

Provider News Bulletin



An Anthem Company

Amerigroup Washington, Inc.

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

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

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The *Provider News Bulletin* is now available bimonthly



Effective with this publication, your *Provider News Bulletin* from Amerigroup Washington, Inc. will now be published on a bimonthly basis. The newsletter is an excellent source of important and necessary information about how to do business with us.

Below is the new bimonthly *Provider News Bulletin* schedule for 2018. All publications will be posted on our provider website (<https://providers.amerigroup.com/WA> > Provider Resources & Documents > Newsletters — Current)

by the first of the month. We will continue to notify you via fax when the newsletter is available.

- February 1, 2018
- June 1, 2018
- October 1, 2018
- April 1, 2018
- August 1, 2018
- December 1, 2018

For any questions about this change, please contact your local Provider Relations representative or Provider Services at 1-800-454-3730.

WA-NL-0138-17; SSO-NL-0025-17_NJ_NM_TN_TX_WA

Amerigroup Washington, Inc. to conduct postservice reviews of certain modifiers and services

Beginning in the fourth quarter of 2017, Amerigroup will conduct postservice reviews of professional claims billed with the following modifiers: 25, 62, 80, 81, 82, AS and 91. Additionally, Amerigroup will conduct postservice reviews of Evaluation and Management services billed during a global surgery period.

What is the impact of this change?

As part of the review, Amerigroup may contact providers to request additional documentation related to the services. If billing discrepancies are identified, Amerigroup will provide a written report of the findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

What if I need assistance?

For more information about postservice reviews, contact Provider Services at 1-800-454-3730.

WA-NL-0134-17

Amerigroup Washington, Inc. moving to a state Preferred Drug List



Effective January 1, 2018, Amerigroup will follow the Health Care Authority's *Preferred Drug List (PDL)* for all Washington Apple Health members. By establishing a *PDL* for managed care plans, the Health Care Authority can achieve cost savings while ensuring members have access to high-quality effective drugs. The *PDL* will initially include 13 drug classes and will continue to develop through consultation with Amerigroup, the other managed care organizations serving Washington Apple Health members, and the state Pharmacy and Therapeutics Committee/Drug Utilization Review Board.

The 13 drug classes are posted to Health Care Authority's website. Amerigroup will continue to use our *PDL* for drugs that are not included in the *Washington Apple Health PDL* on January 1, 2018.

The 13 drug classes will be incorporated into our *PDL*. Providers can continue to use our *PDL* when submitting prior authorization (PA) requests. No changes are being made to the current PA process. PA requests will continue to be accepted by phone at 1-800-454-3730, by fax at 1-800-359-5781 or online. The *PDL* is available on our website at <https://providers.amerigroup.com/WA>.

Amerigroup will notify members whose drugs change. Communication with pharmacies will also occur. Some drugs will be grandfathered in, so members will not have to change the drug right away.

What if I need assistance?

If you have any questions or need any further information, contact Provider Services at 1-800-454-3730 or your local Provider Relations representative.

WA-NL-0142-17

Primary care and behavioral health providers: working together to treat the whole person

Why PCPs and behavioral health (BH) providers should work together:

- **Physical health and BH go hand in hand.** Comorbid conditions can complicate treatment of and recovery from both physical and BH issues. A member is more likely to stick to a medical treatment plan if his or her BH needs are properly met and vice versa.
- **Collaboration leads to well-informed treatment decisions.** Providers work together to develop compatible courses of treatment, increasing the chances for positive health outcomes and avoiding adverse interaction.
- **Sharing relevant case information in a timely, useful and confidential manner is an Amerigroup Washington, Inc. requirement.** We abide by standards set by the National Committee for Quality Assurance (NCQA) requiring health plans to ensure coordination of care between PCPs and BH providers.



