

# Provider Newsblast



Amerigroup Community Care  
[providers.amerigroup.com/TN](http://providers.amerigroup.com/TN)

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

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## Preventing Discrimination in Health Care

As a reminder, federal laws against discrimination apply to all care providers who participate in federal and state programs. These laws that apply to organizations that receive federal funding, such as, TennCare providers and prohibit discrimination based on a person's race, color, national origin, age, disability, religion, or sex status. You can help your practice treat members fairly by providing equal access to appointment times and proper accommodations for any disabilities, and by offering language and communication assistance with interpretation or translation services.

If a member feels they've been discriminated against, they can receive help with filing a complaint by calling the customer service phone number on the back of their member ID card. Members and participants can file a discrimination complaint by mail or email with: HCFA, Office of Civil Rights Compliance, 310 Great Circle Road, Floor 4W, Nashville, TN 37243 or email [HCFA.Fairtreatment@tn.gov](mailto:HCFA.Fairtreatment@tn.gov). Complaints forms are available in the provider manuals, in member handbooks, and online at: <http://www.tn.gov/hcfa/article/civil-rights-compliance>. We notified your Amerigroup patients these services can be obtained by calling the Member Services phone number on their member ID card.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services, Office for Civil Rights at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Reimbursement Policy Provider Notification

### **Policy Reminder**

#### **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

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

Amerigroup 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.

If you need language assistance services in a language other than English, please call us at 1-800-454-3730.

*Necesita ayuda con el idioma gratuita? Llame 1-800-454-3730.*

You can also dial 711 for telecommunications relay service (TRS) assistance.

If you require materials in alternate formats, please call us at 1-800-454-3730 to make such a request (e.g., provider manual, forms and newsletters in languages other than English or Spanish, braille, large font, etc.).

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#### Medicaid and Medicare

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**\*\*The following article applies to both Medicaid and Medicare providers\*\***

**[Amerigroup Community Care cardiology, radiation oncology and sleep medicine authorizations and AIM Specialty Health® \(AIM\)](#)**

**Summary of change:** Effective December 1, 2016, AIM will be completing medical necessity reviews and prior authorization determinations for select cardiology, radiation oncology, sleep medicine and related durable medical equipment (DME). This will apply to both Medicaid and Medicare.

**What this means to you:** Below is a list of procedures related to applicable cardiology, radiation oncology, sleep medicine and related DME that will require authorization. Requests for authorizations may be obtained:

- Online: [www.providerportal.com](http://www.providerportal.com)
- By phone: 1-800-714-0040

**What cardiology codes are affected by this new prior authorization requirement?**

Providers should contact AIM to obtain an order number for the following cardiology services:

- Computed tomography (CT)/computed tomography angiography (CTA), including cardiac
- Magnetic resonance imaging (MRI)/magnetic resonance angiogram (MRA), including cardiac
- Positron emission tomography (PET) scans, including cardiac
- Nuclear cardiology
- Stress echocardiography (SE)
- Resting transthoracic echocardiography (TTE)
- Transesophageal echocardiography (TEE)
- Arterial ultrasound
- Cardiac catheterization
- Percutaneous coronary intervention (PCI)

CPT codes 93303, 93306, 93320, 93321 and 93325 are excluded and do not require prior authorization.

We understand the need for arterial duplex imaging or PCI procedures may not be identified until patients have undergone a physiologic study or cardiac catheterization.

For these cases, please contact AIM to request clinical appropriateness review no later than 10 business days after you perform these procedures and before you submit a claim. For all other cases, please contact AIM to obtain authorization before you perform the procedure.

**Learn more about submitting a cardiology request**

Find order-entry checklists, step-by-step tutorials, clinical guidelines and frequently asked questions (FAQ) at [www.aimprovider.com/cardiology](http://www.aimprovider.com/cardiology).

### **What radiation oncology procedures are affected by this new prior authorization requirement?**

Providers should contact AIM to obtain pre-service review for the following nonemergency, outpatient radiation oncology modalities:

- Brachytherapy
- Intensity-modulated radiation therapy (IMRT)
- Proton beam radiation therapy (PBRT)
- Stereotactic radiosurgery (SRS)/stereotactic body radiotherapy (SBRT)
- Three-dimensional (3-D) conformal therapy (EBRT)\* for bone metastases and breast cancer
- Hypo fractionation for bone metastases and breast cancer when requesting EBRT and IMRT
- Special procedures and consultations associated with a treatment plan (CPT codes 77370 and 77470)
- Image-guided radiation therapy (IGRT)

Radiation oncology performed as part of an inpatient admission is not part of the AIM program.

Radiation oncology providers are strongly encouraged to verify that an order number has been obtained before initiating scheduling and performing services. Review requests may also be initiated within two business days of the first treatment start date but before a claim is filed.

\*For EBRT, pre-service review is required only for procedures involving bone metastases and breast cancer. Additionally, Amerigroup is requesting that ordering providers contact AIM to review all other EBRT requests on a voluntary basis. Clinical review will be performed to confirm appropriateness and to ensure the ordering physician is aware of alternative treatments where applicable. Once clinical review is completed, an order number will be issued. Claims will not be denied as a result of this voluntary process.

### **Learn more about submitting a radiation oncology request**

Find order-entry checklists, step-by-step tutorials, clinical guidelines and FAQ at [www.aimprovider.com/radoncology](http://www.aimprovider.com/radoncology).

### **What sleep medicine procedures/items are affected by this new prior authorization requirement?**

Providers should contact AIM to obtain an order number before scheduling or performing any elective outpatient home-based (unattended) diagnostic study or a facility-based diagnostic or titration study (free-standing or hospital), as well as for sleep treatment equipment and related supplies. The following services are included in the program:

- Home sleep test (HST)
- In-lab sleep study (polysomnogram [PSG], multiple sleep latency test [MSLT], maintenance of wakefulness test [MWT])
- Titration study
- Initial treatment order (auto positive airway pressure [APAP], continuous positive airway pressure [CPAP], bilevel positive airway pressure [BPAP])
- Ongoing treatment order (APAP, CPAP, BPAP)
- Oral appliances

Services performed in conjunction with emergency room services, inpatient hospitalization or urgent-care facilities are excluded. Both ordering physicians (those referring the member for sleep testing) and servicing providers (those free-standing or hospital labs that perform sleep testing) may submit requests.

This program pertains to both new and existing sleep therapy patients.

**Learn more about submitting a sleep medicine request**

Find order-entry checklists, step-by-step tutorials, clinical guidelines and FAQ at [www.aimspecialtyhealth.com/gowebssleep](http://www.aimspecialtyhealth.com/gowebssleep).

**AIM ProviderPortal<sup>sm</sup>: the fastest, easiest way to contact AIM**

An online application, ProviderPortal offers a convenient way to enter your order requests or check on the status of your previous orders.

Go to [www.providerportal.com](http://www.providerportal.com) to begin (registration required). For questions regarding your online order, please contact the AIM ProviderPortal Support team at 1-800-252-2021.

**What if I need assistance?**

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative.