is required for the following:

- Inpatient chemotherapy as part of the inpatient admission
- Chemotherapy drugs

To check the coverage and precertification requirement status for oncology drugs and adjunctive agents, use our online Precertification Lookup Tool.

Limitations and exclusions apply for experimental and investigational treatments.

Claims billing address

Amerigroup Iowa, Inc.

P.O. Box 61010

Virginia Beach, VA 23466

Dental services

Amerigroup covers all medically necessary charges related to dental procedures provided in a hospital setting. To verify dental coverage or service limitations, please contact Iowa Medicaid Enterprise.

- 1-800-338-8366 (Toll Free)
- 515-256-4606 (Des Moines Area)
- 1-800-735-2942 (TTY)

Durable medical equipment (DME)

Precertification is **not required** for:

- Preferred blood glucose meters:
 - Freestyle Lite System kit
 - Freestyle Freedom Lite kit
 - Freestyle InsuLinX meter
 - Precision Xtra meter
- Nebulizers
- Dialysis and end-stage renal disease equipment
- Gradient pressure aid
- Light therapy
- Sphygmomanometers
- Walkers

Precertification is required for all rental DME equipment.

Request precertification with a *Certificate of Medical Necessity (CMN)* — available on our website — or by submitting a physician order and *Amerigroup Referral and Authorization Request* form. You must send a complete CMN with claims for the following:

- Continuous positive airway pressure machines
- Enteral nutrition pumps
- External infusion pumps
- Hospital beds
- Lymphedema pumps
- Motorized wheelchairs
- Manual wheelchairs
- Osteogenesis stimulators
- Oxygen
- Parenteral nutrition
- Power-operated vehicles
- Seat lift mechanism

- Support surfaces
- Transcutaneous electrical nerve stimulators

We must agree on HCPCS and/or other codes for billing, and we require you to use appropriate modifiers.

Early and Periodic Screening, Diagnosis, and Treatment

Members can self-refer. Precertification is not required for testing.

- Use the American Academy of Pediatrics *Periodicity Schedule* and the American Academy of Pediatric Dentistry *Recommendations for Preventive Pediatric Dental Care* and document visits.
- Vaccine serum is received under the Vaccines for Children program for eligible members (0-18 years of age).

ER

- **Precertification is not required.**
- Notification is required within 24 hours or the next business day if a member is admitted into the hospital through the ER.

Ear, nose and throat services (otolaryngology)

- Precertification is not required for evaluation and management (E&M) services with participating providers.
- Precertification is required for tonsillectomy and/or adenoidectomy, nasal/sinus surgery, and cochlear implant surgery and services.

Gastroenterology services

- Precertification is not required for E&M services with network providers.
- Precertification is required for upper endoscopy and bariatric surgery including insertion, removal, and/or replacement of adjustable gastric restrictive devices and subcutaneous port components.

Gynecology (also see Obstetrical care)

Precertification is not required for E&M services with network providers.

Hearing services

- Digital hearing aids require precertification.
- Precertification is not required for the following:
 - Diagnostic and screening tests
 - Hearing aid evaluations
 - Counseling

Home health care services

- Precertification is not required for the first five visits.
- Drugs and DME require separate precertification.

Hospice care

Precertification is required.

Hospital admission

- Precertification is required for elective or nonemergent admissions and some same day/ambulatory services including behavioral health admissions. Precertification of these services must be obtained at least three days prior to the planned date of service.
- Notification is required for coverage of emergency and obstetric admissions within 24 hours or the next business day.
- To be covered, preadmission testing must be performed by an Amerigroup preferred lab vendor or network facility outpatient department. See our *Provider Referral Directory* for a complete listing of participating vendors.

Intermediate care facility for individuals with intellectual disability — private facilities only

Precertification is required.

Injectables

- Self-administered injectables can be obtained through any pharmacy in our network that dispenses these medications.
- Medical injectables and/or infusion services require PA when covered under the medical benefit and administered in the physician's office.

Medical supplies

Limitations may apply for precertification of disposable medical supplies. Please refer to the *Provider Manual* for verification.

Neurology

- Precertification is not required for E&M services with network providers.
- Precertification is required for neurosurgery, spinal fusion and artificial intervertebral disc surgery.

Nursing facility/skilled nursing facility services

- Precertification is required.
- Precertification is not required if an item is covered under a nursing facility's content of service (e.g., oxygen under DME is considered part of the per diem rate to a nursing facility).
- We request network hospitals to notify us within one business day if the level of care for a patient changes. This is not the same as requesting a precertification.

