

Provider Newsletter



Amerigroup Kansas, Inc.

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

Provider Services: 1-800-454-3730

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Vascular embolization or occlusion services to require prior authorization

Effective September 1, 2016, vascular embolization or occlusion services will require prior authorization (PA).

Vascular embolization or occlusion services requests must be reviewed by Amerigroup Kansas, Inc. for PA for dates of service on and after September 1, 2016. To request PA, use one of the following methods:



- Phone: 1-800-454-3730
- Fax: 1-800-964-3627

For a list of Amerigroup reimbursement policies and more information on PA requirements, please visit our website at <https://providers.amerigroup.com/KS> and under Provider Resources & Documents, select Quick Tools.

- For reimbursement policies, select [Reimbursement Policies](#).
- For authorization requirements, select [Precertification Lookup Tool](#).

If you have questions about this communication or need assistance with any other item, call Provider Services at 1-800-454-3730.

PCP Change Request form now available online

Amerigroup Kansas, Inc. has implemented a new way to perform PCP changes for members. You can now download the *PCP Change Request* form from the provider website and fax it to the number provided.



- Download the form from the provider website: <https://providers.amerigroup.com/KS> > Provider Resources & Documents > Forms > PCP Change Request Form.
- Ensure the form is completed in its entirety by the member. Forms will not be processed unless all fields are completed.
- Fax the form to 1-866-840-4993.
- Allow 24-72 hours for processing.

Please note: PCP changes are effective the date the fax is received. *PCP Change Request* forms are not retroactive.

What if additional assistance is needed?

If you have any questions about this communication or need additional help, contact your Provider Relations representative or advise the member to call our Member Services toll free at 1-800-600-4441 (TTY 711).

Synagis (palivizumab)

Respiratory syncytial virus (RSV) season begins as early as September and runs through April. Synagis (palivizumab) is a monoclonal antibody indicated for the prevention of RSV. The American Academy of Pediatrics (AAP) recommends a maximum of five (15 mg/kg) monthly doses of palivizumab during the RSV season for high-risk infants who were born before 29 weeks, 0 days gestation, have chronic lung disease (CLD) of prematurity or have hemodynamically significant heart disease. Updated indications for prophylaxis can be found in the July 2014 AAP Policy Statement and on our provider website at <https://providers.amerigroup.com/KS>



The Synagis prior authorization form can be found on provider website at <https://providers.amerigroup.com/KS> > Provider Resources & Documents > Pharmacy > Pharmacy Prior Authorization Form. Only one request is needed for each patient throughout the RSV season. In a case where higher dosage is necessary due to weight gain, documentation of the patient's new weight must be provided.

You can also find additional drug information at <https://providers.amerigroup.com/KS>.

Reimbursement Policies

Policy Update

Durable Medical Equipment (Rent to Purchase)

(Policy 06-052, effective 01/01/2017)

Amerigroup Kansas, Inc. allows reimbursement for Durable Medical Equipment (DME). Reimbursement is based on the rental price up to the maximum allowed for the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Components of Rental DME

Supplies and accessory components associated with rental DME are not separately reimbursed and considered all-inclusive in the rental reimbursement.

The reimbursement limit for rented DME is 10 months. Once the limit is met, claims submitted for the rental of the item will be denied.

Circumstances Affecting Rental Reimbursement

- A new reimbursement period limit will begin for rental periods with a break in coverage of more than 60 days
- If a member changes suppliers during the rental period, a new rental period will not start over

Amerigroup allows reimbursement for oxygen equipment for a maximum of 36 months; however, we will continue to reimburse for oxygen contents.

For additional information, refer to Durable Medical Equipment (Rent to Purchase) policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).



Policy Reminder

DME Modifiers for New, Rented, and Used Equipment

(Policy 06-053, effective 3/14/16)

Amerigroup Kansas, Inc. allows reimbursement for new, rented or used equipment appended with the appropriate modifier. The listed modifiers must be billed in the primary or first modifier field to determine appropriate reimbursement:

- Modifier NU: new equipment
- Modifier RR: rented equipment
- Modifier UE: purchase of used equipment

These modifiers are appropriate for Durable Medical Equipment (DME), prosthetics and orthotics. These modifiers are inappropriate for supplies unless required under state or CMS guidelines. Claims for supplies appended with Modifier NU, RR or UE may be denied.

For additional information, refer to the DME Modifiers for New, Rented and Used Equipment policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).



Policy Reminder

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

(Policy 06-049, effective 11/18/2013)



Amerigroup Kansas, Inc. allows reimbursement of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program services. The policy provides a list of EPSDT component services included in the reimbursement of the preventive medicine Evaluation and Management (E&M) visit 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. If a provider performs EPSDT services in conjunction with a sick visit, all services are subject to our Preventive Medicine and Sick Visits on Same Day reimbursement policy.

For additional information, refer to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).