



Provider quick reference

Precertification/notification requirements
Important phone numbers ■ Revenue codes

Washington

Apple Health

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



Easy access to **precertification/notification requirements** and other important information

For more information about requirements, benefits and services, visit our provider website to get the most recent, full version of our provider manual. If you have questions about this document or recommendations to improve it, call your local Provider Relations representative. We want to hear from you and improve our service so you can focus on serving your patients!

Precertification/notification instructions and definitions

Request inpatient and outpatient precertifications and inpatient admission notifications:
Phone: 1-800-454-3730; Fax: 1-800-964-3627

Outpatient rehabilitation services (physical/occupational/speech therapy), bariatrics, podiatry and orthotics/prosthetics: Phone: 1-855-323-4688; Fax: 1-855-231-3627

Home health, home infusion and durable medical equipment: Phone: 1-855-323-4688; Fax: 1-844-528-3681

Behavioral health requests: Fax: 1-800-505-1193

For members assigned to Highline Medical Services Organization (HMSO): Phone: 206-878-1985, option 3; Fax: 206-878-1857

Hospital admissions

- Notification of census by fax: 1-855-323-4689
- Individual notification of admission by phone: 1-800-454-3730
- Individual notification of admission by fax: 1-800-964-3627
- Admission and continued stay clinical fax: 1-855-225-9940
- Discharge notification fax: 1-855-225-9940

- For members assigned to HMSO:
 - By phone: 206-878-1985, option 4
 - By fax: 206-878-1539

Precertification: The act of authorizing specific services or activities before they are rendered or occur

Notification: Telephonic, fax or electronic communication from a provider to inform Amerigroup Washington, Inc. of the intent to render covered medical services to a member

- Notify us prior to rendering services requiring precertification, as outlined in this document.
- For emergency or urgent services, notify us within 24 hours or by the next business day if it results in an admission.
- Referring providers, PCPs or specialists, or those rendering the service may make the notification.

Primary care providers: Though we encourage members to see their assigned PCP, PCPs do not need to be the member's assigned PCP to be paid for rendering primary care services.

For code-specific requirements for all services, visit <https://providers.amerigroup.com/WA> and select *Precertification Lookup* from our *Quick Tools* menu.

Network providers: Requirements are listed below.

Out-of-network providers: Generally required to request precertification for all services

Acupuncture

Amerigroup pays for three visits per member, per calendar year. Use the following CPT codes: 97810, 97811, 97813 and 97814. This is a value-added benefit paid only to participating providers. Requests for more than three visits may not be appealed and may not be considered under the Limitation Extension process.

Cardiac rehabilitation

Precertification is required for all services.

Chemotherapy

Precertification is not required for procedures related to chemotherapy performed in the following outpatient settings:

- Offices
- Outpatient hospitals
- Ambulatory surgery centers

Many chemotherapy agents do require authorization. Check our online reference to determine. Precertification is required for inpatient chemotherapy as part of inpatient admissions.

Limitations and exclusions apply for experimental and investigational treatments.

Circumcision

Precertification is not required for CPT codes 54150, 54160 and 54161. Amerigroup pays providers up to \$150 for this service.

Dermatology

Precertification is not required for evaluation and management (E&M), testing, or certain procedures.

Cosmetic services or services related to previous cosmetic procedures are not covered.

Diagnostic testing

Precertification is not required for routine diagnostic testing.

Call AIM Specialty Services at 1-800-714-0040 for precertification of computerized axial tomography (CAT), computerized tomography (CT), magnetic resonance angiogram (MRA), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans; nuclear cardiology; and video electroencephalograms (EEGs).

Durable medical equipment (DME)

Providers may use the Amerigroup *Precertification Request* form. Attach a complete prescription for the services and any clinical support documentation.

Amerigroup must agree on the HCPCS values and/or other codes for billing.

Ear, nose and throat services (otolaryngology)

Precertification is not required for E&M, testing, and certain procedures.

