

March 6, 2015

Subject: Preauthorization changes for physical, speech and occupational therapy; spine/pain management services

Dear Provider:

To improve the quality and effectiveness of our medical management program, Amerigroup* routinely reviews all covered services. As a result, Amerigroup has contracted with OrthoNet, an organization specializing in the management of rehabilitative services.

On April 6, 2015, Amerigroup will begin a **utilization management (UM) program** overseen by OrthoNet. OrthoNet is staffed by physicians and therapists. This staffing model will ensure medical necessity determinations are provided by professionals experienced with the provision of rehabilitative and spine/pain management services. We will work collaboratively with providers and members to ensure the best possible care for our members, your patients. OrthoNet will review physical, occupational and speech therapy, and spine/pain management services for Medicaid (STAR and STAR+PLUS) and CHIP members.

Does this program impact my participation with Amerigroup?

No. This program does not exclude any current provider from our network. It is designed to provide a consistent outcome-based review process for the provision of therapeutic services.

How will the partnership with OrthoNet impact prior authorizations?

- The current process for prior authorization of physical therapy (PT), occupational therapy (OT), speech therapy (ST) and spine/pain management will change.
- For new and ongoing therapy services, your requests for PT/OT/ST and spine/pain management services will be processed by OrthoNet. OrthoNet will evaluate service requests and answer any questions you may have related to these services.
- Amerigroup will discontinue the use of InterQual criteria for outpatient PT/OT/ST requests effective April 6, 2015. Utilization review decision protocols will be based on appropriate clinical evidence as embodied in the Texas Medicaid criteria in the Texas Medicaid Provider Procedures Manual. Such criteria shall be supplemented, as needed, by the Amerigroup Standardized Test Grid, Uniform Managed Care Contract, and OrthoNet methodologies. Your comprehensive initial evaluation will be a critical piece of information reviewed by OrthoNet.
- The initial therapy evaluation by a PT/OT/ST or spine/pain management provider does not require prior authorization. Only subsequent treatment requires authorization.
- Early childhood intervention (ECI) does not require an authorization. ECI therapy services are excluded from this process.
- New services provided without prior authorization, with the exception of the initial evaluation assessment, will be denied.
- All spine/ pain management services will require prior authorization, except initial evaluation.

**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.*

Are my current patients impacted by this change?

No. Patients already in therapy or undergoing spine/pain management services prior to April 6, 2015, will not be affected by this change until the expiration of their current authorization. We will honor any existing authorizations issued before April 6, 2015. Prior to the expiration of such authorizations, providers will need to contact OrthoNet to request an updated authorization for services.

Who do I contact for questions related to this change?

Your Amerigroup Provider Relations representatives and Provider Services at 1-800-454-3730 are knowledgeable about the details of this program and available for assistance. You may also call OrthoNet beginning March 18 at 1-855-306-1459 for PT/OT/ST management services or 1-844-246-1093 for spine/pain management services.

Thank you for the quality care you provide to our members, your patients.

Sincerely,

Amerigroup

**OrthoNet UM program
Frequently Asked Questions:**

Q: Why is Amerigroup implementing this utilization management (UM) program?

A: We are implementing the program to improve the quality and effectiveness of our medical management program while helping members maximize benefits under their plan.

Q: What is the effective date for the program?

A: The effective date is April 6, 2015.

Q: What services will be covered by the OrthoNet UM program?

A: All providers rendering the following outpatient, office, and home physical medicine services, regardless of specialty, will be included in the program:

- Physical therapy
- Occupational therapy
- Speech therapy

All providers rendering the following outpatient and inpatient spine/pain management services, regardless of specialty, will be included in the program:

- Fusion
- Decompression
- Vertebroplasty/Kyphoplasty
- Epidurals
- Facet Blocks
- Implantable Infusion Pumps
- Spinal Cord Stimulators

Q: Which Amerigroup members are included in this program?

A: This program applies to Medicaid (STAR and STAR+PLUS) and CHIP members.

Utilization management

Q: What is OrthoNet's role in the authorization process?

A: Amerigroup has contracted with OrthoNet and has delegated utilization management responsibilities for outpatient physical medicine services and spine/ pain management for our members. OrthoNet's scope of responsibility includes management of the prior authorization process for these services.

Q: What services does this include?

A: All outpatient, office, and home physical, occupational and speech therapy services, and outpatient and inpatient spine/pain management services are included.

Q: What services are not included?

A: This program does not include inpatient rehabilitation, cardiac or pulmonary rehabilitation, PT, OT, ST and spine/pain management initial evaluations and ECI.

Q: Does this program change any Amerigroup member's benefit limits for outpatient, office, or home rehabilitation?

A: No, this does not affect any current benefit limits.

Q: Can physicians refer their Amerigroup patients to any participating Amerigroup provider for rehabilitation and spine/pain management services?

A: Yes, Amerigroup physicians may refer their patients to any participating provider found in our online provider referral directory.

Q: How does this affect physicians who provide therapy services in their office?

A: Physicians who perform office-based therapy will be required to obtain prior authorization from OrthoNet. This applies to participating and nonparticipating providers.

Q: How will this affect patients currently undergoing a course of treatment?

A: Any member who receives a course of treatment subject to prior authorization requirements will need to have all of their treatment visits (excluding the initial evaluation) preauthorized by OrthoNet if:

- The course of treatment begins on or after April 6, 2015
- The course of treatment will continue after April 6, 2015, upon expiration of the current authorization

Q: Does the initial evaluation need to be authorized?