When PCPs and BH providers should exchange health information:

- When a member first accesses a physical health or BH service
- When a change in the member's health or treatment plan requires a change to the other provider's treatment plan (e.g., when a member who has been taking lithium becomes pregnant)
- When a member discontinues care
- When a member is admitted to or discharged from the hospital
- When a member is admitted and a consultation is warranted
- Once a quarter if not otherwise required
- When a member has a physical exam and/or laboratory or radiological tests

In the 2016 survey of Amerigroup participating providers, 48.7 percent of PCPs said they (always or usually) get verbal/written communication from other providers. Only 44.2 percent of BH specialists said they (always or usually) get verbal/written communication from other providers.

WA-NL-0149-17



Effective January 1, 2018: new pharmacy prior authorization fax number

Amerigroup Washington, Inc. is streamlining the Pharmacy intake and prior authorization (PA) process for Washington Apple Health members. Effective January 1, 2018, please use the fax numbers below when submitting PA requests:

PA for prescription drugs:
1-844-493-9207

PA for medical injectables:
1-844-493-9209

To ensure a seamless transition, please update your records immediately and discontinue the use of all previous pharmacy PA fax numbers.

For more information, call Provider Services at 1-800-454-3730.

WAPEC-1192-17

Quarterly pharmacy formulary change notice

Effective January 1, 2018, the changes outlined below apply to all Amerigroup Washington, Inc. patients. These formulary changes are occurring due to the state mandated Washington Apple Health *Preferred Drug List (PDL)*.

Effective for all patients on January 1, 2018			
Therapeutic class	Drug	Revised status	Potential alternatives
ANAPHYLAXIS THERAPY AGENTS: VASOPRESSORS	EPINEPHRINE 0.3 MG AUTO-INJECT EPINEPHRINE 0.15 MG AUTO-INJECT	NON-PREFERRED	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML
ANTICOAGULANTS: THROMBIN INHIBITORS - HIRUDIN TYPE	PRADAXA 110 MG CAPSULE PRADAXA 150 MG CAPSULE PRADAXA 75 MG CAPSULE	PREFERRED	N/A
ANTIDIABETICS: INSULIN	HUMALOG 100 UNITS/ML VIAL HUMALOG 100 UNITS/ML CARTRIDGE HUMALOG JR 100 UNIT/ML KWIKPEN HUMALOG 200 UNITS/ML KWIKPEN HUMALOG 100 UNITS/ML KWIKPEN LANTUS 100 UNIT/ML VIAL LANTUS SOLOSTAR 100 UNIT/ML LEVEMIR 100 UNITS/ML VIAL LEVEMIR FLEXTOUCH 100 UNITS/ML NOVOLOG 100 UNIT/ML VIAL NOVOLOG 100 UNITS/ML FLEXPEN NOVOLOG 100 UNIT/ML CARTRIDGE	PREFERRED	N/A
	APIDRA 100 UNITS/ML VIAL APIDRA SOLOSTAR 100 UNITS/ML BASAGLAR 100 UNIT/ML KWIKPEN NOVOLIN R 100 UNITS/ML NOVOLIN N 100 UNITS/ML NOVOLIN 70/30 100 UNITS/ML	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED FOR 3 MONTHS)	HUMALOG HUMALOG MIX HUMULIN R HUMULIN N NOVOLOG NOVOLOG MIX LANTUS LEVEMIR
ASTHMA AND COPD AGENTS: BETA ADRENERGICS - SHORT ACTING	METAPROTERENOL 10 MG/5 ML SYR TERBUTALINE SULFATE 2.5 MG TAB TERBUTALINE SULFATE 5 MG TAB	NON-PREFERRED	ALBUTEROL SULFATE SYRUP ALBUTEROL SULFATE TABS ALBUTEROL SULFATE ER TABS
ASTHMA AND COPD AGENTS: BETA ADRENERGICS - SHORT ACTING	VENTOLIN HFA 90 MCG INHALER	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED FOR 3 MONTHS)	PROAIR HFA PROVENTIL HFA
	PROAIR HFA 90 MCG INHALER PROVENTIL HFA 90 MCG INHALER	PREFERRED	N/A
ASTHMA AND COPD AGENTS: INHALED STEROID	FLOVENT 50 MCG DISKUS FLOVENT 250 MCG DISKUS FLOVENT 100 MCG DISKUS FLOVENT HFA 44 MCG INHALER FLOVENT HFA 110 MCG INHALER FLOVENT HFA 220 MCG INHALER	PREFERRED	N/A

Quarterly pharmacy formulary change notice (cont.)