Precertification is required for:

- Tonsillectomies.
- Nasal/sinus surgeries.
- Cochlear implant surgeries and services.

Early and periodic screening, diagnosis and treatment (EPSDT) visits

Precertification is not required.

Vaccine serum must be received under the Vaccines for Children program.

Members may self-refer for services.

Use the EPSDT schedule and document all screenings and visits.

Note: Amerigroup encourages annual EPSDT visits for members ages birth-20 years per the nationally recognized pediatric periodicity schedule. Amerigroup will pay for both a sick visit and an EPSDT visit performed on the same day. To receive payment, be sure to include modifier 25 on claims.

Educational consultation

Precertification is not required.

Emergency room (ER)

Precertification is not required.

For inpatient services to be covered beyond ER, notification is required within 24 hours or by the next business day when a member is admitted to the hospital through the ER.

Family planning/sexually transmitted disease (STD) care

Precertification is not required.

Providers should encourage members to obtain family planning services from network providers to ensure continuity of services.

Members may self-refer to any network or out-of-network provider.

Flu shots

Child and adult members may receive the flu immunization in a provider office. Children and adults with Amerigroup pharmacy benefits may get a free flu immunization at participating pharmacies.

Gastroenterology services

Precertification is not required for E&M, testing, and certain procedures.

Precertification is required for:

- Bariatric surgeries.
- Insertion, removal and/or replacement of adjustable gastric restrictive devices and subcutaneous port components.
- Upper endoscopy.

Gynecology

Precertification is not required for E&M, testing, and certain procedures.

Habilitative services

Services are limited to members in the Medicaid Expansion population who are eligible for the Alternative Benefit Plan (ABP) and are subject to limitation extensions in accordance with medical necessity.

Precertification is required for adults only. Covered services include the following:

Children: unlimited benefit

Adults:

- 24, 15-minute units of physical therapy visits
- 24, 15-minute units of occupational therapy visits
- Six, 60-minute speech therapy visits

We approve up to one evaluation and six visits for adults when authorization is requested without clinical evaluation. With evaluation, an additional six visits may be approved. Up to six visits of speech therapy may be approved with or without evaluation.

Hearing aids and cochlear implants

Prior authorization is required. The covered benefit is as follows:

Children (age 20 and under):

- Hearing aids
 - Monaural and binaural hearing aids, including fitting, follow-up care, batteries and repair
 - There is not a limit on the number of batteries or repairs.
- Cochlear implants
 - Bilateral cochlear implants, including implants, parts, accessories, batteries, chargers and repairs
 - Bone-anchored hearing aids (BAHA), including BAHA devices (both surgically implanted and soft band headbands), replacement parts and batteries
 - There is not a limit on the number of batteries or repairs.

Adults:

- Hearing aids, implants and related services are not covered by Amerigroup.

Hearing screening

Precertification is required for digital hearing aids.

Precertification is not required for:

- Diagnostic and screening tests.
- Hearing aid evaluations.
- Counseling services.

Home health care

Precertification is required.

Drugs and DME require separate precertification.

Covered services include:

- Skilled nursing.
- Home health aides.
- Physical, occupational and speech therapy services.
- Physician-ordered supplies.

Hospital admissions

Precertification is required for:

- Elective admissions.
- Some same-day/ambulatory surgeries.

Hospitals must notify Amerigroup within 24 hours or by the next business day of all member admissions, including those through the ER. Notification by faxing daily census is acceptable. See <https://providers.amerigroup.com/WA> for required data elements. Actual emergency services will not be denied solely for the lack of notification.

Pre-admission testing must be performed by Amerigroup-preferred lab vendors or network facility outpatient departments. See our online provider directory for a complete list of locations.

Amerigroup does not cover:

- Rest cures.
- Personal comfort and convenience items.

Services and supplies not directly related to patient care (e.g., telephone charges, take-home supplies, etc.)