Observation

- Precertification is not required for in-network observation, but notification is required within 24 hours or the next business day.
- If observation results in a change in level of care to an acute inpatient admission, notification must be made to Amerigroup and is required within 24 hours or the next business day.

Obstetrical care

- Members can self-refer to a network OB/GYN.
- We only require notification; precertification is not required for labor and delivery or OB services including OB visits, diagnostic tests, laboratory services, prenatal or postpartum office visits, or ultrasounds when performed by a participating provider.
- Antepartum admissions not resulting in a delivery require precertification. Notification must be made to Amerigroup within 24 hours or the next business day along with submission of clinical documentation to support medical necessity of the admission.
- You must notify Amerigroup:
 - At the first prenatal visit and within 24 hours of delivery with newborn information. Please include the baby's mode of delivery, gender, weight in grams, gestational age in weeks and disposition at birth.
 - With the mother's pediatrician selection for continuity of care.

Ophthalmology

- Precertification is not required for E&M services with network providers.
- Precertification is required for repair of eyelid defects.
- We do not cover services considered cosmetic.

Pain management/physiatry/physical medicine and rehabilitation

Precertification is required for all non-E&M services.

Pharmacy

Our pharmacy benefit provides coverage for medically necessary medications from any licensed prescriber for legend and nonlegend medications that appear in the latest revision of the *Iowa Medicaid formulary/Preferred Drug List (PDL)* for Medicaid and CHIP members. A link for the Iowa PDL is available on our website at <https://providers.amerigroup.com/IA>, or you can call Express Scripts, Inc. at 1-855-712-0104 for more information.

- For claims processing questions, call the Express Scripts, Inc. Pharmacy Help Desk at 1 855 690 8353.
- To check pharmacy eligibility, call Amerigroup at 1-800-454-3730.
- For pharmacy PA requests:
 - Submit a pharmacy PA request online at <https://www.express.path.com>.
 - Fax a PA request to 1-800-601-4829.
 - Call 1-855-712-0104.

Note, our online PA tool allows you to:

- Verify member eligibility.
- Attach clinical documentation.
- Look up drug information.
- Enter multiple requests for multiple drugs at one time.
- Appeal denied requests.
- Upload supporting documents and review appeal status.
- Request medical injectables for those medications obtained by your office/facility for onsite infusion or administration.

Plastic/cosmetic/reconstructive surgery (including oral maxillofacial services)

- Precertification is not required for oral maxillofacial or E&M services from network providers.
- Precertification is required for all other services, trauma to the teeth, and oral maxillofacial medical and surgical conditions including temporomandibular joint disorders.
- Services considered cosmetic in nature or related to previous cosmetic procedures are not covered (e.g., scar revision, keloid removal resulting from pierced ears).
- Reduction mammoplasty requires our medical director's review.

Radiation therapy

Precertification is not required when performed by a network facility in a provider's office, outpatient hospital or ambulatory surgery center.

Radiology

Precertification requirements can be reviewed online at <https://www.availity.com>. AIM Specialty Health® (AIM) conducts medical necessity review for radiology services.

Rehabilitation therapy (short-term): occupational, physical, respiratory and speech therapy

- Precertification is not required for evaluations or initial visits.
- Precertification is required for treatments and inpatient rehabilitation.

Sleep studies

Precertification is required.

Sterilization

- Precertification or notification is not required for sterilization procedures including tubal ligation and vasectomy.
- **The current Iowa state *Consent for Sterilization* form is required for claims submission.**
- Reversal of sterilization is not a covered benefit.

Transportation

- Prescheduled nonemergent transportation is covered by LogistiCare.
 - Please call 1-844-544-1389 for reservations and 1-844-544-1390 for ride assist.
- Ambulance Nonemergent transportation is covered by Amerigroup.
- Transportation of intellectual disability and brain injury waiver members to key services may be provided either as a waiver service or through LogistiCare.
- All transportation services must be authorized in the service plan for HCBS waiver members.

Urgent care center

Notification or precertification is not required for network facilities.

Vascular

- Precertification requirements can be reviewed online at <https://www.availity.com>.
- AIM conducts medical necessity review for vascular services.

Vision services

- Routine eye examinations are covered once in a 12 month period by our vendor, Superior Vision.
- Most routine services do not require precertification.
- If you have any questions, please call Superior Vision Care at 1-866-819-4298.

Waiver services

Precertification is required for all waiver services.

Well-woman exam

- Members can self-refer for these exams.
- Precertification is not required.