Therapeutic class	Drug	Revised status	Potential alternatives
ASTHMA AND COPD AGENTS: INHALED STEROID	AEROSPAN 80 MCG INHALER ARNUITY ELLIPTA 100 MCG INH ARNUITY ELLIPTA 200 MCG INH	NON-PREFERRED (CURRENT UTILIZERS OF ARNUITY ELLIPTA WILL BE GRANDFATHERED FOR 6 MONTHS)	FLOVENT FLOVENT HFA BUDESONIDE RESPULES
ASTHMA AND COPD AGENTS: INHALED STEROID - LABA COMBINATIONS	ADVAIR 100-50 DISKUS ADVAIR 250-50 DISKUS ADVAIR 500-50 DISKUS ADVAIR HFA 45-21 MCG INHALER ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER FLUTICASONE-SALMETEROL 55-14 FLUTICASONE-SALMETEROL 113-14 FLUTICASONE-SALMETEROL 232-14 SYMBICORT 160-4.5 MCG INHALER SYMBICORT 80-4.5 MCG INHALER	PREFERRED	N/A
	BREO ELLIPTA 100-25 MCG INH BREO ELLIPTA 200-25 MCG INH	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED FOR 6 MONTHS)	ADVAIR HFA DULERA FLUTICASONE/SALMETEROL SYMBICORT
ASTHMA AND COPD AGENTS: LAMA - LABA COMBINATIONS	ANORO ELLIPTA 62.5-25 MCG INH	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED FOR 6 MONTHS)	COMBIVENT RESPIMAT STIOLTO RESPIMAT
	STIOLTO RESPIMAT INHAL SPRAY	PREFERRED	N/A
ASTHMA AND COPD AGENTS: LONG ACTING MUSCARINIC AGENTS (LAMA)	SPIRIVA 18 MCG CP-HANDIHALER	PREFERRED	N/A
	SPIRIVA RESPIMAT 2.5 MCG INH SPIRIVA RESPIMAT 1.25 MCG INH	NON-PREFERRED	SPIRIVA HANDIHALER
ASTHMA AND COPD AGENTS: SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	DALIRESP 500 MCG TABLET	PREFERRED	N/A
ASTHMA AND COPD AGENTS: ANTI-INFLAMMATORY AGENTS	CROMOLYN 20 MG/2 ML NEB SOLN	NON-PREFERRED	N/A
ANTIEMETICS: 5-HT3 RECEPTOR ANTAGONISTS	GRANISETRON HCL 1 MG TABLET GRANISETRON HCL 4 MG/4 ML VIAL GRANISETRON HCL 1 MG/ML VIAL GRANISETRON HCL 0.1 MG/ML VIAL ONDANSETRON 4 MG/5 ML SOLUTION ONDANSETRON 40 MG/20 ML VIAL ONDANSETRON HCL 4 MG/2 ML VIAL ONDANSETRON HCL 4 MG TABLET ONDANSETRON HCL 8 MG TABLET ONDANSETRON 4 MG/2 ML ISECURE ONDANSETRON HCL 24 MG TABLET ONDANSETRON HCL 4 MG/2 ML SYR	PREFERRED	N/A

Quarterly pharmacy formulary change notice (cont.)