Laboratory services (outpatient)

All laboratory tests must be submitted to LabCorp, PACLAB, PAML, Quest Diagnostics or TriCities Laboratory, the preferred lab vendors for our members, or to other network laboratories.

Precertification is required for genetic testing and all laboratory services furnished by non-network providers, except hospital laboratory services occurring in events of emergency medical conditions.

For more information or to receive a specimen drop box, testing solutions and services, or set up an account, contact one of the following:

- LabCorp: 1-800-345-4363
- PACLAB/PAML/TriCities Lab: 1-800-541-7891
- Quest Diagnostics: 1-866-MY-QUEST (1-866-697-8378)

Medical supplies

Precertification is required for disposable medical supplies.

Medical injectables

The following are examples of drugs that require precertification. This is not a complete list, but it represents the most commonly prescribed injectables: Synagis; erythropoiesis-stimulating agents (ESA) such as Epogen, Procrit and Aranesp; Makena; colony-stimulating factors (CSF) such as Neupogen and Neulasta; intravenous formulations (IVIG); growth

hormones; interferons; biologic response modifiers such as Remicade; hyaluronic acid derivatives such as Synvisc and Orthovisc; and oncology agents such as Erbitux, Avastin, Rituxan and Herceptin. For a complete list, visit our provider website.

Mental health

Precertification is not required for basic behavioral health (BH) services. Call Provider Services at 1-800-454-3730 and say "Mental Health" at the first voice prompt for clinical assistance if mental health and/or developmental needs are suspected or identified.

Precertification is required for psychological and neuropsychological testing.

Neurology

Precertification is not required for E&M, testing, and certain procedures including electromyography testing.

Precertification is required for:

- Neurosurgery.
- Spinal fusion.
- Artificial intervertebral disc surgery.

Observation

Precertification is not required for in-network observation. If an observation results in admission, hospitals must notify Amerigroup within 24 hours or one business day of conversion to inpatient.

Obstetrical (OB) care

Precertification is not required for:

- OB services.
- Certain diagnostic tests and lab services by participating providers.
- Labor and deliveries for newborns.
- Ultrasounds — Two routine (CPTs 76801, 76805) ultrasounds are allowed per pregnancy without authorization. Diagnosis codes on claims must reflect medical necessity for all additional nonroutine ultrasound services. See <https://providers.amerigroup.com/WA> for codes deemed medically necessary.

OB practitioners must notify Amerigroup after the **first** prenatal visit.

Hospitals and midwives must notify Amerigroup within 24 hours of delivery with newborn information (include baby's weight, gestational age and disposition at birth).

We request notification but will not deny claims payment based solely on lack of notification for OB care (at first visit) and OB admissions exceeding 48 hours after vaginal delivery and 96 hours after cesarean section delivery. Review of newborn stay beyond mom's inpatient stay does require notification and admission/concurrent reviews to ensure payment.

Services for early, elective inductions (before 39 weeks) that do not meet medically necessary indicators will not be paid.

OB case management programs are available. Refer members by calling Care Management Services.

Ophthalmology

Precertification is not required for E&M, testing, and certain procedures.

Precertification is required for repair of eyelid defects.

Amerigroup does not cover services considered to be cosmetic in nature.

For all eye care services, call eyeQuest at 1-855-230-4656 or go to www.eye-quest.com. Providers must be contracted directly with eyeQuest to render services.

Oral maxillofacial

See plastic/cosmetic/reconstructive surgery.

Out-of-area/out-of-network care

Precertification is required except for out-of-area emergency care and out-of-network: 1) EPSDT screenings; 2) family planning; STD screenings and treatment at local health departments and family planning agencies; 3) immunizations, HIV screenings, tuberculosis screenings and follow-up by local health departments; 4) immunizations, STD screenings, family planning, and mental health services through school-based health centers; and 5) tribal-provided health care services for tribal members.

Outpatient/ambulatory surgery

Precertification requirements are based on the procedures performed.

