

Reminder: new codes effective January 1, 2019

Background: As a Medicaid managed care organization, the benefit structure and services covered by Amerigroup Washington, Inc. are based upon the Health Care Authority (HCA) benefits and covered services. In addition to the services required to be covered under Medicaid, Amerigroup elects to offer value-added benefits (VAB) that are above and beyond the covered services. VABs are available for review on our website (<https://providers.amerigroup.com/WA>).

What does this mean to you?

Health care is a quickly evolving industry and as such, new CPT/HCPCS codes are often created annually. Since we base our benefits and covered services on HCA coverage, whether or not we cover these new codes depends upon whether or not HCA is covering them as part of the state Medicaid plan. Please refer to the HCA website for publication of new codes that are covered under Medicaid managed care. Amerigroup is unable to confirm coverage until the HCA determines that a code or set of codes is covered.

How does this impact claims processing?

Our contracts allow 60 days from the date of publication of new benefits or codes to implement the change in policy. While our systems are typically configured more quickly than 60 days, this is the service level agreement executed with our provider network. Upon completing the configuration of new codes, providers may have any claim denials reprocessed through our standard reprocessing guidelines. To have this done, call Provider Services (1-800-454-3730) and select the claims prompt. Or for a self-service option, you can use the Claim Dispute Request tool on the Availity Portal (<https://www.availity.com>).