

Appropriate follow-up for children prescribed attention deficit hyperactivity disorder (ADHD) medications

- Ensure that children are appropriately diagnosed by using rating scales to be completed by parents and the school. Several tools such as the Vanderbilt ADHD Diagnostic Rating Scale are available on the internet at no charge.
- If you are a prescriber of an ADHD medication for a first-time user, see the child at least once within the first month, and twice more during the next nine months.

Antidepressant medication management

- If you are a prescriber of an antidepressant for a first-time user, encourage members to follow up with you for medication refills as needed.
- Patients should understand that some people need to remain on medication for several months or years (maintenance therapy).

Initiation and engagement of alcohol and other drug dependence

- Every time a patient receives a primary or secondary diagnosis indicating abuse of alcohol or other drugs, schedule a follow-up visit within 14 days.
- During the second visit, schedule two additional visits and/or schedule the patient to see a substance abuse treatment specialist within the next 14 days.

Case management program at Amerigroup

The goal of the case management program is to provide high-quality, integrated, culturally competent case management services to members assessed as having high medical and/or nonmedical case management needs. The case management program meets this goal by:

- Using qualified staff to collaboratively identify and assess the physical, behavioral, cognitive, functional and social needs of members for case management services
- Developing a comprehensive care plan with input from the member
- Working with the member and his or her providers to complete a planned and prioritized set of interventions tailored to the individual needs of the member and his or her family/support system

Program staff encourages members to take action to improve their overall quality of life, functional status and health outcomes and strives to ensure the delivery of services in the most cost-effective manner. Case management is designed to proactively respond to a member's needs when conditions or diagnoses require care and treatment for long periods of time. When a member is identified (usually through precertification, admission review and/or provider or member request), the Amerigroup nurse or behavioral health clinician helps to identify medically appropriate alternative methods or settings in which care may be delivered.

Our mission

To coordinate the physical and behavioral health care of eligible members, offering a continuum of targeted interventions, education and enhanced access to care to ensure improved outcomes and quality of life for eligible members.

Amerigroup case management programs

We encourage our providers to refer members to our programs. When we receive the referral, someone from our case management staff will call the member to discuss available programs. A provider, on behalf of the member, may request participation in the program. The nurse will work with the member, provider and/or the hospital to identify the following as necessary:

- Intensity level of case management services
- Appropriate alternate settings where care may be delivered
- Health care services
- Equipment and/or supplies
- Community-based services available
- Communication (i.e., between member and PCP)

Amerigroup care managers are licensed nurses/social workers and are available from 8:30 a.m. to 5:30 p.m. Eastern time, Monday through Friday. The Nurse HelpLine is available 24 hours a day, 7 days a week for our members at 1-800-600-4441. Please call 1-800-454-3730 to reach an Amerigroup care manager. Your patients can get information about case management services by visiting www.myamerigroup.com/GA or calling 1-800-600-4441.

Claim submission guidelines

- Claims are to be submitted on the CMS 1500 claim form.
- Correct and current practitioner information, including National Provider Identifier (NPI) should be entered on all claims.
- Correct and current member information, including the Amerigroup member ID, must be entered on all claims.
- Original claims must be submitted to Amerigroup within 180 calendar days from the date services were rendered.
- Claims with corrections must be submitted within 90 calendar days from the date services were rendered.
- A list of acceptable claims modifiers can be found in the provider manual available at: <https://providers.amerigroup.com/GA>.

Behavioral health claims

Paper behavioral health claims can be submitted to the following address:

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

Electronic claims can be submitted using Electronic Data Interchange (EDI). Amerigroup encourages electronic claims submission through:

- Emdeon: Payer ID 27514
- Capario: Payer ID 28804
- Availity: Payer ID 26375

Provider Quick Reference

- ✓ Important Phone Numbers
- ✓ Precertification/ Notification Requirements
- ✓ Claims Submission Guidelines



Georgia Families 360°SM
Behavioral Health



<https://providers.amerigroup.com/Pages/GAFosterCare.aspx>

Georgia Families 360°

Georgia Families 360° is a program that delivers care to children, youth and young adults in foster care, children and youth receiving adoption assistance, and certain youth in the juvenile justice system. The Georgia Families 360° program began in March 2014 using a single care management organization to improve access to, and coordination of, care.

Our approach

At Amerigroup, our approach to treatments and services for all members is planned in collaboration with the family and all organizations involved in the member's life. We aim to provide a comprehensive system of care that is community-based and promotes positive healthy outcomes for adults, children, adolescents and their families. We embrace the practice of family driven, culturally and linguistically competent care. We utilize, whenever possible, evidence-based or best practice-subscribed services and supports. Amerigroup always strives to use the least restrictive and least intrusive services that are condition-appropriate and cost-efficient.