Pain management/physiatry/physical medicine and rehabilitation

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

Pharmacy

To check member eligibility or for precertification of nonpreferred and other drugs requiring precertification, call Amerigroup Provider Services at 1-800-454-3730.

The Amerigroup formulary and *Preferred Drug List (PDL)* are available on our provider website. The Amerigroup formulary for antipsychotic medications is identical to the Washington Health Care Authority (HCA) *PDL*.

Pharmacy providers can call the Express Scripts help desk at 1-844-367-6113 for assistance.

To assist prescribers in meeting the needs of children with a mental health diagnosis, HCA provides access to consultation with a child psychiatrist through the Partnership Access Line (PAL) at 1-866-599-7257.

Most biotechnology injectable drugs require precertification when administered in outpatient settings (e.g., Epogen, Procrit, Aranesp, Neupogen, Neulasta, Leukine, IVIG, Enbrel, Remicade, Kineret, Synvisc, Hyalgan, Erbitux, Avastin, Rituxan, Tasigna, growth hormones, Herceptin, Makena and Orthovisc).

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

Precertification is not required for E&M services and consultations.

Precertification is required for:

- All other services.
- Trauma to the teeth.
- Oral maxillofacial medical and surgical conditions.
- Temporomandibular joint and muscle disorders (TMJ).

We do not cover services:

- Considered to be cosmetic in nature.
- Related to previous cosmetic procedures.

Reduction mammoplasty requires Amerigroup medical director review.

Radiology

See diagnostic testing.

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

Children (ages 0-20 years): No authorizations are required.

Adults: Precertification is not required for evaluations, but initial treatment and subsequent treatments require precertification.

Therapies for rehabilitative care are covered as medically necessary.

We approve up to one evaluation and six occupational/physical/respiratory therapy visits when authorization is requested without clinical evaluation. With evaluation, an additional six visits may be approved for adults. Up to six visits of speech therapy may be approved with or without evaluation.

Skilled nursing facility

Precertification is required.

Sleep studies

Precertification is required. NovaSom is the preferred provider for at-home sleep studies.

Studies are allowed at HCA Centers of Excellence and member homes.

Smoking cessation

All members ages 18 years and older may enroll in Quit for Life, the state's tobacco cessation program. Members enroll by phone at 1-866-QUIT-4-LIFE (1-866-784-8454) or online at <https://quitnow.net>.

Amerigroup provides additional resource information and local tobacco cessation program promotion via collaborative partnerships. For more information regarding tobacco cessation partnership opportunities and resources, please call Amerigroup Provider Services at 1-800-454-3730, Monday-Friday from 8 a.m.-5 p.m. Pacific time.

Smoking cessation (continued)

Amerigroup also pays PCPs for smoking cessation referral evaluations, smoking cessation prescription evaluations and face-to-face counseling for all members ages 18 years and older.

- Intensive smoking cessation counseling (procedure 99407 for greater than 10 minutes) is limited to one per day.
- Two cessation counseling attempts (or up to eight sessions) are allowed every 12 months. An attempt is defined as up to four cessation counseling sessions.

Preferred drug products:

- Bupropion
- Nicotine patch/gum/lozenge/nasal spray/inhaler

Sports physicals

Precertification is not required for sports physicals, and they are eligible for reimbursement once every 12 months.

Use the EPSDT schedule and document all screenings and visits.

Note: Amerigroup encourages annual EPSDT visits for members ages birth-20 years per the nationally recognized pediatric periodicity schedule. Amerigroup will pay for both a sports physical and an EPSDT visit performed on the same day. To receive payment, use CPT code 99212 with DX Z02.5 and include the modifier 25.

Sterilization

Precertification is not required for:

- Sterilizations.
- Tubal ligations.
- Vasectomies.

However, Amerigroup requires complete state-approved sterilization consent forms signed by members 30 days in advance of the procedure with claims submissions. Amerigroup does **not** cover reversals of sterilizations..

