

Amerigroup STAR Kids

Home health FAQ

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

What specific forms are required for private duty nursing, in-home therapy or skilled nursing visit authorization requests?

- The *Prior Authorization Request Form* is available on the provider website at <https://providers.amerigroup.com/TX> or by contacting Provider Services at 1-800-454-3730.
- For services that require precertification, we make case-by-case determinations that consider the individual's health care needs and medical history in conjunction with nationally recognized standards of care and medical necessity criteria.

How are precertification requests submitted?

- Therapy (physical, occupational and speech)
 - Fax: 1-866-756-4608
- Durable medical equipment, private duty nurse (PDN), nonemergent emergency transportation, pain management
 - Fax: 1-866-249-1271
- STAR Kids long-term services and supports
 - Fax: 1-844-756-4604
- Telephone (if urgent)
 - 1-800-454-3730
- Websites:
 - <https://providers.amerigroup.com/TX>
 - <https://www.availity.com>

What is the turnaround time response for prior authorization requests?

- A decision will be communicated to the provider within three business days of the receipt of the request.
- If the provider identifies the request as urgent (life- or health-threatening situation), the decision will be made within one business day or 72 hours, whichever is shorter.
- Any requests submitted after-hours or on weekends will be reviewed the next business day.

What if more information is needed to complete the review?

- Amerigroup will not approve requests with incomplete documentation.
- If no additional information is received within the designated time frame, the Amerigroup medical director will make a determination based on the information previously received.
- The requesting provider will be afforded the opportunity for a peer-to-peer consultation if the nurse or therapist is unable to approve the request.

Does Amerigroup require prior authorization requests to be sent directly from the physician?

- All therapy requests must come from the ordering physician. (This can be the PCP, hospitalist or any specialist.)
- Requests for PDNs can be initiated from the provider but must contain a signed physician order.
- Amerigroup cannot approve the PDN authorization request without the physician's signed plan-of-care.
- Amerigroup does not accept verbal orders to initiate a request.

Will the requested authorization dates be honored if the physician signs late?

- No, Amerigroup does not backdate authorizations.*
- Amerigroup will honor authorization requests starting with the date the services were initiated, as long as the request is submitted on or before the date the services were initiated.

*** Exception:**

Requests received on a Monday when services began on the weekend or holiday after a hospital discharge.

How does Amerigroup handle authorizations for members transferring from one provider to another?

- The gaining provider will need to request fresh authorizations.
- Authorizations are not transferrable from one provider to another.
- Services should not be rendered by the new agency until authorizations are obtained.
- The request from the gaining provider should occur prior to the end of the authorization of transferring provider to avoid gaps in care.
- In urgent circumstances, please contact the Service Coordination Help Desk at 1-866-696-0710.
- Amerigroup does not accept electronic signatures.

Can missed visits be made up if the total number of authorized visits within the given period are not exceeded?

- Amerigroup approves per total unit within the given date span.
- All services provided must be medically necessary and beneficial to the member.

When should initial and re-evaluation requests be submitted?

- The provider should submit the request to Amerigroup within three business days of the initial evaluation.
- Amerigroup recommends requests are submitted no later than five days prior to the start date of care.

For what span of time does Amerigroup authorize services?

- Authorizations spans are determined by services requested and medical necessity.

How many days prior to the start date of the recertification request can the physician, caregiver and RN sign the request paperwork?

- Amerigroup prefers the freshest information and signatures possible.
- Requisite paperwork may be signed up to 60 days prior to the start date of the request.

Is a re-evaluation order required for a therapist to complete a re-evaluation and successfully request prior authorization?

- Yes.

Do members need a current Texas Health Steps check-up on file at the referring physician's office in order for a therapist/provider to request authorization for therapy services?

- No, this is not an Amerigroup requirement.

Does Amerigroup have a homebound requirement limiting in-home therapy services to those with a homebound status?

- No, this is not an Amerigroup requirement.
- Amerigroup does require the member's physician to provide member-specific documentation supporting the medical need of therapy in the home with all initial evaluation requests.

Are Amerigroup PDN authorizations discipline-specific?

- No.
- Amerigroup authorizes based on medical necessity, providing authorizations for code T1000.
- Please reference the *STAR Kids Billing Matrix*.

Questions?