

# Provider Update

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## OrthoNet to conduct post service prepay medical necessity reviews for select cardiac procedures

Appropriate care is the key to achieving the best outcomes for our Medicare Advantage members. To help reach that goal Amerigroup Community Care is collaborating with OrthoNet to help ensure that invasive cardiac procedures are reasonable and necessary for the diagnosis and/or treatment of coronary artery disease.

**Effective April 1, 2015**, Amerigroup is contracted with OrthoNet, LLC to conduct post service prepay medical necessity reviews of selected cardiac procedures for Amerigroup Medicare Advantage members, including reviews of facility and professional Cardiac Catheterizations and Percutaneous Coronary Interventions (PCIs).

Providers who submit claims for these services for Amerigroup Medicare Advantage members after the effective date may receive a request for records and related digital images. The process for submitting records and related images will be streamlined by providing you with a HIPAA-compliant, secure internet portal for uploading the needed information. Instructions for completing this process will be included with the request.

A board-certified cardiologist will review the records and images to determine if the services were reasonable and necessary to diagnose and/or treat the patient. Should you receive a medical record request, Amerigroup would appreciate your timely compliance.

OrthoNet will use Medicare National Coverage Determinations, Local Coverage Determinations, Amerigroup medical policies, and clinical utilization management guidelines to determine medical necessity of the requested therapies. You may access these Coverage Determinations, medical policies and clinical guidelines at <https://medicalpolicies.amerigroup.com/search>.

To verify member eligibility, benefits or account information, please call the telephone number listed on the back of the member's identification card.

### ***What if I have questions related to this change?***

You may contact our Provider Services line at 1-800-454-3730 or your local provider relations representative.

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

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