

Medical necessity review for appropriate level of care

Effective May 1, 2019, certain service requests for members enrolled with Amerigroup Community Care will require medical necessity review for level of care. This includes requests for certain procedures currently reimbursed in the inpatient setting (e.g., services corresponding to codes found on the *CMS Inpatient Only IPO List*).

Certain services that have historically been authorized in the acute inpatient setting may be clinically appropriate for an alternate level of care. For example, while codes for services are listed on the *CMS IPO List* (a list developed for use in Medicare and not Medicaid managed care), the corresponding services may be appropriate for an alternate level of care. When a request is submitted for a service that may be appropriate for a level of care other than acute inpatient, Amerigroup will review the procedure for medical necessity and apply medical necessity criteria to determine if inpatient level of care is medically necessary.

To review for appropriate level of care, Amerigroup will use the applicable MCG Care Guidelines (which may include customizations specific to Amerigroup), InterQual® criteria, applicable Amerigroup *Clinical Utilization Management (UM) Guidelines* or AIM Specialty Health® (AIM) guidelines. If medically necessary criteria for the procedure are met, the procedure will be approved. If inpatient level of care is requested but medical necessity criteria for acute inpatient care are not met, the request for inpatient level of care will be denied.

To review the list of services and service categories that currently require prior authorization (PA), visit the provider website at <https://providers.amerigroup.com/TN>. For further clarification regarding whether a specific code or service requires PA, access the Precertification Lookup Tool located on the *Quick Tools* menu.

The list of services requiring PA will be updated as needed

Regardless of whether PA is required, all services must be medically necessary to be covered. Even if PA is not required, to avoid a claim denial based on medical necessity, we encourage providers to review the corresponding medical necessity criteria prior to rendering nonemergent services.

Amerigroup *Clinical UM Guidelines* and *Medical Policies* can be found on the provider website (<https://providers.amerigroup.com/TN>). The specific MCG Care Guidelines and InterQual criteria used to make a determination can be provided upon request. You may also view AIM guidelines using the **AIM Guidelines** link on the under the *Vendor/Partner Links & Information* menu.

Providers are responsible for verifying eligibility and benefits for members before providing services. Excluding emergencies, failure to obtain PA for the services and level of care requiring PA may result in a denial of reimbursement.

To request PA via the Interactive Care Reviewer (ICR)

Amerigroup is pleased to offer ICR, a website you can access to request PA. **ICR is accessible via the Availity Portal at no cost to providers.** ICR will accept the following types of requests:

- Inpatient
- Outpatient
- Medical/surgical
- Behavioral health

We encourage you to use the ICR to submit new PA requests and check the status of already submitted PA requests. If you have questions about ICR or Availity, please contact your network representative.

To request PA by phone, report a medical inpatient admission or ask questions regarding PA, contact the Utilization Management department at 1-800-565-3730.

To request PA by fax:

- Inpatient/outpatient: 1-877-423-9975/1-800-964-3627
- Medical pharmacy (for drugs typically administered by a health care professional): 1-844-512-7025
- Pharmacy (for drugs typically self-administered): 1-866-434-5523

What if I need assistance?

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