Pharmacy

Pharmacy Benefit Information: The Amerigroup 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 Kansas state formulary/Preferred Drug List (PDL) for Medicaid and CHIP members at www.kdheks.gov/hcf/pharmacy. Pharmacy providers can call the Express Scripts pharmacy help desk at 1-844-367-6114 for claims processing questions.

- Check pharmacy eligibility by calling 1-800-454-3730.
- **Pharmacy Prior Authorization Requests:**
  - Submit a pharmacy prior authorization request online at www.express-path.com
  - Fax a prior authorization request to 1-800-601-4829
  - Call 1-855-201-7170
- Our Medical Injectable Online Prior Authorization Tool allows you to:
  - Verify member eligibility
  - Attach clinical documentation
  - Drug lookup
  - 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

See the Medical Injectables section of this QRC.

Plastic/Cosmetic/Reconstructive Surgery (including Oral Maxillofacial Services)

- No precertification is 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 TMJ.
- 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

See the Diagnostic Testing section of this QRC.

Rehabilitation Therapy (Short-Term): OT, PT, RT and ST

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

Sleep Studies

Precertification is required.

Sterilization

- No precertification or notification required for sterilization procedures, including tubal ligation and vasectomy.
- **The current Kansas state sterilization consent form is required for claims submission.**
- Reversal of sterilization is not a covered benefit.

Urgent Care Center

No notification or precertification is required for network facilities.

Waiver Services

Precertification is required for all waiver services.

Well-Woman Exam

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

Revenue (RV) Codes

Precertification is required for services billed by facilities with RV codes for:

- Inpatient, including psychiatric admissions (which require screening), community medical detoxification and PRTFs (requires screening)
- OB
- Home health care
- Hospice
- CT and PET scans and nuclear cardiology
- Chemotherapeutic agents
- Pain management
- Rehabilitation (physical/occupational/respiratory therapy)
- Rehabilitation, short term (speech therapy)
- Specialty agents

For a complete list of specific RV codes, visit our Provider Self-Service site.

KSPEC-0938-15 11.15

Provider Quick Reference

✓ Precertification/notification requirements

✓ Important contact information

✓ Revenue codes

Kansas

KanCare

Amerigroup RealSolutions® in healthcare

providers.amerigroup.com/KS

Important Contact Information

Our Service Partners

Service partner	Phone
Access2Care (nonemergent transportation)	1-866-410-0002
Express Scripts (pharmacy services)	1-855-201-7170
LabCorp (laboratory services)	1-888-522-4452
AIM Specialty Health® (CT/CTA scans, MRI/MRA, TEE, SE, Echo, TTE and nuclear cardiology)	1-800-714-0040
Ocular Benefits (vision services)	1-866-416-0150
Quest Diagnostics (laboratory services)	1-866-697-8378
Scion Dental (dental services)	1-855-812-9206

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 through Friday from 8 a.m. to 5 p.m. Central time.

Provider Website and IVR Available 24/7/365:
To verify eligibility, check claims status and look up precertification/notification requirements, visit providers.amerigroup.com/KS.

Can't access the Internet? Call Provider Services and simply say your National Provider ID when prompted by the recorded voice. The recording guides you through our menu of options – just 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. Generally, paper and electronic claims must be filed within:

- 90 calendar days for PCPs, specialists, and medical ancillary and HCBS/LTSS providers
- 180 calendar days for 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 in Amerigroup 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

KanCare Front-end Billing
For your convenience, you can continue sending your KanCare claims electronically to the state in the same way you do today. KDHE will submit your claims information to each MCO through daily 837 batch files.

Paper claims must be sent directly to Amerigroup Kansas addressed as follows:
Amerigroup Kansas
P.O. Box 61010
Virginia Beach, VA 23466

Electronic Data Interchange (EDI)
Call our EDI hotline at 1-800-590-5745 to get started. We accept claims through the following clearinghouse payer IDs:

- Emdeon (formerly WebMD): 27514
- Capario (formerly MedAvant): 28804
- Availity (formerly THIN): 26375

Payment Disputes, Provider Grievances and Fair Hearings
Please reference the most recent version of our provider manual at providers.amerigroup.com/KS for full details about how to file a payment dispute, grievance or fair hearing.

Services to Help Your Amerigroup Patients

Member Services • 1-800-600-4441

Amerigroup On Call
1-866-864-2544
Members can call our 24-hour Amerigroup On Call line for health advice 7 days a week, 365 days a year.

