



Maryland HealthChoice Provider Quick Reference

Precertification/notification requirements
Important phone numbers ■ Revenue codes

<https://providers.amerigroup.com/MD>



Easy access to precertification/notification requirements and other important information

For more information about requirements, benefits and services, visit our provider self-service website to get the most recent full version of our provider manual. If you have questions about this *Quick Reference Card (QRC)* or recommendations to improve it, call your local Provider Relations representative. We want to hear from you and improve our service so you can focus on serving your patients!

Precertification/notification instructions and definitions

Request precertifications and give us notifications:

- Online: <https://providers.amerigroup.com/MD>
- By phone: 1-800-454-3730
- By fax:
 - Inpatient: 1-877-855-7559
 - Outpatient: 1-866-920-6180

Precertification — the act of authorizing specific services or activities before they are rendered or occur

Notification — telephonic, fax or electronic communication received from a provider to inform us of your intent to render covered medical services to a member:

- Give us notification prior to rendering services outlined in this document.

- For emergency or urgent services, give us notifications within 24 hours or the next business day.
- There is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.

For code-specific requirements for all services, visit <https://providers.amerigroup.com/MD> and select **Precertification Lookup** from our *Quick Tools* menu.

Requirements listed are for network providers. In many cases, out-of-network providers may be required to request precertification for services when network providers do not.

Audiology Services

Audiology services that are medically necessary will be covered by Amerigroup Community Care for both adults and children. For individuals under the age of 21, bilateral hearing amplification devices are covered by the managed care organization (MCO). For adults 21 and older, unilateral hearing amplification devices are covered by the MCO. Bilateral hearing amplification devices are only covered for adults 21 and older in certain circumstances when the individual has a documented history of using bilateral hearing aids before age 21. These circumstances are listed in the Maryland Department of Health Audiology criteria. The state's audiology medical necessity criteria can be found on the Maryland Department of Health website at <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>.

Behavioral Health/Substance Abuse

- Mental health and substance abuse benefits are managed by Optum.* For questions about benefits or precertification, contact Optum directly at **1-800-888-1965**.
- **Coordination of physical and behavioral health care is essential.**

Cardiac Rehabilitation

Precertification is required for all services.

Chemotherapy

- Precertification is required for inpatient chemotherapy services.
- No precertification is required for chemotherapy procedures when performed in outpatient settings by a participating facility, provider office, outpatient hospital or ambulatory surgery center.

*For information on coverage of and precertification requirements for chemotherapy drugs, see the **Pharmacy** section of this QRC.*

Chiropractic Services

- Precertification is required.
- Spinal manipulation is covered under services related to early and periodic screening, diagnostic testing and treatment for members under age 21. Spinal manipulation is not a covered benefit for members age 21 and older.

Dental Services

- Members may self-refer for these services.
- One dental exam and cleaning every six months are covered. Also covered are limited X-rays and a 20% discount on noncovered services provided by participating dentists.
- Members should contact DentaQuest* at **1-800-720-5949** for a listing of participating dentists or for additional information.

Dermatology Services

- No precertification is required for network providers for evaluation and management (E&M), testing, and most procedures.
- Services considered cosmetic in nature or related to previous cosmetic procedures are not covered.

*See the **Diagnostic Testing** section of this QRC.*

Diagnostic Testing

- No precertification is required for routine diagnostic testing provided in a freestanding radiology facility or physician's office or for tests performed in conjunction with an inpatient stay.
- Precertification through AIM Specialty Health®* is required for coverage of CTA, MRA, MRI, CAT scan, nuclear cardiology, stress echocardiography, transesophageal echocardiography, echocardiogram and PET scan. Contact AIM by phone at **1-800-714-0040** or online at <https://aimspecialtyhealth.com/goweb>. AIM will locate a preferred imaging facility from the Amerigroup network of radiology service providers.

Diagnostic Testing (cont.)

- Most outpatient diagnostic radiology services in the following areas of Maryland must be precertified when provided at a hospital: Anne Arundel, Baltimore, Calvert, Carroll, Charles, Harford, Howard, Montgomery and Prince George's counties and Baltimore City. Please call Amerigroup for precertification.
- Outpatient radiology services excluded from the hospital precertification requirement (which may be provided at a hospital without precertification) include radiation oncology services, services provided in association with an emergency room visit, services provided in association with hospital observation, and services associated with and on the same day as an outpatient surgery performed at a hospital.

