Amerigroup RealSolutions in healthcare

Provider update

Amerigroup Community Care cardiology, radiation oncology and sleep medicine authorizations and AIM Specialty Health® (AIM)

Summary of change: Effective December 1, 2016, AIM will be completing medical necessity reviews and prior authorization determinations for select cardiology, radiation oncology, sleep medicine and related durable medical equipment (DME). This will apply to both Medicaid and Medicare.

What this means to you: Below is a list of procedures related to applicable cardiology, radiation oncology, sleep medicine and related DME that will require authorization. Requests for authorizations may be obtained:

- Online: www.providerportal.com
- By phone: 1-800-714-0040

What cardiology codes are affected by this new prior authorization requirement?

Providers should contact AIM to obtain an order number for the following cardiology services:

- Computed tomography (CT)/computed tomography angiography (CTA), including cardiac
- Magnetic resonance imaging (MRI)/magnetic resonance angiogram (MRA), including cardiac
- Positron emission tomography (PET) scans, including cardiac
- Nuclear cardiology
- Stress echocardiography (SE)
- Resting transthoracic echocardiography (TTE)
- Transesophageal echocardiography (TEE)
- Arterial ultrasound
- Cardiac catheterization
- Percutaneous coronary intervention (PCI)

CPT codes 93303, 93306, 93320, 93321 and 93325 are excluded and do not require prior authorization.

We understand the need for arterial duplex imaging or PCI procedures may not be identified until patients have undergone a physiologic study or cardiac catheterization.

For these cases, please contact AIM to request clinical appropriateness review no later than 10 business days after you perform these procedures and before you submit a claim. For all other cases, please contact AIM to obtain authorization before you perform the procedure.

Learn more about submitting a cardiology request
Find order-entry checklists, step-by-step tutorials, clinical guidelines and frequently asked questions (FAQ) at www.aimprovider.com/cardiology.

What radiation oncology procedures are affected by this new prior authorization requirement?
Providers should contact AIM to obtain pre-service review for the following nonemergency, outpatient radiation oncology modalities:

- Brachytherapy
- Intensity-modulated radiation therapy (IMRT)
- Proton beam radiation therapy (PBRT)
- Stereotactic radiosurgery (SRS)/stereotactic body radiotherapy (SBRT)
- Three-dimensional (3-D) conformal therapy (EBRT)* for bone metastases and breast cancer
- Hypo fractionation for bone metastases and breast cancer when requesting EBRT and IMRT
- Special procedures and consultations associated with a treatment plan (CPT codes 77370 and 77470)
- Image-guided radiation therapy (IGRT)

Radiation oncology performed as part of an inpatient admission is not part of the AIM program.

Radiation oncology providers are strongly encouraged to verify that an order number has been obtained before initiating scheduling and performing services. Review requests may also be initiated within two business days of the first treatment start date but before a claim is filed.

*For EBRT, pre-service review is required only for procedures involving bone metastases and breast cancer. Additionally, Amerigroup is requesting that ordering providers contact AIM to review all other EBRT requests on a voluntary basis. Clinical review will be performed to confirm appropriateness and to ensure the ordering physician is aware of alternative treatments where applicable. Once clinical review is completed, an order number will be issued. Claims will not be denied as a result of this voluntary process.

Learn more about submitting a radiation oncology request
Find order-entry checklists, step-by-step tutorials, clinical guidelines and FAQ at www.aimprovider.com/radoncology.

What sleep medicine procedures/items are affected by this new prior authorization requirement?
Providers should contact AIM to obtain an order number before scheduling or performing any elective outpatient home-based (unattended) diagnostic study or a facility-based diagnostic or titration study (free-standing or hospital), as well as for sleep treatment equipment and related supplies. The following services are included in the program:

- Home sleep test (HST)
- In-lab sleep study (polysomnogram [PSG], multiple sleep latency test [MSLT], maintenance of wakefulness test [MWT])
- Titration study
- Initial treatment order (auto positive airway pressure [APAP], continuous positive airway pressure [CPAP], bilevel positive airway pressure [BPAP])
- Ongoing treatment order (APAP, CPAP, BPAP)
- Oral appliances

Services performed in conjunction with emergency room services, inpatient hospitalization or urgent-care facilities are excluded. Both ordering physicians (those referring the member for sleep testing) and servicing providers (those free-standing or hospital labs that perform sleep testing) may submit requests.

This program pertains to both new and existing sleep therapy patients.

Learn more about submitting a sleep medicine request

Find order-entry checklists, step-by-step tutorials, clinical guidelines and FAQ at www.aimspecialtyhealth.com/gowebsleep.

AIM ProviderPortal^{sm}: the fastest, easiest way to contact AIM

An online application, ProviderPortal offers a convenient way to enter your order requests or check on the status of your previous orders.

Go to www.providerportal.com to begin (registration required). For questions regarding your online order, please contact the AIM ProviderPortal Support team at 1-800-252-2021.

What if I need assistance?

If you have questions about this communication, contact your local Provider Relations representative.