Care Management Services
1-800-454-3730 (for Providers) • 1-800-600-4441 (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 Providers)
DMCCU services include educational information like local community support agencies and events in the health plan's service area. Services are available for members with the following medical conditions: asthma, bipolar disorder, COPD, CHF, CAD, diabetes, HIV/AIDS, hypertension, major depressive disorder, substance use 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, visit our provider self-service site to get the most recent full version of our provider manual. If you have questions about this Quick Reference Card (QRC) or recommendations to improve it, call your local Provider Relations representative at 913-749-5955. We want to hear from you and improve our service so you can focus on serving your patients!

Precertification/Prior Authorization notification instructions and definitions

Instructions

Request precertifications (sometimes referred to as prior authorization) or give notifications through these contacts:

Pharmacy:

- **Visit www.express-path.com** (registration required)
- **Call Express Scripts** at 1-855-201-7170
- **Send a fax to** 1-800-601-4829

All other services:

- **Visit providers.amerigroup.com/KS**
- Call Amerigroup at 1-800-454-3730
- Send a fax to 1-800-964-3627
- For Behavioral Health Inpatient Requests:
  - Send a fax to 1-877-434-7578
- For Behavioral Health Outpatient Requests:
  - Send a fax to 1-800-505-1193

Be prepared to provide:

- Member or Medicaid ID
- Member's date of birth
- Legible name of referring provider
- Legible name of person referred to provider
- Number of visits/services
- Date(s) of service
- Diagnosis
- CPT/HCPCS codes
- Clinical information

Definitions

Precertification/Prior Authorization – the act of authorizing specific services or activities before they are rendered or occur. This is also known as Prior Authorization (PA).

Notification – Telephonic, fax or electronic communication received from a provider to inform us of your intent to render covered medical services to a member.

- Give us notification prior to rendering services outlined in this document
- For emergency or urgent services, give us notifications within 24 hours or the next business day when it results in a hospital admission
- There is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified

For code-specific requirements for all services, use our Precertification Lookup tool at providers.amerigroup.com/KS.

Requirements listed are for network providers. In many cases, out-of-network providers may be required to request precertification for services that network providers do not have to request.

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

Behavioral (Mental) Health/Substance (Substance Use Disorder [SUD]) Treatment

Members can self-refer to a network provider. Precertification is not required for basic behavioral health services provided in PCP or medical offices.

- Emergency behavioral health care services are covered 24 hours a day, seven days a week.
- Precertification is required for:
  - Inpatient psychiatric and substance abuse treatment
  - Psychiatric Residential Treatment Facility (PRTF) treatment
  - Electroconvulsive therapy (ECT)
  - Nursing facilities for mental health for eligible members under age 21 or over age 65
  - Autism and Serious Emotional Disturbance (SED) Waiver services, including expanded respite services for Autism Waiver members

These services require notification/registration for a new episode of care and will be authorized up to the predetermined service limits specified below. Additional services beyond these limits require precertification and medical necessity review.

- SUD Services (Require entry into the KCPC system):
  - Level I – 60 hours over six months
  - Level II – 45 days over 15 weeks
  - Level III.1 – 30 days/year
  - Level III.3 and III.5 – 14 days/year
  - SUD Auxiliary Services – Require notification only through KCPC
- Mental Health Services:
  - Psychological/Neuropsychological Testing – six hours/year
  - Community Psychiatric Support and Treatment (CPST) – 36 hours/144 units per year
  - Psychosocial Rehabilitation Group and Individual – 750 hours/3,000 units total/year (15 minutes/unit)
  - Targeted Case Management – 24 hours/96 units per year
  - Case Conference – eight hours/32 units/year (15 minutes/unit)
  - Crisis Intervention/Stabilization – Re-evaluation required by a QMHP every 72 hours
  - Admission Evaluation – five sessions/year

Cardiac Rehabilitation

Precertification is required for all services.

Chemotherapy

- Precertification is not required for procedures performed in the following outpatient settings:
  - Office
  - Outpatient hospital
  - Ambulatory surgery center
- Precertification is required for:
  - 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.

Dental Services

- Precertification may be required for dentists contracted with Scion Dental.
- Call Scion Dental at 1-855-812-9206.