Durable Medical Equipment (DME)

- No precertification is required by network providers for glucometers and nebulizers, dialysis and end-stage renal disease equipment, gradient pressure aid, infant photo/light therapy, UV light therapy, sphygmomanometers, walkers, orthotics for arch support, heels, lifts, shoe inserts, and wedges.
- Precertification is required for certain prosthetics, orthotics and DME. Refer to our online Precertification Lookup Tool at <https://providers.amerigroup.com/Pages/PLUTO.aspx>.
- Precertification may be requested by completing a Certificate of Medical Necessity (CMN) — available at our website <https://providers.amerigroup.com/pages/home.aspx> — or by submitting a physician order and an *Amerigroup Referral and Authorization Request* form with appropriate clinical information. A properly completed and physician-signed CMN **must** accompany each claim for a service that requires precertification.

- Amerigroup and providers must agree on Healthcare Common Procedural Coding System (HCPCS) and/or other codes for billing covered services.
- All custom wheelchair precertifications require a medical director's review.
- All DME billed with an RR modifier (rental) requires precertification.

*For guidelines relating to disposable medical supplies, see the **Medical Supplies** section of this QRC.*

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Visit

- Members may self-refer for these services.
- Use EPSDT schedule and **document** visits/encounters on a *Centers for Medicare & Medicaid Services (CMS) 1500 (08-05)* claim form.

Educational Consultation

- No notification or precertification is required.
- Coverage of diabetic nutrition counseling is limited to one initial one-on-one session and up to four subsequent sessions annually.

Emergency Services

- Emergency care in the emergency room does not require prior notification.
- If emergency care results in admission, notification to Amerigroup is required within 24 hours or the next business day.

*For observation precertification requirements, see the **Observation** section of this QRC.*

ENT Services (Otolaryngology)

- No precertification is required for network providers for E&M, testing and most procedures.
- Precertification is required for tonsillectomy and/or adenoidectomy for members age 12 and older, as well as for nasal/sinus surgery and cochlear implant surgery and services.

See the **Diagnostic Testing** section of this QRC.

Family Planning/STD Care

Members may self-refer for these services.

See the *benefits limitations in your provider manual*.

Gastroenterology Services

- No precertification is required for network providers for E&M, testing and most procedures.
- Precertification is required for upper endoscopy and bariatric surgery, including insertion, removal and/or replacement of adjustable gastric restrictive devices and subcutaneous port components.
- Most outpatient gastrointestinal endoscopies in the following areas of Maryland must be precertified when provided at a hospital: Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Charles, Harford, Howard, Montgomery and Prince George's counties. Please call Amerigroup for precertification.
- Outpatient gastrointestinal endoscopies excluded from the hospital precertification requirement (which may be provided at a hospital without precertification) include services provided in association with an emergency room visit, services provided in association with hospital observation, and services associated with and on the same day as an outpatient surgery performed at a hospital.

See the **Diagnostic Testing** section of this QRC.

Gynecology

- Members may self-refer for these services.
- No precertification is required for E&M, testing and procedures if performed by an in-network provider.
- Precertification is required for elective surgeries.

Hearing Aids

As of July 1, 2018, audiology services for the EPSDT population will be provided through the member's MCO. These services were placed back into the MCO system of payment. Effective July 1, 2018, audiology services are a covered Medicaid benefit for all Medicaid participants when determined to be medically necessary. The participant may have to receive a preauthorization or referral from the MCO before visiting an audiologist for evaluation and/or treatment. Maryland Medical Assistance FFS requires preauthorization on certain services.

Hearing Screening

- Precertification may be required by network providers for diagnostic and screening tests, hearing aid evaluations or counseling.
- Audiology services are a covered Medicaid benefit for all Medicaid participants when determined to be medically necessary.

Home Health Care

Precertification is required for procedures and services.

Hospice Care

- Precertification is required for inpatient hospice services.
- Notification is required for outpatient hospice services.

Hospital Admission

- Elective admissions require precertification.
- Emergency admissions require notification within 24 hours or next business day.
- For preadmission lab testing, see your referral directory for a complete listing of participating vendors.
- Notify Amerigroup if same-day admission is required after an outpatient surgery.

Laboratory Services (Outpatient)

- All laboratory services furnished by non-network providers require precertification by Amerigroup except for hospital laboratory services provided for an emergency medical condition.
- For offices with limited or no office laboratory facilities, lab tests may be referred to one of our preferred lab vendors. See your referral directory for a complete listing of participating lab vendors.

