Amerigroup

An Anthem Company




Provider Quick Reference Guide

- Important phone numbers
- Provider Services
- Benefits and prior authorization/notification requirements

New Jersey

Provider website — Medicaid and Medicare FIDE SNP:
https://providers.amerigroup.com/NJ
Provider Services: 1-800-454-3730
Availity Portal: https://www.availity.com

NJPEC-1523-18

Ongoing provider communications: To keep you up-to-date with the information required to work effectively with Amerigroup Community Care and our members, we send you messages through a variety of channels: broadcast faxes, provider newsletters, and news and announcements posted on our provider website (https://providers.amerigroup.com/NJ).

Easy access to important information for Medicaid-only products

This guide is a summary and may not contain all of the information you need. For the most up-to-date information about provider requirements and member benefits and services, visit our provider website (https://providers.amerigroup.com/NJ), access the secure Availity Portal (https://www.availity.com), or contact Provider Services (1-800-454-3730) or your Network Management representative.

If you have questions about this *Provider Quick Reference Guide (QRG)* or recommendations about how to improve it, contact your Network Management representative. We want to hear from you!

Provider Experience Program

Provider Services • 1-800-454-3730

Our Provider Services team offers prior authorization/notification services, care and disease management, automated member eligibility, claims status, health education materials, outreach services, and more.

Provider Referral Directory

To view the Amerigroup network of participating physicians, hospitals and other health care professionals, go to https://providers.amerigroup.com/NJ and select **Find a Doctor**.

Provider websites are available 24 hours a day, 7 days a week and 365 days a year

Clinical Practices Guidelines, medical and reimbursement policies, prior authorization requirements, forms, and general information are available on the provider website (https://providers.amerigroup.com/NJ) and on the secure Availity Portal (https://www.availity.com).

Can't access the internet?

Call Provider Services and provide 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.

Availity • https://www.availity.com • 1-800-282-4548

The Availity Portal offers a variety of online functions to help providers reduce administrative resources by eliminating paperwork and phone calls. The online multipayer portal provides access to multiple payer information with a single, secure login.

The Availity Portal offers the following for Amerigroup providers:

- Eligibility and benefits inquiries
- Claim status inquiries and submissions for medical, home- and community-based services, behavioral/mental health and substance use disorder, and durable medical equipment services. For dental and vision claims, see the *Our service partners* section.
- A direct link to the Amerigroup provider self-service portal for all other functionalities, including PCP member panel listings, submission of prior authorization requests, and Patient360 to quickly retrieve treatment and pharmacy history to facilitate care coordination.

If you have questions about Availity or need assistance with registration, contact Availity Client Services at 1-800-AVAILITY (1-800-282-4548), email questions to support@availity.com or call Provider Services.

Interpreter and communication services • 1-800-454-3730

- Over-the-telephone interpreter services are available 24 hours a day, 7 days a week. Call Provider Services at 1-800-454-3730 to make arrangements.
- To request an in-office interpreter or sign language services, contact Provider Services.
- Written materials in the member's language or in large print, audio and accessible electronic formats are available for members upon request.

Eligibility and benefits

Inquiries can be performed at the secure Availity Portal (https://www.availity.com) or by contacting Provider Services. Providers can also access the New Jersey Medicaid Management Information System (NJMMIS) Eligibility Verification System at https://www.njmmis.com.

For more information about Amerigroup member benefits under NJ FamilyCare and Managed Long Term Services & Supports (MLTSS), visit the member website at https://www.myamerigroup.com/nj/pages/welcome.aspx or contact Provider Services.

Help identify members who may qualify for MLTSS coverage by contacting the MLTSS department or a State of New Jersey health benefits coordinator at 1-800-701-0710 (TTY 1-800-701-0720).

Health services

24-hour Nurse HelpLine (available 7 days a week and 365 days a year) • 1-800-600-4441 (TTY 711)

Members may call our 24-hour Nurse HelpLine for medical advice and assistance.

Care Management services • 1-800-454-3730

- We offer care management services for members with chronic or at-risk conditions or who are likely to have extensive health care needs. For Amerivantage special needs plans (SNP), call 1-800-805-4589.
- Our nurse care managers work with providers to develop individualized care plans and provide help with finding specialists, scheduling appointments, securing assistance with transportation, and arranging for medical equipment.
- We work with members to provide health education, monitor compliance with treatment plans, identify community resources and ensure members have access to supportive services.