Diagnostic Testing

Precertification is not required for routine diagnostic testing. Call AIM Specialty Health (AIM) at 1-800-714-0040 or visit aimspecialtyhealth.com/goweb for precertification of:

- CT/CTA scans
- MRI/MRA
- TEE
- SE
- Echo
- TTE
- Nuclear cardiology

Durable Medical Equipment (DME)

Precertification is not required for:

- Glucometers and nebulizers
- Dialysis and ERSD equipment
- Gradient pressure aid
- Light therapy
- Sphygmomanometers
- Walkers

Precertification is required for:

- All rental DME equipment
- Certain DME

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 each claim for:

- Hospital beds
- Support surfaces
- Motorized wheelchairs
- Manual wheelchairs
- Continuous Positive Airway Pressure (CPAP)
- Lymphedema pumps
- Osteogenesis stimulators
- Transcutaneous Electrical Nerve Stimulators (TENS)
- Seat lift mechanism
- Power-Operated Vehicles (POV)
- External infusion pump
- Parenteral nutrition
- Enteral nutrition pump
- Oxygen

We must agree on HCPCS and/or other codes for billing, and we require you to use appropriate modifiers (e.g., NU for new equipment, RR for rental equipment).

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/KAN Be Healthy Visits

- Members can self-refer; precertification is not required.
- Use the American Academy of Pediatrics Periodicity Schedule and American Academy of Pediatric Dentistry (AAPD) Recommendations for Preventive Pediatric Dental Care, and document visits.
- Vaccine serum is received under the Vaccine for Children (VFC) program for eligible KanCare members (0-18 years of age).

Emergency Room

- Precertification is not required.
- We must be notified within 24 hours or the next business day if a member is admitted into the hospital through the emergency room. If the hospital fails to notify within 24 hours or the next business day, the inpatient claim may be denied.

ENT Services (Otolaryngology)

- Precertification is not required for network providers for Evaluation and Management (E&M), testing and procedures.
- Precertification is required for tonsillectomy and/or adenoidectomy, nasal/sinus surgery, and cochlear implant surgery and services.

Family Planning/Sexually Transmitted Infections Care

- Members can self-refer to any in- or out-of-network provider for these services.
- Precertification is not required.

Gastroenterology Services

- Precertification is not required for network providers for E&M, testing and procedures.
- 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 network providers for E&M, testing and procedures.

Hearing Services

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

Home Health Care

- Precertification is required.
- Drugs and DME require separate precertification.

Hospice Care

Notification is required.

Hospital Admission

- Precertification is required for elective or nonemergent admissions and some same-day/ambulatory services, including behavioral health admissions.
- Precertification is not required for emergency services. We must be notified of emergency and obstetric admissions within 24 hours or the next business day. For hospital claims not related to deliveries, if the hospital fails to notify within 24 hours or the next business day, the inpatient claim may be denied.

Intermediate Care Facility for Mental Retardation (ICF/MR) – Private Facilities Only

Precertification is required.

Laboratory Services (Outpatient)

- All laboratory services furnished by non-network providers require precertification, except for hospital laboratory services in the event of an emergency medical condition.
- For offices with limited or no office laboratory facilities, lab tests may be referred to one of our preferred lab vendors:
  - Quest Diagnostics: 1-866-697-8378
  - LabCorp: 1-888-522-4452

Medical Supplies

Precertification is not required for disposable medical supplies.

Medical Injectables

- These drugs can be obtained through any pharmacy in our network that dispenses these medications
- For a complete list of specialty drugs, please visit our provider website
- Some medical injectables require prior authorization when covered under the medical benefit and administered in the physician's office.

Neurology

- Precertification is not required for network providers for E&M, testing and certain other procedures
- Precertification is required for neurosurgery, spinal fusion and artificial intervertebral disc surgery

Nursing Facility/Skilled Nursing Facility Services

- Precertification is not required if an item is covered under a nursing facility's content of service. Example: O2 under DME is considered part of the per diem rate to a nursing facility.
- We request network hospitals **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

- No precertification or notification is required for in-network observation
- Precertification is not required for emergency services. If observation results in admission, notification to Amerigroup is required within 24 hours or the next business day. If the hospital fails to notify within 24 hours or the next business day, the inpatient claim may be denied.

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.

You must notify:

- Amerigroup at the first prenatal visit and within 24 hours of delivery with newborn information. (Please include baby's mode of delivery, gender, weight in grams, gestational age in weeks and disposition at birth.)
- Amerigroup of the mother's pediatrician selection for continuity of care.

Ophthalmology

- Precertification is not required for network providers for E&M, testing and certain other procedures.
- Precertification is required for repair of eyelid defects.
- We do not cover services considered cosmetic.

Oral Maxillofacial

See the Plastic/Cosmetic/Reconstructive Surgery section of this QRC.

Out-of-Area/Out-of-Network Care

Precertification is required, except for emergency care, EPSDT screening, family planning and OB care.

Outpatient/Ambulatory Surgery

Precertification requirement is based on the service performed. Please use our online Precertification Lookup tool.

Pain Management/Physiatry/Physical Medicine and Rehabilitation

Precertification is required for all non-E&M-level testing and procedures.