Medical Supplies

No precertification is required for most disposable medical supplies. Please check our Precertification Tool at <https://providers.amerigroup.com/Pages/PLUTO.aspx>.

Neurology

- No precertification is required for network providers for E&M and testing.
- Precertification is required for neurosurgery, spinal fusion and artificial intervertebral disc surgery. See **Diagnostic Testing**.

Newborn Care

- We will designate a newborn coordinator (NC) to serve as a point of contact for providers who have questions or concerns related to the eligibility of services for newborns during the first 60 days after birth.

- You can contact the health plan directly and ask to speak to the Newborn Coordinator at **1-410-981-4000**.

Detained Newborns — Hospitals should notify Amerigroup within 24 hours or by the next business day for transfer of a newborn from the nursery to the NICU or to another level of care or to detain a newborn beyond the OB global period. These circumstances are considered separate, new admissions and are not part of the mother's admission.

Observation (Obstetrical and Medical)

No precertification or notification is required for in-network observation. If observation occurs in the ER and the principal diagnosis is not on the auto-pay list, the medical record may be requested for review. If observation results in admission, notification to Amerigroup is required within 24 hours or the next business day.

Obstetrical (OB) Care

- No precertification is required for obstetrical visits or OB diagnostic testing and laboratory services when performed by a participating OB provider's office, freestanding lab or freestanding radiology center.
- Notification of pregnancy and delivery to Amerigroup at **1-800-964-3627** is required at the first prenatal visit and following birth.
- Per routine pregnancy, one ultrasound is covered. Additional ultrasounds are covered based on medical necessity and current practice standards. Please refer to the Ultrasound Policy located at <https://providers.amerigroup.com/Pages/Home.aspx>.
- No precertification is required for labor, delivery and circumcision for newborns up to 12 weeks in age. However, notification of delivery is required within 24 hours, along with newborn information.
- OB case management programs are available.

See the **Diagnostic Testing** section of this QRC.

Ophthalmology (Outpatient)

- Precertification is required for hospitals in the following counties: Anne Arundel, Baltimore, Carroll, Harford, Howard, Montgomery and Prince George's. Precertification is not required for hospitals in Baltimore City. Please call Amerigroup for precertification.
- In all other Maryland counties, precertification is not required.
- Services provided in association with an emergency room visit, detached retina cases and services that always require general anesthesia are excluded from precertification.
- Services considered cosmetic in nature are not covered.

See the **Diagnostic Testing** section of this QRC.

Oral Maxillofacial

See the **Plastic/Cosmetic/Reconstructive Surgery** section of this QRC.

Out-of-Area/Out-of-Network Care

Precertification is required except for emergency care (including self-referral) and OB delivery.

Outpatient/Ambulatory Surgery

Precertification requirement is based on the services being performed.

Pain Management/Physiatry/Physical Medicine and Rehabilitation

Non-E&M-level testing and procedures require precertification for coverage.

Pharmacy

- The pharmacy benefit covers medically necessary prescriptions and over-the-counter (OTC) medications prescribed by a licensed provider. The benefit is provided under a closed formulary/*Preferred Drug List (PDL)*; exceptions and restrictions apply.
 - Refer to our online *PDL* for preferred products within therapeutic categories and requirements around generics, step therapy, quantity edits, and the prior authorization process.
 - Submit a prior authorization request by calling **1-800-454-3730** or using our Pharmacy Online Medication Precertification Tool that allows you to:
 - Submit requests for general pharmacy — medications dispensed directly to a member from retail pharmacy or shipped from a specialty pharmacy.
 - Request medical injectables for those medications obtained by your office/facility for onsite infusion or administration.
 - Check precertification status.
 - Appeal denied requests.
 - Upload supporting documents and review appeal status.
- Log in at <https://providers.amerigroup.com/MD>. Go to Tools > Precertification > Request. You must be a registered user to access the tool. Our site also offers tutorials to guide you through the medication prior authorization process and other helpful functions.
- Providers can submit a prior authorization via fax **1-866-452-5017** or online through the CoverMyMeds* website at <https://www.covermymeds.com/main>.

Pharmacy (cont.)

