

Provider Update

OrthoNet to Conduct Medical Necessity Reviews, Professional Service Coding Reviews

Amerigroup Community Care is collaborating with OrthoNet, LLC to conduct medical necessity reviews for physical therapy, occupational therapy and spine and back pain management for our Medicare Advantage members.

What does this mean to you?

Effective Jan. 1, 2015, the following services/treatment requests must be reviewed by OrthoNet for precertification.

- Physical therapy
- Occupational therapy
- Spine and Back Pain Management procedures:
 - Epidurals
 - Facet Blocks
 - Pain Pumps
 - Neurostimulators
 - Spinal Fusion
 - Spinal Decompression
 - Vertebro/Kyphoplasty

In addition, OrthoNet will conduct post service prepayment coding review of professional services, including:

- Orthopedic Surgery
- Plastic Surgery
- Neurosurgery
- Sports Medicine
- Podiatry
- Hand Surgery
- Neurology
- Pain Management
- Physiatry/ Physical Medicine and Rehabilitation (PM&R)
- ENT
- General Surgery
- Dermatology
- Cardiology



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- Urology
- Percutaneous Coronary Intervention (PCI)

The initial assessment does not require prior authorization. You may request authorization by submitting complete clinical information by fax to OrthoNet or through their call center at the numbers below. All care after the initial assessment will require an authorization.

- Toll Free Fax Number: 844-340-6419
- Toll Free Voice Number: 844-340-6418

Please remember incomplete clinical information will not be reviewed.

What criteria will be used by OrthoNet to determine medical necessity?

The current medical necessity review criteria will not change.

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.

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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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