Substance abuse

Screening, brief intervention and referral for treatment (SBIRT) services, substance abuse services are covered when the provider is a certified SBIRT provider as reported by the HCA.

Medication-assisted therapy (MAT)

Amerigroup does not include the dispensing pharmacy in the prior authorization process. We ask that the Prior Authorization Request form along with the MAT Release of Information form be submitted via fax to Express Scripts. A Release of Information form, signed by the patient, is also required for review and approval. Questions related to the MAT prior authorization process may be directed to Express Scripts.

All other substance use disorder services are covered through behavioral health organizations.

Urgent care centers

Precertification is not required for participating facilities.

Well-woman exams

Precertification is not required. Amerigroup covers one well-woman exam per member per year when performed by a PCP or network women's health care provider. Exams include:

- Examinations.
- Routine lab work.
- Sexually transmitted infection (STI) screenings, including human papillomavirus (HPV).
- Mammograms for members 50 years of age or older.
- Pap smears for members 21-64 years of age, excluding women with a history of prior abnormal results, precancerous cervical lesions, cervical cancer or those who are immunocompromised:
 - Pap smears for members under 21 years of age with average risk are not covered.
 - Pap smears for members over 65 years of age with prior history of negative screenings are not covered.
 - Routine screening for ages 21-65 are covered no more frequently than every three years.

Members may receive family planning services without precertification from any qualified provider. Amerigroup encourages members to receive family planning services in-network to ensure continuity of service.

Revenue (RV) Codes

Precertification is required for services billed with RV codes for:

- Inpatient care.
- Home health care.
- Hospice care.
- CT, MRI and PET scans and nuclear cardiology.
- Chemotherapeutic agents.
- Pain management.
- Rehabilitation (physical/occupational/respiratory therapy).
- Short-term rehabilitation (speech therapy).
- Specialty pharmacy agents.

For a complete list of specific RV codes, visit our website.

Important contact information

Our service partners

Vendor	Service	Contact information
AIM Specialty Health®	Complex imaging management	1-800-714-0040 A fax option is not available. www.aimspecialtyhealth.com
Availity	Online eligibility, claims, authorizations	1-800-282-4548 https://www.availity.com
CoverMyMeds	Pharmacy online eligibility, claims, authorizations	1-866-452-5017 www.covermymeds.com
Clinical lab services	Clinical laboratories	Call one of the following: <ul style="list-style-type: none"> ■ LabCorp: 1-800-345-4363 ■ PACLAB/PAML/TriCities Lab: 1-800-541-7891 ■ Quest Diagnostics: 1-866-MY-QUEST (1-866-697-8378)
Express Scripts	Pharmacy	Prior authorization requests: Phone: 1-800-454-3730 Retail Pharmacy fax: 1-844-493-9207 Medical Injectables fax: 1-844-493-9209 Express Scripts help desk: 1-844-367-6113
EyeQuest	Medical eye care and routine vision services	Provider line: 1-855-230-4656 Member line: 1-855-225-2640
Highline Medical Services Organization (HMSO)	Provider group delegated for utilization management and claims	Provider line: 206-724-0869 Claims: 206-878-1985, ext. 3 http://hmsoinc.com
Medline	Electric breast pumps	Phone: 1-877-791-0064 Fax: 1-337-628-2240 Email orders: orders@amedadirect.com
	Incontinence, urological and ostomy supplies	Phone: 1-844-203-2873 Fax: 1-866-202-1563 Email: managedcarecustomer service@medline.com
NovaSom	Home sleep studies	Prior authorization requests: Phone: 1-800-454-3730 Fax: 1-800-964-3627
OrthoNet	Back pain medical management/precertification	Phone: 1-844-887-8388 Fax: 1-844-492-8927
Vital Decisions	End-of-life care management	Refer through case management phone: 1-800-454-3730

Important contact information (continued)

■ Provider services program

The Amerigroup Provider Services call center offers precertification, automated member eligibility, case and disease management, claims assistance such as simple adjustments, health education materials, outreach services, and more. Call 1-800-454-3730, Monday-Friday from 8 a.m.-5 p.m. Pacific time.

