

Provider Update

Prior authorization requirements for vascular embolization or occlusion services

On October 1, 2016, Amerigroup* Community Care prior authorization requirements will change for certain vascular embolization or occlusion services. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

Prior authorization requirements will be added to the codes below:

- Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping and imaging guidance necessary to complete the intervention; for tumors, organ ischemia or infarction (currently billed as 37243)
- Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation (currently billed as 37244)

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the provider self-service tool at www.Availity.com. Noncontracted providers should contact the health plan.

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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.

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.

