

Provider Update

Imaging Site Scores for Outpatient Diagnostic Imaging Could Impact Reimbursement

Amerigroup* is dedicated to meeting the evolving needs of our members and ensuring that they receive the most appropriate care possible. We are pleased to introduce a new program for imaging services administered by AIM Specialty Health® (AIM).

What Does This Mean to You?

Effective November 1, 2015, Amerigroup Medicare Advantage plans will begin collecting information about the imaging capabilities of all Amerigroup Medicare Advantage contracted providers who provide the technical component of the following outpatient diagnostic imaging services for our individual Medicare Advantage members:

- Computed Tomography (CT)
- Magnetic Resonance (MR)
- Positron Emission Tomography (PET)
- Nuclear Medicine (NUC)
- Ultrasound
- X-Ray
- Echocardiograph

Emergency room outpatient diagnostic imaging services are excluded.

AIM's online registration tool, OptiNet®, will continue to collect modality-specific data from providers who render imaging services in areas such as: facility qualifications, technician and physician qualifications, accreditation, equipment, and technical registration. This information is used to determine conformance to industry-recognized standards, including those established by the American College of Radiology (ACR) and the Intersocietal Accreditation Commission (IAC).

This data will continue to be used to calculate site scores for providers who render imaging services to our individual Medicare Advantage members. Each modality or piece of equipment will receive its own score. Globally billed claims will deny in total if the provider scores less than 76 or if the provider does not complete the survey. If billing globally and the claim is denied, the provider has the option to resubmit a corrected claim for the professional component (interpretation) with modifier 26 for payment consideration. Providers with an imaging site score of 76 or higher for the applicable modality will see no change in reimbursement.

- **Effective March 1, 2016 for providers who have not completed the online registration:** Claims with dates of service on or after March 1, 2016, for any of the outpatient diagnostic imaging services listed above will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only. Other services on the claim, including the professional component of the outpatient diagnostic imaging service, will be processed as usual as long as required authorizations are in place.



Provider Update

- **Effective March 1, 2016 for providers with an imaging site score below 76 for the applicable modality for any of the outpatient diagnostic imaging services listed above:** Claims with dates of service on or after March 1, 2016 for any of the outpatient diagnostic imaging services listed above will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only. Other services on the claim, including the professional component of the outpatient diagnostic imaging service, will be processed as usual as long as required authorizations are in place.

Members cannot be balance billed if a line-item denial occurs.

Please note that any decision to deny reimbursement and/or approval of an imaging service is separate and apart from the determination of the medical necessity of the same service.

Please note that the line-item denial for a site score below 76 for the applicable modality applies only to individual Medicare Advantage claims at this time.

AIM will send the site score to the provider within one business day of the provider's completion of the online registration. Providers may use the online registration at any time to update their score.

Providers who score below 76 will receive individualized information they can use to improve their score.

Amerigroup strongly encourages any provider who scores below 76 to improve their site score for the applicable modality before the line item denial of claims begins on claims submitted for dates of service on or after March 1, 2016. Providers who have not registered and therefore have no score also will be subject to line-item denials for claims submitted for dates of service on or after March 1, 2016.

AIM will conduct random audits to ensure that the provider's survey information is supported by documentation. Recovery of technical component payments will occur for those providers found to have had a score less than 76 at the time of the outpatient diagnostic imaging service.

Contracted providers will be asked to update their online information periodically.

The provider registration is available online at www.aimspecialtyhealth.com/goweb. Simply select Amerigroup from the drop down menu. Only those providers who have completed the provider registration will be able to view their information online. Site information will be available for review online starting November 1, 2015. If you have questions or need help completing the registration, please call AIM Customer Service at 1-800-252-2021.

Please note that if you have already completed the registration in connection with another health plan, you do not need to re-enter your information. Please review what has been



Provider Update

prepopulated, make any updates and submit your information to register for Amerigroup. To copy your registration, select "Copy" from the "Actions" column on the site list after you log in and follow the steps when prompted.

The online registration tool was designed with convenience in mind. You can save your data as you go which means you will not need to complete it in one sitting. These resources are accessible on AIM's **ProviderPortal_{SM}** website (accessible via **www.aimspecialtyhealth.com/goweb**). Once you complete the registration, the tool will remain available so you can update your information at any time. We recognize your office is busy and we appreciate the time spent completing the registration.

Additional details follow/can be found below.