The provider website and interactive voice response (IVR) are available 24 hours a day, 7 days a week, 365 days a year: To verify eligibility and check claims and referral authorization status, visit <https://www.availity.com> and choose **Amerigroup**. To look up precertification/notification requirements and find many other provider reference tools, go to <https://providers.amerigroup.com/WA>.

Can't access the internet? Call Provider Services and follow the voice prompts. The recording guides callers through our menu of options. Select the information or materials you need when you hear it. A live representative is always available during regular hours.

■ Claims services

Claims for covered services must be received within the timelines stated in your provider contract. In most cases, this is within 180 calendar days from the date of service.

The HCA Medicaid Provider guides, found at <https://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides>, provide guidelines for claim submission and payment. Amerigroup generally follows these guidelines.

Electronic data interchange (EDI)

Call our EDI hotline at 1-800-590-5745 to get started. We accept claims through three clearinghouses:

- Change Healthcare aka Emdeon (payer 27514): 1-800-845-6592
- Availity (payer 26375): 1-877-334-8446
- Capario (payer 28804): 1-800-586-8670

Paper claims

Submit claims on original claim forms (*CMS-1500* or *CMS-1450*) printed with dropout red ink or typed (not handwritten) in large, dark font. American Medical Association- and CMS-approved modifiers must be used appropriately based on the type of service and procedure code. Mail to:

Claims, Amerigroup Washington, Inc.
P.O. Box 61010, Virginia Beach, VA 23466-1010

For members assigned to Highline Medical Services (HMSO):

Highline Medical Services Organization
P.O. Box 48319, Burien, WA 98148

■ Payment disputes

Claims payment disputes, where the provider believes the claim was incorrectly adjudicated, must be filed within 24 months of the adjudication date on your *Explanation of Payment*. Forms for provider appeals are available on our website. Mail to:

Payment Dispute Unit, Amerigroup Washington, Inc.
P.O. Box 61599, Virginia Beach, VA 23466-1599

■ Medical necessity appeals

Medical necessity appeals or medical administrative reviews can be initiated by a member or a provider on behalf of a member with the member's written consent. These must be submitted within 90 calendar days from the date on the *Notice of Action*, which is defined by a denial of service.

A provider may submit an appeal on behalf of a member. Please include the member's written consent so we may proceed with the request. We cannot process a request without the member's written consent. Submit appeals to:

**Attn: Appeals Department
Amerigroup Washington, Inc.**
705 5th Ave., Suite 300
Seattle, WA 98104
Fax: 1-844-759-5953

■ Health services

Care Management services • 1-800-454-3730

We offer care management services to members who are likely to have extensive health care needs. Our nurse care managers work with providers 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

DMCCU services include educational information like local community support agencies and events in the Amerigroup 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, obesity, major depressive disorder, schizophrenia and transplants.

Nurse HelpLine • 1-866-864-2544

Members can call our 24-hour Nurse HelpLine for health advice 7 days a week, 365 days a year. When a member uses this service, a report is faxed to his or her assigned PCP's office within 24 hours of receipt of the call.

Member Services • 1-800-600-4441

Primary care provider changes:

The fastest way to make PCP assignment changes for members is by calling our National Call Center (NCC) at 1-800-600-4441.

Call done by member – The member needs to know the full name or NPI of the PCP to whom they want to transfer.

Call done by provider – The provider may call the NCC to help make the change, but the member needs to be present during the call. The NCC will ask to speak to the member to verify the change.

Calling the NCC ensures the member is moved to the correct provider/location within 24-72 hours of the call. All family members will be moved as requested, and the member will receive confirmation the change has been completed.