

Provider Update

Revised process for medical necessity reviews for therapy and spine and back pain management

Summary: In April 2015, Amerigroup* collaborated with OrthoNet to conduct medical necessity reviews for therapy and spine and back pain management services. Beginning January 4, 2016, our contract with OrthoNet will end, and Amerigroup will begin conducting medical necessity reviews for these services.

What this means to you: New requests for therapy (physical, occupational, and speech) and spine and back pain management services will be reviewed by Amerigroup for Medicaid (STAR and STAR+PLUS) and CHIP beginning January 4, 2016.

Why is this change necessary?

Over the last few months, Amerigroup has received regular feedback from providers. We value that feedback and, in the spirit of being easy to do business with, we have made the decision to no longer use a vendor for these reviews for our Medicaid and CHIP business in Texas. Amerigroup continues to use OrthoNet for Medicare and MMP (Medicare-Medicaid Plan).

What is the impact of this change?

Through this process, we have learned the value of having additional provider specialties reviewing precertification requests that we did not have previously. This means all clinical reviews will be conducted by board-certified physicians and nurses. Starting January 4, 2016, we will also add licensed rehabilitation professionals with credentials, training, and experience in therapy.

In order to request prior authorization (PA) for services that will begin January 4, 2016, or later, you may complete the request using either the Amerigroup form or the new Texas Department of Insurance (TDI) authorization form found online at <https://providers.amerigroup.com/TX>. The form may be submitted with all clinical information either online, submitted electronically as an attachment online, or by faxing the information to:

- Therapy (physical/occupational/speech): 1-866-249-1271
- Back/spine procedures: 1-800- 964-3627
- Pain management injections: 1-866-249-1271

What if I need assistance?

Following this notification, you will find a list of frequently asked questions that provide additional assistance through this change. We thank you for being a valued provider with Amerigroup.

If you have questions about this communication, received this fax in error, or need help with anything else, contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.

**Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.*

Provider Update

Frequently asked questions

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

As it relates to therapy, utilization review decision protocols will be based on appropriate clinical evidence as embodied in the Texas Medicaid guidelines contained in the Texas Medicaid Provider Procedures Manual (TMPPM). Such criteria shall be supplemented as needed by standardized test results, Interqual, and the Uniform Managed Care Contract (UMCC).

The current medical necessity review criteria will remain the same for spine and back pain management. This includes Amerigroup medical policies and clinical guidelines and shall be supplemented as needed by Amerigroup using Interqual, the TMPPM, and the UMCC.

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.

Do you require precertification for therapy (physical, occupational, speech) initial evaluations?

No, we do not require precertification for initial therapy evaluations.

Do you require precertification for re-evaluations of therapy services (physical, occupational, speech)?

Yes, re-evaluation therapy procedures do require precertification. Authorizations must clearly distinguish services. That means re-evaluations and ongoing therapy must be clearly outlined in the request. As a reminder, speech therapy re-evaluation procedure S9152 continues to require precertification.

What authorization form do I use now? How do I submit a PA fax request for therapy visits and spine and back pain management services?

Complete the Amerigroup PA fax form or the new TDI PA form located at <https://providers.amerigroup.com/TX>. It is important that all information is completed in the form and all supporting clinical documentation is provided. Incomplete PA forms may result in a delay. This information can be submitted electronically on the provider website or via fax at:

- Therapy (physical/occupational/speech) 1-866-249-1271
- Back/spine procedures 1-800-964-3627
- Pain management injections 1-866-249-1271

I have an existing authorization from OrthoNet for therapy that spans beyond January 4, 2016. Am I required to request another PA?

No. Amerigroup recognizes authorizations may have been obtained prior to the effective date. There is no need to receive a new authorization. Once the authorization expires or previously approved visits have been used, then a new authorization is required. That new authorization request will need to be submitted to Amerigroup starting January 4, 2016.



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What will I receive from Amerigroup after I submit the PA request?

Amerigroup will fax responses to PA requests with the Amerigroup authorization number included. The response will provide information on services fully approved, partially approved, or denied. The response to therapy requests will detail specific procedure codes in addition to the type of service and approved dates of services.

I'm an early childhood intervention (ECI) provider. Do I need an authorization?

No, ECI services are excluded as no PA is required.

Can you provide guidance on billing therapy codes? I'm not sure what codes are applicable for therapy.

As it relates to therapy (physical, occupational, speech), Amerigroup follows the codes published within the TMPPM for STAR, STAR+PLUS, and CHIP. While therapy codes may be published throughout the TMPPM, we recommend reviewing the nursing and therapy handbook, which provides coding information for physical therapy, occupational therapy, and speech therapy.

Here are some tips to assist with claim submissions:

- Modifiers GO (occupational), GP (physical), and GN (speech) should only be submitted with a therapy service.
- Do not submit GO, GP, or GN for initial evaluations or re-evaluations.
- Therapy services billed on the same day as an evaluation or re-evaluation will be denied or may result in a recovery/recoupment.
- While certain HCPCs that begin with a "G" (e.g. G0151) may be recognized within coding books, these are not codes used in Texas Medicaid for physical, occupational, or speech therapy services. These should not be billed and will be denied.
- Hot and cold packs (97010) are not covered services in Texas Medicaid. These services will be denied or may result in a recovery/recoupment if billed.

Can you confirm the services for which Amerigroup will conduct medical necessity reviews?

We will review medical necessity for:

- Physical therapy
- Occupational therapy
- Speech therapy
- Spine and back pain management procedures including, but not limited to:
 - Epidurals
 - Facet blocks
 - Pain pumps
 - Neurostimulators
 - Spinal fusion
 - Spinal decompression
 - Vertebro/kyphoplasty

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I see Amerigroup Medicare Advantage or MMP members. Do I need to use OrthoNet?

Yes, Amerigroup continues to have a relationship with OrthoNet and they continue to review for Medicare and MMP (Medicare-Medicaid Plan) products. For Medicare Advantage or MMP members, therapy and back/spine pain management are services where Medicare is the primary coverage and Medicaid is the payer of last resort. STAR+PLUS members who reside in a nursing facility are excluded. You may obtain PA for both Medicare Advantage and STAR+PLUS MMP members through OrthoNet at:

- Physical and occupational therapy
 - Fax 1-844-340-6419
 - Phone 1-844-340-6418
- Spine and back pain management procedures
 - Fax 1-844-788-4806
 - Phone 1-844-788-4805

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