

Transition of back pain management and cardiology utilization management programs from OrthoNet to AIM

Effective February 1, 2019, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will transition its back pain management and cardiology utilization management programs from OrthoNet LLC to AIM Specialty Health® (AIM), a specialty health benefits company. Amerigroup STAR+PLUS MMP has an existing relationship with AIM in the administration of other medical management programs.

AIM will follow the Amerigroup STAR+PLUS MMP clinical hierarchy for medical necessity determination. Amerigroup STAR+PLUS MMP makes coverage determinations based on CMS National Coverage Determinations (NCD), Local Coverage Determinations (LCD), other coverage guidelines and instructions issued by CMS. Where the existing guidance provides insufficient clinical detail, AIM will make a determination of medical necessity using an objective, evidence-based process.

Prior authorization requirements are available to providers by accessing the Precertification Lookup Tool at <https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools. Providers may also call Provider Services at 1-855-878-1785 for prior authorization requirements or additional questions as needed. The clinical guidelines that have been adopted by Amerigroup STAR+PLUS MMP to review for medical necessity are also located here: <http://aimspecialtyhealth.com/CG-Musculoskeletal.html> and <http://aimspecialtyhealth.com/CG-Cardiology.html>.

The back pain management program (now referred to as the Musculoskeletal program) includes a member engagement component to reinforce important information about the surgeries and treatments you recommend. This initiative is designed to reduce anxiety, drive adherence to care plans, motivate preventive action and improve appropriate use of care for our members. Members are contacted by AIM via email or telephone and are given a link to review educational multimedia programs based on the order requests you submit to AIM for the procedures and treatments noted. As they view these multimedia programs, members will have an opportunity to note and submit any questions and concerns. Member input will be sent to your practice, giving you the opportunity to follow up and provide any additional education and information required.

Prior authorization requirements

For services that are scheduled through December 31, 2018, physicians must contact OrthoNet to obtain all prior authorizations for back pain management services and post service reviews for cardiology services. Any authorizations OrthoNet issues prior to the transition date will be honored and claims will process accordingly.

For services that are scheduled from January 1, 2019-January 31, 2019, providers should access the Provider Self-Service Tool at <https://www.availity.com> to request authorization from the Health Plan. Contracted and noncontracted providers may also call Provider Services at 1-855-878-1785 for prior authorization requests.

<https://providers.amerigroup.com>

For services that are scheduled on or after February 1, 2019, physicians must contact AIM to obtain prior authorization for the services detailed below. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services. Beginning January 21, 2019, providers will be able to contact AIM for prior authorization on services to take place on or after February 1, 2019.

Musculoskeletal program

The AIM program will conduct prior authorization medical necessity reviews of spine surgeries, joint surgeries and interventional pain management procedures. These services will be reviewed against AIM clinical guidelines. The clinical guidelines that have been adopted by Amerigroup STAR+PLUS MMP to review for medical necessity are located here: <http://www.aimspecialtyhealth.com/CG-Musculoskeletal.html>. Where the existing guidance provides insufficient clinical detail, AIM will make a determination of medical necessity using an objective, evidence-based process. Surgeries and interventional pain management procedures performed as part of an inpatient admission are included. The level of care (LOC) guidelines that will be in effect at the start of the program launch are available for you to reference here: <http://www.aimspecialtyhealth.com/marketing/guidelines/185>. The following services will require prior authorization from AIM effective February 1, 2019.

Spine Surgery (cervical, thoracic, lumbar and sacral)

- Bone grafts
- Bone growth stimulators
- Cervical/lumbar foraminotomy
- Cervical/lumbar spinal fusions
- Cervical/lumbar spinal laminectomy
- Cervical/lumbar spinal discectomy
- Cervical/lumbar spinal disc arthroplasty (replacement)
- Spinal deformity (scoliosis/kyphosis)
- Vertebroplasty/kyphoplasty

Joint surgery (including all associated revision surgeries)

- Total hip replacement
- Total knee replacement
- Total shoulder replacement
- Hip arthroscopy
- Knee arthroscopy
- Shoulder arthroscopy
- Treatment of osteochondral defects
- Meniscal allograft transplantation

Interventional pain management

- Epidural steroid injections
- Paravertebral facet joint injection/nerve block/neurolysis
- Sacroiliac steroid injections
- Spinal cord stimulators
- Regional sympathetic nerve block

Expanded cardiology program

Beginning with dates of review on and after February 1, 2019, the following updates will apply to AIM expanded cardiology guidelines:

Effective February 1, 2019, left heart catheterizations will require prior authorization and percutaneous coronary interventions services will start as a post service prepay review for most MMP members. AIM currently administers a cardiology prior authorization program on behalf of Amerigroup STAR+PLUS MMP for arterial ultrasound, stress echocardiography (SE), resting transthoracic echocardiography (TTE) and transesophageal echocardiography (TEE) services.

Ordering and servicing providers who submit requests for these services for most Amerigroup STAR+PLUS MMP 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 STAR+PLUS MMP would appreciate your timely submission.

AIM will use Medicare national coverage determinations, local coverage determinations and AIM's clinical guidelines to determine medical necessity of the requested therapies. You may access these coverage determinations and clinical guidelines at <http://aimspecialtyhealth.com/CG-Cardiology.html>.

Call the AIM Contact Center toll-free number: 1-800-714-0040, Monday-Friday, 7 a.m.-7 p.m. CT.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

For more information

Online

- For resources to help your practice get started with the cardiology program, go to <http://www.aimproviders.com/cardiology>.
- For resources to help your practice get started with the musculoskeletal program go to <http://aimproviders.com/msk>.

These provider websites help you learn more and provide access to useful information and tools such as order entry checklists, clinical guidelines and FAQs.