A: No. Initial evaluations do not require authorization. Re-evaluations will require prior authorization.

Q: How can I obtain prior authorization from OrthoNet?

A: You may request authorizations at www.orthonet-online.com, by fax to OrthoNet at 1-855-232-6795 for PT/OT/ST management services, by fax to OrthoNet at 1-844-246-1094 for spine/pain management services (see instructions in next question), or by calling OrthoNet at 1-855-306-1459 for PT/OT/ST management services or at 1-844-246-1093 for spine/pain management services.

Please note: An authorization is not a guarantee of payment and is contingent upon the member's benefits, contract limitations, and eligibility at the time of service.

Q: How do I submit a fax request for prior authorization of therapy visits?

A: Follow these easy steps:

1. Complete the *OrthoNet therapy fax request form* – In the *Therapy Provider Information* section, provide either the facility name or treating provider name with provider identification number (NPI and/or Tax ID). Also, to identify offices with multiple locations, please complete the address, city, state, ZIP code fields and the fax number of the location where the member is to be treated and where return authorization notification is to be sent.

In the *Patient Information* section, fill in the member's name, date of birth and Amerigroup member ID number. In the *Request Information* section, indicate request type, service type, whether the visits will be used for post-operative therapy, date of initial evaluation, and diagnosis.

2. Submit the *OrthoNet therapy fax request form* – Fax the completed form along with a completed *therapy initial report form* or its equivalent to OrthoNet at 1-855-232-6795. The Therapy fax request forms can be found at orthonet-online.com or by calling OrthoNet at 1-855-306-1459.

Q: How do I submit a fax request for prior authorization of spine surgery or pain management services?

A: Follow these easy steps:

1. Complete either the *OrthoNet spine surgery or pain management fax request form* – In the *Provider Information* section, provide either the facility name or treating provider name with provider identification number (NPI and/or Tax ID). Also, to identify offices with multiple locations, please complete the address, city, state, ZIP code fields and the fax number of the location where the member is to be treated and where return authorization notification is to be sent.

In the *Patient Information* section, fill in the member's name, date of birth and Amerigroup member ID number. Then complete all the remaining questions on the form regarding the procedure being requested.

2. Submit the *OrthoNet spine surgery or pain management fax request form* – Fax the completed form along with the associated clinical information to OrthoNet at 1-844-246-1094. Both the spine surgery and pain management fax request forms can be found at orthonet-online.com or by calling OrthoNet at 1-844-246-1093.

It is OrthoNet's goal to review the request and supporting clinical data, verify eligibility/benefits, render a determination, and assign an authorization number, if approved, within three business days following the receipt of all necessary information. Providers will be notified via fax on the same day the decision is made with the approval status and the number of visits approved. This fax will include the authorization number for your records.

Q: What will OrthoNet need to render a decision on my therapy request?

A: In order for OrthoNet to promptly respond to your request, please provide current as well as baseline, objective clinical data (i.e., strength, active and passive range of motion, functional capabilities and limitations, etc.) that address both the member's response to treatment and the progress made toward outlined goals. This information may be supplied on OrthoNet's report forms, a functional progress chart, or your own forms or clinical notes that would supply the same information.

Q: What will OrthoNet need to render a decision on my spine/pain management request?

A: In order for OrthoNet to promptly respond to your request, please provide a relevant patient history which includes any prior treatments for this condition(s) including surgery, pain management, etc. Also required are copies of reports of significant imaging such as MRI, CT, plain films and copies of relevant electro-diagnostic studies if they have been performed. A proposed treatment plan/description of any proposed surgery including implants to be used is also essential. While a list of possible CPT codes can be submitted, it is far more preferable to provide a written statement of the proposed clinical procedures.

Q: Who will review my request?

A: Your requests will initially be assembled for review by registered nurses and physician assistants who have expertise in these areas of practice. All clinical decisions will be made by board-certified physicians and licensed rehabilitation professionals with credentials, training and experience with the specific clinical services being reviewed. OrthoNet has board-certified physicians and

professionals experienced in the areas of orthopedics, physiatry, neurology, pediatrics, podiatry, and sports medicine.

Q: Continuity of Care - Newly Enrolled Members

A: Members who are newly enrolled are entitled to continuity of care. This means that members who are in a current treatment plan with a specific provider may continue to see that provider through the first 90 days of their enrollment.

Q: How will I be notified of the decision?

A: OrthoNet will fax all decision letters to providers after a decision has been made. These letters will be faxed to the fax number on file or in the fax request received by OrthoNet.

Claims

Q: Do I send claims to OrthoNet?

A: No. This change does not affect claims. Continue to send claims to Amerigroup as required.

Q: Where do I send claim appeals?

A: There is no change to the claims appeal process. Providers should continue to submit claim appeals as outlined in the Amerigroup provider manual available online at providers.amerigroup.com/TX.

Additional information

Q: What if members have questions about this program?

A: Preauthorization will strictly be the responsibility of the provider. Members with questions should be directed to call the Member Services number printed on their identification card after the effective date of the program.

Q: What if I have a question that is not answered above?

A: If you have additional questions regarding this program, please visit www.orthonet-online.com or contact OrthoNet at 1-855-306-1459 for PT/OT/ST management services, or at 1-844-246-1093 for spine/pain management services. You can also contact your Amerigroup Provider Relations representative or call Amerigroup Provider Services at 1-800-454-3730.