

Provider Update

Upcoming Changes to Amerivantage (Medicare Advantage) Precertification Requirements

Summary of change: Effective July 1, 2014, the Amerigroup Amerivantage precertification requirements will change significantly. Federal and state law, as well as state contract language, and Centers for Medicare & Medicaid Services (CMS) guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage.

✦ **What this means to you:** Pass this information to your office staff. Noncompliance with our new requirements may result in denied claims. ***Not all changes are listed here – use the instructions below to look up code-specific requirements.***

What is the impact of the change?

Precertification requirements will be added to specific services in the following categories:

- Knee Arthroscopy
- Cardiac Catheterization
- Pacemaker (w/defibrillator)

Precertification requirements will be removed from specific services in the following categories:

- Certain Durable Medical Equipment (DME) purchases
- Upper Gastro-intestinal Endoscopy (EGD)
- Unlisted Dialysis
- Certain Prosthetic Orthotics

How do I find code-specific and precertification requirements not listed in this bulletin?

Visit providers.amerigroup.com. Go to Quick Tools > Precertification Lookup.

What if I need assistance?

If you have questions, contact your local Provider Relations representative or call our Provider Services team at 1-866-805-4589.

Amerivantage is an HMO plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Amerivantage depends on contract renewal.

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