Therapeutic class	Drug	Revised status	Potential alternatives
ANTIRETROVIRALS: ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES	ZIAGEN SOLN 20 MG/ML	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED LIFETIME)	ABACAVIR VIDEX DIDANOSINE
DIGESTIVE ENZYMES: PANCREATIC ENZYMES	ZENPEP DR 5;000 UNITS CAPSULE ZENPEP DR 15;000 UNITS CAPSULE ZENPEP DR 20;000 UNITS CAPSULE ZENPEP DR 3;000 UNITS CAPSULE ZENPEP DR 25;000 UNITS CAPSULE ZENPEP DR 10;000 UNITS CAPSULE ZENPEP DR 40;000 UNITS CAPSULE	PREFERRED	N/A
ENDOCRINE AND METABOLIC AGENTS - MISC.: GROWTH HORMONES	GENOTROPIN 5 MG CARTRIDGE GENOTROPIN 12 MG CARTRIDGE GENOTROPIN MINIQUICK 0.2 MG GENOTROPIN MINIQUICK 0.4 MG GENOTROPIN MINIQUICK 0.6 MG GENOTROPIN MINIQUICK 0.8 MG GENOTROPIN MINIQUICK 1 MG GENOTROPIN MINIQUICK 1.2 MG GENOTROPIN MINIQUICK 1.4 MG GENOTROPIN MINIQUICK 1.6 MG GENOTROPIN MINIQUICK 1.8 MG GENOTROPIN MINIQUICK 2 MG NORDITROPIN FLEXPPO 30 MG/3 ML NORDITROPIN FLEXPPO 5 MG/1.5 NORDITROPIN FLEXPPO 10 MG/1.5 NORDITROPIN FLEXPPO 15 MG/1.5	PREFERRED WITH PA REQUIRED	N/A
	ZOMACTON 5 MG VIAL ZOMACTON 10 MG VIAL	NON-PREFERRED	GENOTROPIN NORDITROPIN (PA REQUIRED)
MULTIPLE SCLEROSIS AGENTS: MULTIPLE SCLEROSIS AGENTS	COPAXONE 20 MG/ML SYRINGE COPAXONE 40 MG/ML SYRINGE	PREFERRED	N/A
MULTIPLE SCLEROSIS AGENTS: MULTIPLE SCLEROSIS AGENTS - INTERFERONS	GLATOPA 20 MG/ML SYRINGE (CURRENT UTILIZERS WILL BE GRANDFATHERED LIFETIME)	NON-PREFERRED	AVONEX COPAXONE GILENYA REBIF REBIF REBIDOSE BETASERON TECFIDERA
	EXTAVIA 0.3 MG KIT EXTAVIA 0.3 MG VIAL	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED LIFETIME)	
OPIOID ANALGESICS: OPIOID PARTIAL AGONISTS	BUPRENORPHINE 5 MCG/HR PATCH BUPRENORPHINE 10 MCG/HR PATCH BUPRENORPHINE 15 MCG/HR PATCH BUPRENORPHINE 20 MCG/HR PATCH BUPRENORPHINE 7.5 MCG/HR PATCH	PREFERRED	N/A

Quarterly pharmacy formulary change notice (cont.)

Therapeutic class	Drug	Revised status	Potential alternatives
SUBSTANCE USE DISORDER: OPIOID PARTIAL AGONISTS	SUBOXONE 2 MG-0.5 MG SL FILM SUBOXONE 4 MG-1 MG SL FILM SUBOXONE 8 MG-2 MG SL FILM SUBOXONE 12 MG-3 MG SL FILM	PREFERRED	N/A
	BUPRENORPHINE 2 MG TABLET SL BUPRENORPHINE 8 MG TABLET SL	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED LIFETIME)	SUBOXONE SL FILM BUPRENORPHINE-NALOXONE SL TAB

What action do I need to take?

Please review these changes and work with your Amerigroup patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you may need to obtain prior authorization (PA) to continue coverage beyond the applicable effective date. Some medications will be grandfathered.

What if I need assistance?

