

Provider Update

Therapy update

Summary of update: Amerigroup Iowa, Inc. would like to inform therapy providers of recent updates. This includes an update to the previous provider update *Outpatient Services* from April 2017. In order to maintain a good relationship with you, we want to keep you as well informed as possible.

What is the impact of this change?

The Iowa Medicaid Enterprise updated their codes and rates on March 13, 2017. Amerigroup has sixty days to implement these updates. The completion date of the implementation took place on May 15, 2017. Please note that any code affected by this update will be denied initially but will be reprocessed once we have the new codes load completed.

New physical therapy and occupational therapy evaluation codes

Procedure codes 97161-97168 are on the *Iowa Physical and Rehab Therapy Fee Schedule* via the *Iowa Fee Schedule*. The rates loaded for these codes were updated on the state's fee schedule (*Physical Therapy and Rehab Center*) in accordance with the above code update date and have a retro-effective date of January 1, 2017.

hawk-i members

Our database was recently configured to allow occupational therapy services for **hawk-i** members.

Code 92507 (payment discrepancy)

The code 92507 should receive a multiple procedure payment reduction (MPPR). MPPR reductions are configured per informational letter (IL) 1412 and 1752.

You may refer to the ILs located here:

<http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>.

Code 97523

The noncovered procedure for diagnosis denials for procedure code 97532 are correct denials, and Amerigroup will not be able to change this requirement. The development of cognitive skills is considered not medically necessary when submitted with certain diagnosis codes and requires the submission of diagnosis codes with 97532.

A prior authorization (PA) would not supersede nor override National Correct Coding Initiative (NCCI) edits. We enforce NCCI edits based on CMS guidelines, regardless of authorization. Per NCCI edit, CPT code 97532 when billed with diagnosis code R41.841 is not covered.

The information in this update may be an update or change to your provider manual. Find the most current manual at:
<https://providers.amerigroup.com/ia>



Please refer to this link for more information: <https://www.medicaid.gov/medicaid/data-and-systems/ncci/index.html>.

PA for rehab agency patients in a nursing facility

It is not an Amerigroup practice to authorize physical therapy, occupational therapy or speech therapy for members residing in a nursing facility. We enforce the state's policy that members should not have therapy billed separately.

Authorizing multiple units

Amerigroup has implemented a program for participating providers in which the initial five visits for an episode of outpatient therapy will not require PA. A PA will be required for the sixth and following visits. Amerigroup will complete all PA requests within seven calendar days or three working days for urgent requests. This ensures that a provider is able to provide and bill 20 units (or approximately five visits) while working to obtain the PA.

Please continue to do business as usual when requesting authorizations. We allow visits or units due to the interpretation of 15-minute increments (i.e., a provider requests 15 sessions/visits, and the authorization provides either the 15 visits or 60 units depending on how the request was made by the provider).

Outpatient services

In addition to the *Outpatient Services* update (April 2017), this *Therapy Update* provides information about the outpatient rehabilitation codes resetting after 90 days for participating providers in the Amerigroup network.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.