- Most self-injectable medications, self-administered oral specialty medications and many office-administered specialty medications are available through IngenioRx Specialty Pharmacy* and require prior authorization (PA). To initiate a PA request, call **1-833-255-0646**. Call IngenioRx at **1-833-203-1742** or fax to **1-800-378-0323** to schedule delivery once you receive a PA approval. For a complete list of drugs available through IngenioRx Specialty, visit the *Pharmacy* section of our provider self-service site, https://fm.formularynavigator.com/FBO/4/Maryland_PDL_English.pdf.
- Many injectable drugs and their counterparts in the same therapeutic class require prior authorization by Amerigroup when administered from a provider's supply. Use the **Precertification Lookup** tool on our website to find prior authorization requirements by code.

Plastic/Cosmetic/Reconstructive Surgery (including Oral Maxillofacial Services)

- No precertification is required for oral maxillofacial E&M services.
- All other services require precertification, including treatment of trauma to the teeth and oral maxillofacial medical and surgical conditions such as TMJ.
- Services considered cosmetic in nature or related to previous cosmetic procedures are not covered. Reduction mammoplasty requires a medical director's review.

See the *Diagnostic Testing* section of this QRC.

Podiatry

No precertification is required for E&M, testing and most procedures when provided by a participating podiatrist.

Radiation Therapy

No precertification is required for radiation therapy procedures when performed in the following outpatient settings by a participating facility: provider office, outpatient hospital or ambulatory surgery center.

Radiology

See the *Diagnostic Testing* section of this QRC.

Rehabilitation Therapy (Short-Term): occupational therapy (OT), physical therapy (PT), radiation therapy (RT) and speech therapy (ST)

- Rehabilitation therapy services are a covered Amerigroup benefit for members younger than age 21 only if part of a home health visit or inpatient hospital stay. Precertification is required for services beyond the initial assessment.
- Rehabilitation therapy services that are not part of a home health visit or inpatient hospital stay are provided under Maryland's Medicaid Fee-For-Service program for children younger than age 21.
- Rehabilitation therapy services are a covered benefit for members age 21 and older.
- Precertification is required for PT and OT services beyond the initial assessment for adults age 21 and older. OrthoNet, LLC* conducts medical necessity reviews for adult PT and OT services. Medical necessity criteria must be met. Request precertification by calling OrthoNet* at **1-855-596-7618** or faxing clinical information to **1-855-596-7626**.

Skilled Nursing Facility

Precertification is required.

Sleep Study

Precertification is required.

Sterilization

- Sterilization services are a covered benefit for members age 21 and older.
- No precertification or notification is required for sterilization procedures, including tubal ligation and vasectomy.
- **A *Sterilization Consent* form is required for claims submission.**
- Reversal of sterilization is not a covered benefit.

Termination of Pregnancy

We are not responsible for coverage of abortion procedures, related services provided at a hospital on the day of the procedure or during an inpatient stay, or an abortion package as may be provided at a freestanding clinic; however, we are responsible for coverage of any related services not indicated above that may be performed as part of a medical evaluation prior to the actual performance of an abortion. Additionally, we are responsible for referring members who require or express a need for an abortion to a Medicaid-participating service provider.

Transportation

Members can contact their local health department for assistance, or we can contact the department on behalf of the member. The local health departments are posted on the state website — visit www.dhmf.maryland.gov and click on the LDHS tab.

Urgent Care Center

No notification or precertification is required for participating facilities.

Urology

- Precertification is required for hospitals in the following counties: Anne Arundel, Baltimore, Baltimore City, Carroll, Harford, Howard, Montgomery and Prince George's.
- In all other Maryland counties, precertification is not required.
- Services provided in association with an emergency room visit and services that always require general anesthesia are excluded from precertification.

Vision Care (Routine)

Members may self-refer for services and should call Superior Vision* at **1-844-585-2020** for more information.

Well-woman Exam

Members may self-refer for services. See the benefit limitations in the provider manual.

Revenue (RV) Codes

To the extent the following services are covered benefits, precertification or notification is required for all services billed with the following revenue codes:

- All inpatient and behavioral health accommodations
- 0023 — Home health prospective payment system
- 0632 — Pharmacy multiple source

Important Contact Information



Provider Experience Program

Our Provider Services team offers precertification, case and disease management, automated member eligibility, claims status, health education materials, outreach services, and more. Call

1-800-454-3730, Monday through Friday from 8 a.m. to 6 p.m. Eastern time.

