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Spine Surgery and Pain Management Program

Why is Amerigroup Community Care implementing this Utilization Management (UM) program?
Amerigroup is implementing the program as a result of a gap identified in outcomes of care expectations for certain spine surgery and pain management procedures (not including trigger point injections).

What is the effective date for the program?
The effective date of this program is June 1, 2015.

What is OrthoNet's role in the authorization process?
Amerigroup has delegated the precertification of certain spine surgery and pain management procedures (not including trigger point injections) to OrthoNet Amerigroup members in Nevada who are Medicaid enrollees. OrthoNet is responsible for the prior authorization process and the related clinical determinations.

What services does this include?
These services are listed on the Amerigroup Prior Authorization List that is available at providers.amerigroup.com/Pages/PLUTO.aspx.

The most common spine surgeries include, but are not limited to, disectomies, laminectomies, laminotomies, fusions of all types and proposed use of all types of spinal implants. The most common pain management procedures include, but are not limited to, epidural injections, facet blocks, facet destruction, spinal cord stimulators and implantable infusion pumps for non-malignant pain management indications.

What services are not included?
Excluded from the program are procedures that are not on the published Amerigroup Prior Authorization List or subject to other Amerigroup UM programs that involve precertification or concurrent review. Trigger point injections are not subject to review in this program.

Is a referral required?
Amerigroup does not require referrals from primary care physicians (PCP) to specialists performing pain management procedures. Some specialists request referrals and clinical information from a PCP to be seen for consultation.

Does the setting of the service affect the required precertification?
No, this precertification is for the professional services. Any facility precertification which is required must still be obtained separately. Consult the member's benefit plan for specifics.

Where will providers submit their claims for these services?
There is no change to the claims submission process you now follow. Providers should continue to submit claims to Amerigroup in the usual manner.

What happens if an Amerigroup member receives any of these services without authorization?
Any claim submitted for services without prior authorization will be subject to denials. Additionally, services provided without prior authorization may be subject to retrospective medical necessity review.

Will these programs affect all Amerigroup members?
All Amerigroup members in Nevada will require an authorization for spinal surgery and pain management services through OrthoNet.

How do we obtain an authorization from OrthoNet?
The authorization process is straightforward. Please download a copy of the cover sheet for your request and complete the demographics and other questions. Please submit the relevant clinical history, reports of imaging and other pertinent clinical information to the toll free fax number 1-844-283-5992. You will be contacted if additional information is required.

If you would like additional information on this program, please review the information on OrthoNet's website www.orthonet-online.com, consult providers.amerigroup.com/Pages/PLUTO.aspx or call OrthoNet at 1-844-321-2473.

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

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 1-2 business days following the receipt of all necessary clinical information. Providers will be notified on the same day the decision is made.

What about patients currently undergoing a course of treatment?
For proposed surgeries on or after June 1, 2015, all cases must receive prior authorization. For a patient undergoing a series pain management procedures that has already started prior to June 1, 2015, precertification is required for any services proposed for delivery after that date.

What will OrthoNet need to render a decision on my request?
OrthoNet will need sufficient detailed, patient-specific clinical information to make the decision. This will include, at the minimum, 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 the proposed surgery including implants to be used is also essential. While a list of possible CPT4 codes can be submitted, it is far more preferable to provide a written statement of the proposed clinical procedures.

It is important to include a contact telephone number and fax number with the submission. This will facilitate any requests for additional information.

Must I use OrthoNet's Fax Request Cover Form?
Due to the high volume of requests and additional submissions that OrthoNet will receive each day, the cover sheet is essential to ensure routing your clinical data to the proper reviewers in an expeditious manner.

Who will review my request?
Your requests will initially be assembled for review by registered nurses and physicians' assistants who have expertise in these areas of practice. All clinical decisions will be made by board-certified physicians with credentials, training and experience with the specific clinical services being reviewed.

What if I disagree with OrthoNet's determination?
All of these programs operate under the existing Amerigroup Appeals and Grievances program. Providers and members have specific rights under these programs. It is recommended that treating physicians consider discussing the determination with one of the OrthoNet physician reviewers if they wish to. This will allow for you to review the key data, offer any additional data or clinical synthesis that you believe is relevant, and discuss the basis for the lack of authorization with a qualified reviewer.

Where do I submit claims?
There is no change to the claims submission process you now follow. Providers should continue to submit claims to Amerigroup in the usual manner.

Does getting an authorization mean that my claim will not be audited?
No. Prior authorization refers to establishing that the proposed service(s) are medically necessary under the member's plan if they are performed.

OrthoNet and Amerigroup also conduct separate professional and facility claim review programs that seek to ensure the services for which payment is requested are properly and accurately represented by CPT4 and other codes on your professional bills. Services preauthorized by OrthoNet under this program may also be audited prior to payment or post-payment. The authorization is not a guarantee of payment for specifically billed CPT codes. All claim submissions must follow the applicable Amerigroup rules for correct coding. For additional information on coding, see providers.amerigroup.com/Pages/PLUTO.aspx.