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

- We offer nine core programs to help manage members with chronic diseases to improve health and quality of life through education and self-care efforts.
- Programs include: asthma, chronic obstructive pulmonary disease, coronary artery disease, HIV/AIDS, major depressive disorder — adult and child/adolescent, diabetes, schizophrenia, hypertension and bipolar disorder.
- Our licensed clinical case managers use evidence-based, national practice guidelines to provide collaborative practice models that coordinate care with PCPs and supportive service providers in treatment planning; continuous self-management education including primary prevention, coaching related to healthy behaviors modification and compliance/surveillance; case/care management services for high-risk members; and ongoing communication with providers regarding patient status.

Health Education • 1-800-454-3730

- *Ameritips* provides member-orientated, easy-to-follow suggestions that help members manage their health. Specific topics may be requested for placement in your practice.
- Upon request, health educators are available to provide free on-site workshops specific to the needs of your practice.

Precertification/notification requirements

Inpatient services always require prior authorization.

Amerigroup uses MCG Care Guidelines for medical necessity reviews, medical acute inpatient concurrent reviews, acute inpatient site of service appropriateness and behavioral health. McKesson InterQual® is used for post-acute inpatient services and home health. American Society of Addiction Medicine criteria is used for all levels of care related to substance use disorder. Amerigroup *Medical Policies* and appropriateness of physical health services. Amerigroup *Behavioral Health Medical Necessity Criteria* (https://medicalpolicies.amerigroup.com/am_search.html) are used for outpatient rehabilitation.

Clinical guidelines are available online at https://medicalpolicies.amerigroup.com/am_search.html or https://providers.amerigroup.com under *Quick Tools*.

For Amerigroup Amerivantage (Medicare Advantage) prior authorization and notification guidelines, consult the Amerigroup Amerivantage provider manual on our provider website (https://providers.amerigroup.com/NJ), access the Precertification Lookup Tool Online (PLUTO) or contact Amerigroup Amerivantage Provider Services at 1-800-805-4589.

Prior authorization requests and notifications can be submitted online, by fax or by phone for medical services, home- and community-based services, behavioral/mental health and substance use disorder services, and durable medical equipment (DME).

Nonparticipating providers are required to call us.

- Online: https://www.availity.com
- By phone: 1-800-454-3730
- By fax (forms are available on our website):
  - Inpatient admissions, surgeries and other general requests: 1-800-964-3627
  - Behavioral/mental health and substance use disorders (inpatient): 1-877-434-7578
  - Behavioral/mental health and substance use disorders (outpatient): 1-800-505-1193
  - MLTSS: 1-888-826-9762
  - Pharmacy (retail drugs): 1-844-509-9863
  - Pharmacy (medical injectables): 1-844-509-9865

Dental, diagnostic, and therapy services are authorized through our service partners:

Dental care
Liberty Dental Plan
Phone: 1-833-276-0854
Online: www.libertydentalplan.com

Diagnostic testing, cardiology services, genetic testing, radiation oncology and sleep studies
AIM Specialty Health® (AIM)
Phone: 1-800-714-0040
Online: www.aimspecialtyhealth.com

Therapy services: physical, occupational and speech therapy
The Therapy Network of New Jersey (TNNJ)
Phone: 1-855-825-7818
Online: http://mytnnj.com

If a request for nonemergency services (home care, home infusion, DME or out-of-network outpatient) was submitted and a response has not been received within 14 days, contact the Health Care Management Services Precertification team at 732-452-6000. Contact Provider Services at 1-800-454-3730 for the status of all other prior authorization requests for nonemergency services.

For code-specific requirements for all services (including pharmacy), select **Precertification Lookup** from the *Quick Tools* menu at https://providers.amerigroup.com or visit https://providers.amerigroup.com/Pages/PLUTO.aspx.

Prior authorization/precertification — the act of authorizing specific services or activities before they are rendered or occur

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

- Provide notification prior to rendering services outlined in this document.
- For emergency or urgent services, provide notification within 24 hours or the next business day.
- For emergency services, there is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.

Benefits and prior authorization/notification summary

Self-referral — Amerigroup does not require referrals to participating specialists.

