

# Provider Update

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## **Register for Imaging Site Scores by March 1, 2016 to Avoid Unnecessary Line-Item Denials**

*The following information does not apply to providers with delegated risk agreements.*

On Nov. 1, 2015, Amerigroup Community Care Medicare Advantage plans began collecting information about the imaging capabilities of all Amerigroup Medicare Advantage contracted providers who provide the technical component of a number of outpatient diagnostic imaging services for our individual Medicare Advantage members.

AIM's online registration tool, OptiNet<sup>®</sup>, will continue to collect modality-specific data from providers who render imaging services in areas such as: facility qualifications, technician and physician qualifications, accreditation, equipment, and technical registration. This information is used to determine conformance to industry-recognized standards, including those established by the American College of Radiology (ACR) and the Intersocietal Accreditation Commission (IAC).

That data will continue to be used to calculate site scores for providers who render imaging services to our individual Medicare Advantage members. Each modality or piece of equipment will receive its own score. Providers with an imaging site score of 76 or higher for the applicable modality will see no change in reimbursement. Providers who score less than 76 or who do not complete the survey by March 1, 2016, will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only. Globally billed claims will deny in total if the provider scores less than 76 or if the provider does not complete the survey. If billing globally and the claim is denied, the provider has the option to resubmit a corrected claim for the professional component (interpretation) with modifier 26 for payment consideration. Other services on the claim, including the professional component of the outpatient diagnostic imaging service, will be processed as usual as long as required authorizations are in place.

Amerigroup strongly encourages any provider who scores below 76 to improve their site score for the applicable modality before the line item denial of claims begins on claims submitted for dates of service on or after March 1, 2016. Providers who have not registered and therefore have no score also will be subject to line-item denials for claims submitted for dates of service on or after March 1, 2016.

Please note that the line-item denial for a site score below 76 for the applicable modality applies only to individual Medicare Advantage claims at this time.

6815WPPENMUB 10/16/2015

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.



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\*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 Washington, Amerigroup Washington, Inc.



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