Key contact information

Provider services	1-800-454-3730
Case management	678-587-4758
Precertification fax	1-800-964-3627
Behavioral Health Georgia Families 360° outpatient request fax	1-888-375-5070
Nurse HelpLine	1-800-600-4441
Pharmacy services	1-800-364-6331
Georgia Families 360° Member Services	1-855-661-2021
Georgia Families 360° Member Record Fax	1-888-375-5064

Amerigroup Community Care
 Georgia Families 360° Provider websites:
<https://providers.amerigroup.com/Pages/GAFosterCare.aspx>
<https://providers.amerigroup.com/GA>

Member eligibility

Provider may check member eligibility by:

- Contacting Provider Services at: 1-800-454-3730
- Accessing Amerigroup provider self-service site at: <https://providers.amerigroup.com/GA>

Precertification and notification requirements summary

The following behavioral health services are examples of services that require precertification. To find out if a service requires precertification, please visit our provider self-service site and use our precertification lookup tool to search services by code:

- Acute psychiatric and substance abuse inpatient admissions
- Crisis Stabilization Unit (CSU) Services
- Psychiatric Residential Treatment (PRTF)
- Partial Hospitalizations (PHP)
- Intensive Outpatient Program (IOP)
- Intensive Family Intervention (IFI)
- Community Support Individuals (CSI)
- Psychological Testing

Prior authorization forms can be located at: <https://providers.amerigroup.com/GA> under **Provider Resources & Documents > Forms**

Authorization exceptions for Georgia Families 360° members

Precertification is not required for the first 10 individual or group outpatient psychotherapy sessions provided by a contracted behavioral health provider per 12-month rolling period. Such sessions may include initial evaluation. Additional visits will be reviewed and approved based on a medical necessity review conducted by Amerigroup.

The correct code for Trauma Assessment is H0031.*

*Please check your individual contract to determine if the code is reimbursable. Not all codes are reimbursable for all providers. For questions, please contact your Provider Relations representative.

Emergency services

Behavioral Health emergency services are recommended for members experiencing acute crises resulting from a mental illness. An acute crisis is an incident at a level of severity that

meets the requirement for involuntary examination pursuant to 2010 Georgia Code Title 37, Chapter 3 and, in the absence of a suitable alternative or psychiatric medication, would require the hospitalization of the member.

In the event of a behavioral health and/or substance abuse emergency, the safety of the member and others is paramount. Instruct the member to seek immediate attention at a behavioral health crisis service facility or an emergency room.

Care coordination model

A key element of the model for coordinated and integrated physical and behavioral health services includes ongoing communication and coordination between PCPs and specialty providers, including behavioral health (mental health and substance use) providers.

Tools and forms can be located at: <https://providers.amerigroup.com/GA> under **Provider Resources & Documents > Forms**

Coordination of care

Amerigroup care coordinators and managers support health treatment providers by facilitating communication between all members of a child's/youth's treatment team. Since children in Georgia Families 360° have diverse needs, Amerigroup developed specialized Care Coordination programs to address those needs. These programs include:

- Physical health programs focusing on members with complex medical needs
- Behavioral health programs targeting members with intellectual and developmental disabilities, youth transitioning out of foster care, and members with complex behavioral needs
- Coordination of community services to support the youth in their natural environment.

Care coordination services

The goal of care coordination services is to support the Georgia Families 360° population through coordination with state agencies, primary care physicians and associated providers, wrap-around services and other community-based programs to improve member's health outcomes.

Objectives for care coordination include:

- Ensuring that members receive medical, trauma, dental and other associated follow-up care within contractual guidelines and medical records for these services are submitted via fax to Amerigroup within 24 hours of rendering the service to 1-888-375-5064.
- Meeting required timelines for treatment. For example, the youth must complete preventive health and dental checks within 10 days of enrollment or notification of the youth's enrollment into foster care. The Trauma Assessment should be completed within 18 days of a member being newly enrolled to foster care in order for CCFA providers to submit timely as required.
- Enhancing medical and behavioral health services and reducing unnecessary and costly institutionalizations, hospitalizations and emergency room visits by providing:
 - Comprehensive case management
 - Care coordination
 - Health promotion
 - Disease management
 - Comprehensive transitional care/follow-up
 - Patient and family support
 - Referral to community and social support services

Note: We encourage placement providers, guardians, parents and other community stakeholders to actively assist in getting the child all needed services. We are all working together to meet the needs of the youth.

Specialty survey

Amerigroup is committed to finding the best ways possible to support our members and providers. You can help by letting us know about the services your practice currently performs. Please respond to our brief 5-10 minute survey at www.surveymonkey.com/s/AGPGABH.

Your response is critical in helping us match the services your practice provides with our members' needs.

Improving quality in your practice

Amerigroup is committed to improving clinical quality of the behavioral health services provided to members. The National Committee for Quality Assurance (NCQA) measures health plan performance on key performance measures annually. Our performance as a health plan is a direct reflection of your performance as a provider. Below are tips to help improve rates:

Follow up after discharge for behavioral health

- Ensure your current patients have a scheduled appointment within seven days of member discharge after a hospital stay for a behavioral health disorder.
- If you are referred a new patient, please secure an appointment before they leave the hospital.
- Code correctly! The following codes are acceptable when billing the post discharge visit:

CPT	HCPS
Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health practitioner.*	
90785, 90832-90838, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485
CPT	POS
Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.*	
90785, 90791, 90792, 90832-90838, 90845, 90847, 90849, 90853, 90863, 90870, 90875, 90876	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	52, 53

*Please check your individual contract to determine if the code is reimbursable. Not all codes are reimbursable for all providers. For questions, please contact your Provider Relations representative.