We recognize the unique aspects of patients' cases. If for medical reasons your Amerigroup patient cannot be converted to a formulary alternative, call our Pharmacy department at 1-800-454-3730 and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://providers.amerigroup.com>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

WAPEC-1268-17

Facility global surgical package billing policy updated effective January 1, 2018

Amerigroup Washington, Inc. Global Surgical Package reimbursement policy has been updated effective January 1, 2018 to include facility services. Unless the facility's contract indicates otherwise, Amerigroup will not separately reimburse a facility for typical postoperative care rendered during the global surgical period. Amerigroup will begin enforcing this policy January 1, 2018 for individual and group-sponsored Medicare Advantage claims.

Please refer to the Medicare Advantage Global Surgical Package reimbursement policy.

SSO-NL-0033-17



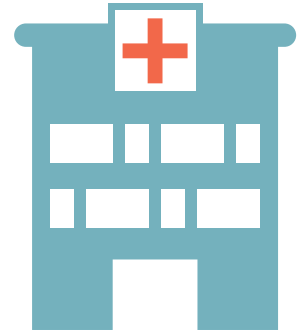
Include NPI on surgical procedure UB04 bills

In October 2017, Amerigroup Washington, Inc. will edit for operating provider NPI when a surgical procedure code is billed for members having an individual Medicare Advantage or MMP plan. A surgical procedure code is a code within the range of 10021-69990 but excluding 10035, 10036, 15780-15783, 15786-15789, 15792, 15793, 20527, 20550-20553, 20555, 20612, 20615, 29581-29584, 36406, 36410, 36415, 36416, 44705, 47531, 47532, 50430, 50431, 59425, 59426, 59430, 62302-62305, 62320-62327, 62367-62370, 69209, 69210. When a surgical procedure code is billed, the operating provider's NPI must be billed in box 77 on the facility *UB04 CMS 1450 Claim Form* for outpatient services. If a surgical procedure code is billed without an operating provider NPI, the claim will be denied for missing NPI.

SSO-NL-0030-17

Critical access hospitals (CAH) reimbursed at Medicare rate

Effective May 26, 2017, Amerigroup Washington, Inc. began using a rate database, sourced from CMS-published Medicare hospital cost reports, of CAH inpatient, swing bed and outpatient rates to price claims from



non-contracted CAHs for individual Medicare Advantage and MMP members. Consequently, Amerigroup usually will not need a Medicare Administrative Contractor (MAC) rate letter to process claims from non-contracted CAHs for individual Medicare Advantage and MMP members. However, Amerigroup will require a MAC rate letter in the situations noted below. We look forward to handling your claims in a more timely manner with this process change.

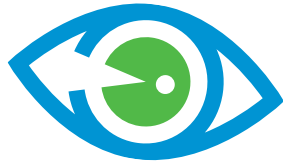
Amerigroup still will require a MAC rate letter or additional information from CAHs in the following situations.

- Non-contracted CAHs must submit a MAC rate letter for claims for Medicare Advantage group-sponsored members.
- Contracted CAHs compensated using Medicare rates must continue to submit MAC rate letters to their Amerigroup network managers as required by contract.
- All CAHs should update Amerigroup regarding a change in status in Method (from I to II or II to I). Note that Method II reimbursement applies to contracted CAHs only if specified in contract.

SSO-NL-0032-17

Liability assignment for eye refraction and self-administered drugs

Amerigroup Washington, Inc. would like to clarify liability assignment related to Statutorily Non-Covered Services of Eye Refraction (procedure code 92015) and Self-Administered Drug (procedure code A9270) when the service is denied on Medicare Advantage individual and group-sponsored claims.



For the liability assessment to be assigned appropriately, we require that the G modifier(s) be submitted on the claim form and the Notice of Denial of Medical Coverage letter be obtained prior to the service rendered.

When the Notice of Denial of Medical Coverage letter is obtained, please submit both the GX and GY modifier on the claim.

This billing process is different from traditional Medicare, which only requires a GY modifier be appended to the procedure code.

The Centers for Medicare & Medicaid Services considers providers contracted with Amerigroup for Medicare Advantage as plan “agents;” therefore, related CMS regulations must be followed. Due to this, a GY modifier only submitted on the claim form will not ensure the correct liability assignment for the denied service.

