

Medicaid
Children's Health Insurance Program



Amerigroup Iowa, Inc.

Iowa Medicaid Town Hall
January 26, 2023

Overview



- What requires prior authorization/precertification.
- Member resources:
 - [Member website](#).
 - [Member handbook \(English\)](#).
 - [Member handbook \(Spanish\)](#).
- Provider resources:
 - [Provider website](#).
 - [Medicaid Provider Manual](#).
 - [Precertification Lookup Tool \(PLUTO\)](#).
 - [Forms](#).
 - [Medical Policies and Clinical UM Guidelines](#).

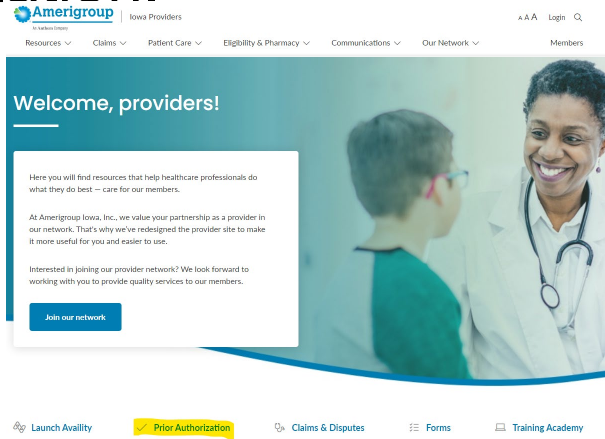
Prior Authorization/Precertification

- **All** inpatient services require authorization.
 - This includes concurrent review.
- Certain behavioral health services **always** require precertification when billed with applicable revenue codes.
- Certain outpatient procedures, services, or supplies require precertification.



Precertification Lookup Tool (PLUTO)

Providers are encouraged to utilize the Prior Authorization Lookup Tool (PLUTO) on our website to determine if the CPT/HCPCS code, or code description, requires an authorization.



Market

Iowa

Line of Business

Select Line of Business

Drug name, CPT/HCPCS Code or Code Description

Type a drug name, CPT/HCPCS code or code description

Search

AVAILABLE FOR BOTH MEDICARE AND MEDICAID SERVICES



Information Needed for Medical Necessity Determination

- Member name and IA Health Link identification (ID) number
- Diagnosis with the International Classification of Diseases (ICD-10) code
- Procedure with the Current Procedural Terminology (CPT) code
- Date of injury or hospital admission
- Third-party liability (TPL) information, if applicable
- Facility Name, if applicable
- Facility ID number, if applicable
- Requesting physician/provider, if applicable
- Primary Care Physician (PCP), if applicable and different from the requesting physician/provider
- Level of Care (LOC) requested, if applicable with supporting documentation
- Clinical justification for the request, including but not limited to the following:
 - Lab, radiology, and pathology test(s) result(s)
 - Medications
 - Treatment plan, including time frames
 - Treatment(s)/Intervention(s) and the member's response—including treatments and interventions provided in the Emergency Room (ER)
 - Diagnoses of differentiation, if applicable
 - Current History and Physical (H&P)
 - Prognosis
 - Psycho-social status
 - Exceptional or special needs issues
 - Ability to perform activities of daily living (ADLs)
 - Discharge plans
 - Any known barriers to discharge

Additional information is available beginning on page 83 of the Amerigroup Provider Manual.



Helpful Tips from UM

Helpful UM Tips

- Write clearly/legibly on the request for prior authorization form.
- Verify CPT/HCPC codes, and modifiers if applicable, requested are accurate and require prior authorization.
- Authorization status can be verified using the Availity portal.
- Include name, phone number, NPI, Tax ID, and fax number on the authorization request for the person to contact if additional information is needed or when a decision has been rendered.
 - Verify accuracy of servicing and requesting provider information.
- Clinical submitted should “tell the story” of the care that is required; the identified need, intervention, and treatment progress.





Member Resources

Member Website



- Educational Materials
- Find a Doctor
- Live chat with a member services representative or send a secure message.
- Member Handbook
- Review Benefits
 - Iowa Healthlink
 - Health and Wellness
- Additional resources

Amerigroup

Benefits Apply Care Get Help A A A Español Login

Member Materials

Get the information you need to manage your health
Health care can be hard to understand. Use these resources to help you get the most from your benefits.

New to Amerigroup?
As a new member, we know you have questions. We also know you're short on time! Learn the basics about your health plan in these videos.

[Go to videos](#)

Member Handbooks

Your member handbook is your go-to-guide for health services. Read it to find out about:

- How to use your benefits.
- Special programs and services, including case management, service coordination and our Health Home program.
- How to choose a primary care provider.
- How to get help if your doctor's office is closed.
- Renewing your coverage.
- How to reach Amerigroup Member Services if you have questions.
- Your rights and responsibilities as an Amerigroup member.

[Member Handbook - English](#)
[Member Handbook - Spanish](#)

Need a printed member handbook?
To request a member handbook be mailed to you at no cost, call Member Services at 1-800-600-4441 (TTY 711).

Preventive Health Guidelines

Use this guide to know when to set up visits with your doctor for you and your children.

[Preventive Health Guidelines - English](#)
[Preventive Health Guidelines - Spanish](#)

Amerigroup blog

Read helpful articles about health and wellness.
[Visit our blog](#)

Need help with something? Contact Member Services. You can [live chat](#) with a representative or [send us a secure message](#) in a secure log in. You can also call 1-800-600-4441 (TTY 711) to request materials in another language or format including audio, braille, or large print.

[Get help in another language](#)

Non Discrimination Policy
[English](#)
[Spanish](#)

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Provider Resources

Provider Website



- Communication bulletins
- Forms
- Medicaid Provider Handbook
 - Medicare Provider Handbook
- Precertification Lookup Tool (PLUTO)
- Medical Policy and Clinical Guidelines
- Additional Resources