Provider Self-service Site and IVR Available 24/7/365:

To verify eligibility, check claims and referral authorization status, and look up precertification/notification requirements, visit <https://providers.amerigroup.com/MD>. You may also visit the Availity* Portal for:

- Eligibility and benefit inquiries
- Claim status inquiries
- Claim submissions
- A direct link to the Amerigroup provider self-service website for all other functionality, including panel listings, precertification requests and appeals; you can access the link located under the My Payer Portal in the left-hand navigation bar on the Availity website.

Who should I call if I have questions about the Availity Portal?

Contact Availity Client Services at **1-800-Availity (1-800-282-4548)** or email questions to support@availity.com. Availity Web Portal Client Services is available Monday through Friday from 5 a.m. to 4 p.m. Pacific time (excluding holidays).

Can't access the Internet?

Call Provider Services and simply say your National Provider ID when prompted by the recorded voice. The recording guides you through our menu of options — just select the information or materials you need when you hear it.

Our Service Partners

DentaQuest

(dental services for members age 21 and older)

Providers call
1-800-341-8478

Superior Vision

(vision services)

1-844-585-2020

Healthy Smiles Dental Program

(dental services for members younger than age 21 and pregnant women)

- Providers call
1-844-275-8753
- Members call
1-855-934-9812

IngenioRx Specialty Pharmacy

(for specialty drugs)

- Phone:
1-833-255-0646
- Fax:
1-833-263-2871

AIM Specialty Health

(radiology precertification)

1-800-714-0040

Claims Services

Timely filing is within 180 calendar days of the date of service.

Electronic Data Interchange (EDI)

Call our EDI hotline at **1-800-590-5745** to get started. We accept claims through three clearinghouses:

- Emdeon (payer 27514)
- Capario (payer 28804)
- Availity (payer 26375)

Paper Claims

Submit claims on original claim forms (*CMS 1500* or *CMS 1450*) printed with dropout red ink or typed (not handwritten) in large, dark font. **AMA-** and **CMS-** approved modifiers must be used appropriately based on the type of service and procedure code. Mail to:

Amerigroup Community Care
Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010

Payment Disputes

Claims payment disputes, or grievances, must be filed within 90 business days of the adjudication date of the explanation of payment. Forms for provider appeals are available on our website. Mail to:

Amerigroup Community Care
Payment Dispute Unit
P.O. Box 61599
Virginia Beach, VA 23466-1599

Medical Appeals

Medical appeals, or medical administrative reviews, can be initiated by members or providers on behalf of members and must be submitted within 90 business days from receipt of an adverse determination. Submit appeals in writing to:

Amerigroup Community Care
Centralized Appeals Processing
P.O. Box 61599
Virginia Beach, VA 23466-2429

When submitting an appeal on behalf of a member, write a letter or use the Provider Appeals form on our website. You **MUST** have written authorization from the member to act as the designated representative.

Health Services

Care Management Services • 1-800-454-3730

We offer care management services to members who are likely to have extensive health care needs. Our nurse care managers work with you to develop individualized care plans, including identifying community resources, providing health education, monitoring compliance, assisting with transportation, etc.

Disease Management (DM) Services • 1-888-830-4300

DM services includes addressing the health needs of our members through education and connecting members to local community support agencies and events in the health plan's service area as applicable. DM services are available for members with the following medical conditions: asthma, bipolar disorder, COPD, CHF, CAD, diabetes, HIV/AIDS, hypertension, obesity, major depressive disorder for adults and adolescents and schizophrenia.

Nurse HelpLine • 1-800-600-4441 (TTY 711)

Members can call our 24-hour Nurse HelpLine for health advice 7 days a week, 365 days a year. When a member uses this service, a report is faxed to your office within 24 hours of receipt of the call.

Member Services • 1-800-600-4441 (TTY 1-800-855-2880)

* IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care. Availity is an independent company that administers the secure provider portal on behalf of Amerigroup Community Care. AIM Specialty Health is a separate company providing utilization review services on behalf of Amerigroup Community Care. Optum is a separate company providing behavioral health/substance abuse services on behalf of Amerigroup Community Care. DentaQuest is a separate company providing dental services on behalf of Amerigroup Community Care. Superior Vision is a separate company providing vision services on behalf of Amerigroup Community Care. OrthoNet, LLC is an independent company providing musculoskeletal management services on behalf of Amerigroup Community Care. CoverMyMeds is a separate company providing prior authorization review services on behalf of Amerigroup Community Care.



An Anthem Company