SSO-NL-0031-17

Complete *OptiNet*® assessments for out-of-state office locations; drop-down menu changed

Contracted providers with Amerigroup Washington, Inc. who render services to Medicare Advantage members in other state counties that are contiguous to their home state should complete the *OptiNet* registration. The *OptiNet* program has expanded to include these providers who render services in other state counties contiguous to their home state; these providers should register by January 1, 2018.

All participating providers who provide imaging services, including X-rays and ultrasounds as noted above, must complete the registration. Providers who do not register, who score less than 76 or who do not complete the survey will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only.

The provider registration is available online at www.providerportal.com. Please note that the drop-down menu selection for participating Medicare Advantage providers has changed. Select Medicare Advantage/Medicaid from the drop-down menu. This drop-down is changing from Amerigroup MA.

If you have questions or need help completing the registration, please call AIM Customer Service at 1-800-252-2021 Monday-Friday 8 a.m. to 7 p.m. ET or send an email to Assessment@AIMSpecialtyHealth.com.

If you have already completed an *OptiNet* assessment, please ensure that you keep your registration up to date. Expiring data could lead to a negative impact in your modality scores.

SSO-NL-0027-17

Help ensure Medicare Part D members receive a comprehensive medication review

The Centers for Medicare & Medicaid Services require that plans with Medicare Part D benefits offer a Comprehensive Medication Review (CMR) as part of the Medication Therapy Management (MTM) program. A CMR is offered to members who have three or more chronic diseases and who are receiving eight or more maintenance medications.

Amerigroup Washington, Inc. employs SinfoniaRx to contact our qualifying individual and group-sponsored Medicare Part D members to complete the interactive consultation. The CMR consists of a consultation followed by a written medication summary to help educate and support provider recommendations for medication adherence. Please ask these members if they have received a letter or postcard inviting them to participate in a CMR.

SSO-NL-0028-17



Improve Medicare Advantage members' medication adherence with 90-day prescriptions

To help improve medication adherence among Medicare Advantage members, Amerigroup Washington, Inc. will fax providers prescribing a 30-day supply of oral diabetic medications, RAS antagonists and statins to promote the use of 90-day prescriptions. Ninety-day prescriptions help improve the adherence of our Medicare Advantage members by having

them travel to their pharmacy less often. When medically appropriate, we request that you convert the member's prescription to a 90-day supply to improve patient adherence and outcomes without compromising the quality of care. Please note that we do not intend to transfer these prescriptions to a mail-order or specialty pharmacy. The member will obtain the 90-day supply medication at the same pharmacy where he or she previously obtained the 30-day supply prescription.

SSO-NL-0026-17

Amerigroup Washington, Inc. to conduct postservice reviews of certain modifiers and services



Beginning in the fourth quarter of 2017, Amerigroup will conduct postservice reviews of professional claims billed with the following modifiers: 25, 62, 80, 81, 82, AS and 91. Additionally, Amerigroup will conduct postservice reviews of Evaluation and Management services billed during a global surgery period.

What is the impact of this change?

As part of the review, Amerigroup may contact providers to request additional documentation related to the services. If billing discrepancies are identified, Amerigroup will provide a written report of the findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

What if I need assistance?

For more information about postservice reviews, contact Provider Services at 1-866-805-4589.

SSO-NL-0024-17_NJ-NM-TN-TX-WA

Reimbursement Policy

Policy Update

Portable/Mobile/Handheld Radiology Services

(Policy 06-160, effective 03/15/18)

Amerigroup Washington, Inc. allows reimbursement for portable/mobile radiology services when furnished in a residence used as the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for reasons of convenience. Amerigroup allows preventive screenings performed by portable/mobile radiology studies for routine purposes. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.



Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

Transportation and Setup

Amerigroup allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken.

Handheld Radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, refer to the Portable/Mobile/Handheld Radiology Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

SSO-NL-0018-17_WA