

Ears, nose and throat precertification initiative

Background: The number one priority for Amerigroup Community Care is to ensure the safety of our members. Ears, nose and throat (ENT) services can be safely and appropriately provided in a freestanding setting. Amerigroup requires ENT procedures and surgeries to be provided at an ambulatory surgery center (ASC) or provider office unless precertified at a hospital in the following counties: Montgomery County, Prince George's County and District of Columbia. Effective October 1, 2020, only the services that cannot be provided safely and effectively at a freestanding ASC or office will be approved to be performed at the hospital.

What is the impact of this change?

Unless there is a medical reason for providing the ENT procedures and surgeries listed on the provided code list in a hospital, the services must be performed at a freestanding ASC or in an office.

Review section one of this communication for a list of procedure codes that will require precertification to be performed in a hospital. For code-specific precertification requirements, please refer to the Precertification Lookup Tool at <https://providers.amerigroup.com/MD>.

This initiative applies to providers in Montgomery County, Prince George's County, and District of Columbia and covers ENT codes listed on our provider website.

How do I obtain precertification?

To obtain precertification, you must call Provider Services at **1-800-454-3730** and provide clinical documentation that identifies a medical reason requiring the member have an ENT procedure done in a hospital.

What if I need assistance?

If you have questions about this communication, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.

Thank you for the quality care you provide to our members.

Note: Participating provider listings change periodically. For the latest list of participating ASCs offering services, see our provider directory at <https://providers.amerigroup.com/MD> or call Provider Services at **1-800-454-3730** to find the facility most convenient for your patient.

Medical necessity criteria

Provide a list of relevant case- or member-specific facts that support the use of hospital-based or regulated space procedures. Facts may include but are not limited to:

- Ability of a freestanding site of service to safely and adequately accommodate and support the member in the course of treatment because of specialized equipment or staff skill set
- Access or availability of a freestanding site of service within the 30-minute or 30-mile standard
- Member is suffering from any of the following conditions:
 - Respiratory disease:
 - Asthma
 - Chronic obstructive pulmonary disease/emphysema
 - Sleep apnea and actively using continuous positive airway pressure
 - Cardiac disease:
 - Congestive heart failure symptomatic within the last month (any episode of documented or active congestive heart failure, emergency room visit, admission, worsening chronic congestive heart failure, recent adjustment of medicines, etc.)
 - Myocardial infarction within the last six weeks
 - Arrhythmia within the last six weeks
 - Pacemaker in place
 - Automatic implantable cardioverter defibrillator in place
 - On warfarin or another anticoagulant
 - On Plavix® or another platelet inhibitor
- Severe anemia/hematocrit < 25%, platelets < 30,000
- Morbid obesity/body mass index > 40
- History of any complication with sedation, anesthesia or surgery

Section one: procedure codes required for precertification in a hospital

The following procedure codes will require precertification to be performed in a hospital. Providers must identify a medical reason why the procedure must be performed in a hospital setting.

Procedures performed in association with an ER visit or associated with an outpatient surgery performed at a hospital on the same day will not require precertification.

Procedure codes requiring precertification in a hospital	
42820	Tonsillectomy and adenoidectomy; younger than age 12
42821	Tonsillectomy and adenoidectomy; age 12 or over
42825	Tonsillectomy, primary or secondary, younger than age 12
42826	Tonsillectomy, primary or secondary, age 12 or over
42830	Adenoidectomy, primary; younger than age 12
42831	Adenoidectomy, primary; age 12 or over
42835	Adenoidectomy, secondary; younger than age 12
42836	Adenoidectomy, secondary; age 12 or over
69420	Myringotomy including aspiration and/or Eustachian tube inflation
69421	Myringotomy including aspiration and/or Eustachian tube inflation requiring general anesthesia
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69610	Tympanic membrane repair , with or without site preparation or perforation for closure, with or without patch