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Medicare Advantage Utilization Management Policy

This policy has been established to ensure site imaging of low tech and high tech modalities; to include the following: Computed Tomography (CT), Magnetic Resonance (MR), Positron Emission Tomography (PET), Nuclear Medicine (NUC), Ultrasound, X-Ray or Echocardiography

In accordance with MMCM Ch. 1, Sec. 20, Amerigroup contracts with a network of CMS approved providers to deliver the benefit package approved by CMS. The Coordinated Care Plan (CCP) network is approved by CMS to ensure that all applicable requirements are met, including access and availability, service area, and quality requirements.

Amerigroup providers will be required to complete the OptiNet survey tool to calculate site scores for the applicable modality for providers who render imaging services to individual Medicare Advantage members. The imaging site score is derived using measures and a methodology as outlined by the American College of Radiology. (i.e. an industry based standard). If providers do not complete the survey or have an imaging site score of less than 76, further action will be taken as outlined in this policy.

For providers and imaging services governed by this policy, AIM' Portal and MACCESS application will only display providers on the service provider list that have completed a survey and met the minimum site threshold of 76 for the applicable modality.

When a member goes for any of the following: Computed Tomography (CT), Magnetic Resonance (MR), Positron Emission Tomography (PET), Nuclear Medicine (NUC), Ultrasound, X-Ray or Echocardiography at a provider that does not meet the minimum site score of 76 for the applicable modality, the request for payment associated with the above listed procedures will



Provider Update

be denied. Any associated professional services that are otherwise deemed medically necessary and are covered by the applicable benefit plan will be approved and paid.

The health plan's claims system (Facets) will be configured to deny the technical component of any imaging services set forth above that are provided during the period in which the provider had an imaging site score less than 76 for the applicable modality.

Any denied technical component of a claim for imaging services for providers with an imaging site score of less than 76 for the applicable modality will not subsequently be paid if the site score is raised to or above the minimum score of 76 for the applicable modality after the date of service. The full claim will not be denied; only the technical component of the service not meeting the minimum standard will be denied. The provider may not charge or hold the member liable for the denied technical component. The member is only responsible for paying the Medicare plan–allowed cost-sharing amount.

Should the provider disagree with the site survey score for the applicable modality, the provider shall follow the health plan's provider payment dispute resolution process. Call the health plan provider services area.

Please note that any decision to deny reimbursement and/or approval of an imaging service subject to this policy is separate and apart from the determination of the medical necessity of the same service.

Providers who score below the threshold of 76 for the applicable modality will be able to improve their score at any time by correcting any issues that are impacting their score and completing the survey. Once the score meets 76 for the applicable modality or better, the provider will be eligible for review and payment of claims that otherwise meet coverage and medical necessity criteria. The survey tool includes questions about the provider's policies, procedures, accreditation and equipment associated with the provider's imaging site of care.

Site survey questions cover site specific details such as:

- Site Hours
- Site Accessibility
- Site Measures
- Site Accreditation
- Site Certification of Added Qualifications (CAQ)
- Site Number of Modalities (The number of service modalities offered at the location.)
- Site MD Location (Onsite or offsite physician).

Site survey questions vary by modality (e.g., CT, MR, and PET).

Common areas assessed include:



Provider Update

- Equipment Age
- Equipment Quality
- Accreditation
- Policies & Procedures
- Technologists
- MD Certification
- Pediatric Availability

Additional survey questions are in place for Echocardiography:

- Schedule lead times

Random audits will be performed by AIM to ensure that provider's information entered into the site survey is supported by documentation. If it is determined that a provider's documentation does not support information entered into the OptiNet survey tool by the provider, recovery efforts may occur against that provider subject to the terms of the provider agreement.

III. Acronyms/Definitions:

AIM – Vendor that authorizes imaging services on behalf of the Medicare Advantage plans

CT - Computed Tomography

MR - Magnetic Resonance

NUC – Nuclear Medicine

OptiNet - one of AIM Specialty Health's (AIM) Network Optimization tools. It's an online tool completed by the provider which is also referred to as survey, registration, or application. The OptiNet survey tool gathers information about providers' training and capability related to technical imaging services, imaging equipment, capacity and access.

PET - Positron Emission Tomography

UM - Utilization Management

Facets – The health plan's claims system for processing the claims for Medicare Advantage benefits.

REVISION HISTORY:

This UM Policy aligns directly with the internal UM Policy and Procedure, Policy Title: Optinet, but was reformatted as an appropriate provider facing notification document. Approvals and ownership of this UM Policy is from the Medicare Advantage UM leadership team.



Provider Update

Review Date	Changes
09/01/2015	<ul style="list-style-type: none">Initial version of this UM Policy formatted as provider facing and for posting to the provider portals.

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Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.

*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup, Texas, Inc. In Washington, Amerigroup Washington, Inc.



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