

Amerigroup transitions MA back pain management and cardiology UM programs from OrthoNet to AIM

Effective January 1, 2019, Amerigroup will transition its Medicare back pain management and cardiology programs from OrthoNet LLC to AIM Specialty Health® (AIM), a specialty health benefits company. Amerigroup has an existing relationship with AIM in the administration of other medical management programs.

AIM will follow Amerigroup's clinical hierarchy for medical necessity determination. For Medicare Advantage (MA) products Amerigroup makes coverage determinations based on CMS National Coverage Determinations (NCD), Local Coverage Determinations (LCD), other coverage guidelines and instructions issued by CMS and legislative benefit changes. Where the existing guidance provides insufficient clinical detail, AIM will make a determination of medical necessity using an objective, evidence-based process.

Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at www.Availity.com. Contracted and non-contracted providers may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements or additional questions as needed. The clinical guidelines that have been adopted by Amerigroup to review for medical necessity are also located here: <http://aimspecialtyhealth.com/CG-Musculoskeletal.html>.

The back pain management program (now referred to as the Musculoskeletal program) includes a member engagement component to reinforce important information about the surgeries and treatments you recommend. This initiative is designed to reduce anxiety, drive adherence to care plans, motivate preventive action and improve appropriate use of care for our members. Members are contacted by AIM via email or telephone and are given a link to review educational multimedia programs based on the order requests you submit to AIM for the procedures and treatments noted. As they view these multimedia programs, members will have an opportunity to note and submit any questions and concerns. Member input will be sent to your practice, giving you with opportunity to follow up and provide any additional education and information required.

Prior authorization requirements

For services that are scheduled through December 31, 2018, physicians must contact OrthoNet to obtain all prior authorizations for back pain management services and post service reviews for cardiology services. Any authorizations OrthoNet makes prior to the transition date will be honored and claims will process accordingly.

For services that are scheduled on or after January 1, 2019, physicians must contact AIM to obtain prior authorization for the services detailed below. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services. Beginning December 17, 2018, providers will be able to contact AIM for prior authorization on services to take place on or after January 1, 2019.

Musculoskeletal program:

This program will conduct prior authorization medical necessity reviews of spine surgeries, joint surgeries, and interventional pain management procedures. These services will be reviewed against AIM clinical guidelines. The clinical guidelines that have been adopted by Amerigroup to review for medical

necessity are also located here: www.aimspecialtyhealth.com/CG-Musculoskeletal.html. Where the existing guidance provides insufficient clinical detail, AIM will make a determination of medical necessity using an objective, evidence-based process. Surgeries and interventional pain management procedures performed as part of an inpatient admission are included. The Level of Care (LOC) guidelines that will be in effect at the start of the program launch are available for you to reference here: www.aimspecialtyhealth.com/marketing/guidelines/185/. The following services will require prior authorization from AIM effective January 1, 2019.

Spine Surgery – Cervical, thoracic, lumbar, and sacral

- Bone grafts
- Bone growth stimulators
- Cervical/lumbar foraminotomies
- Cervical/lumbar spinal fusions
- Cervical/lumbar spinal laminectomy
- Cervical/lumbar spinal discectomy
- Cervical/lumbar spinal disc arthroplasty (replacement)
- Spinal deformity (scoliosis/kyphosis)
- Vertebroplasty/kyphoplasty

Joint surgery (including all associated revision surgeries)

- Total hip replacement
- Total knee replacement
- Total shoulder replacement
- Hip arthroscopy
- Knee arthroscopy
- Shoulder arthroscopy
- Treatment of osteochondral defects
- Meniscal allograft transplantation

Interventional pain management

- Epidural steroid injections
- Paravertebral facet joint injection/Nerve block/Neurolysis
- Sacroiliac steroid injections
- Spinal cord stimulators
- Regional sympathetic nerve block

Expanded cardiology program:

Beginning with dates of review on and after January 1, 2019, the following updates will apply to AIM expanded cardiology guidelines;

Effective January 1, 2019, left heart catheterizations will require prior authorization and percutaneous coronary interventions services will start as a post service prepay review for most Medicare Advantage members. AIM currently administers a cardiology prior authorization program on Amerigroup's behalf for arterial ultrasound, stress echocardiography (SE), resting transthoracic echocardiography (TTE), and transesophageal echocardiography (TEE) services.

Ordering and servicing providers who submit requests for these services for most Amerigroup Medicare Advantage members after the effective date may receive a request for records and related digital images. The process for submitting records and related images will be streamlined by providing you with a HIPAA-compliant, secure internet portal for uploading the needed information. Instructions for completing this process will be included with the request.

A board-certified cardiologist will review the records and images to determine if the services were reasonable and necessary to diagnose and/or treat the patient. Should you receive a medical record request, Amerigroup would appreciate your timely compliance.

AIM will use Medicare national coverage determinations, local coverage determinations, AIM's clinical guidelines to determine medical necessity of the requested therapies. You may access these coverage determinations and clinical guidelines at <http://aimspecialtyhealth.com/CG-Cardiology.html>.

Call the AIM Contact Center toll-free number: (800) 714-0040, Monday–Friday, 7 a.m.–7 p.m. CT

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

For more information:

Online

- For resources to help your practice get started with the cardiology program, go to www.aimprovider.com/cardiology
- For resources to help your practice get started with the musculoskeletal program go to www.aimprovider.com/msk

These provider websites help you learn more and provide access to useful information and tools such as order entry checklists, clinical guidelines, and FAQs.

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Coverage provided by Amerigroup Inc.

In New Jersey, Amerivantage dba Amerigroup Community Care. In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Tennessee, Amerigroup Tennessee Inc. dba Amerigroup Community Care. In Washington, Amerigroup Washington, Inc.