Requirements listed are for network providers. Nonparticipating providers and facilities are required to submit prior authorization requests for all elective services by calling 1-800-454-3730; faxed or online requests are not accepted.

Behavioral/mental health and substance use disorder services

- Prior authorization is required for all inpatient, partial hospitalization/partial care, adult mental health rehabilitation and substance use disorder services.
- Effective October 1, 2018, Amerigroup retains responsibility for all acute inpatient psychiatric and detoxification admissions to an acute care hospital or stand-alone psychiatric hospital for all NJ FamilyCare members.
- Behavioral/mental health and substance use disorder services are covered for members enrolled in Division of Developmental Disabilities (DDD), MLTSS and Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). This includes outpatient and inpatient services.
- Covered services for DDD, MLTSS and FIDE SNP include:
  - Behavioral/mental health services: outpatient mental health, partial care, partial hospitalization and adult mental health rehabilitation (psychiatric group homes)
  - Substance use disorder services: outpatient substance use disorder treatment, intensive outpatient, partial care, opioid treatment (methadone and suboxone), medically monitored inpatient withdrawal management, short-term residential and ambulatory withdrawal management
- Outpatient behavioral/mental health and substance use disorder services are managed by the state for all other Medicaid and NJ FamilyCare enrollees not enrolled in DDD, MLTSS or FIDE SNP.

Chemotherapy

- Prior authorization is not required for chemotherapy services when performed in an outpatient facility or ambulatory surgery center.
- For information on coverage and prior authorization requirements for chemotherapy drugs, use PLUTO or contact Provider Services.
- Limitations and exclusions apply for experimental/investigational treatments.

Chiropractic Services

- Prior authorization is not required.
- Covered services are limited to treatment by means of manual manipulation of the spine. Use PLUTO to verify eligible services.

Dental services

- For any situation in which a provider has questions or concerns, the provider can contact Liberty Dental directly.

  1-833-276-0854
  prinquiries@libertydentalplan.com
  Liberty Dental Plan
  Attn: Professional
  P.O. Box 26110
  Santa Ana, CA 92799-6110
- Covered services are provided by Amerigroup through Liberty Dental Plan (https://www.libertydentalplan.com/Resources/Documents/ma_NJ_FamilyCare_PRG_Amerigroup.pdf) and include diagnostic and preventive services (e.g., exams, cleanings, space maintainers) as well as restorative services, endodontic, periodontic, prosthodontic, oral and maxillofacial surgery and adjunctive services.
- Fluoride varnish or topical application of fluoride is covered twice yearly for all members. Fluoride varnish may be provided by dental providers and NJ Smiles trained PCP office staff.
- Sealants and sealant repairs are covered for bicuspids and permanent molars once every three years for members under age 17 and are covered beyond these parameters with prior authorization for members with special health care needs.
- Prior authorization is required for endodontic, periodontic and prosthodontic services as well as oral maxillofacial medical and surgical conditions, including TMJ. Emergency treatment does not require prior authorization.
- Dental implants associated with retaining complete dentures are covered when medically necessary and with prior authorization.
- Orthodontic services are covered with prior authorization when medically necessary through age 20 or upon loss of eligibility. Medically necessary conditions for orthodontic services include severe functional difficulties, developmental anomalies of facial bones and/or oral structure, facial trauma resulting in severe functional difficulties, and/or demonstration that long-term physiological health requires orthodontic correction.
- Contact Liberty Dental at 1-833-276-0854, option 2 for procedures regarding treatment for dental emergencies (including oral-facial trauma, requests for emergency specialty care, if an emergency endodontic service is needed or for out of state or out of network services).

NJ Smiles

- NJ Smiles is a program that allows trained PCPs and PCP staff to provide dental risk assessment, fluoride varnish applications and dental referrals for children through age of 6.
- Review the *NJ Smiles Directory* at https://www.myamerigroup.com/nj/care/find-a-doctor.html to refer to general dentists and dental specialists.

Diagnostic testing: cardiology services, genetic testing, radiation oncology and sleep studies

- Contact AIM to locate an in-network imaging facility.
- Prior authorization is not required for most routine diagnostic testing.
- Prior authorization through AIM is required for certain outpatient invasive and noninvasive diagnostic interventional procedures and advanced radiologic imaging procedures including MRAs, MRIs, CT/CTA scans, nuclear cardiology and radiology procedures, PET scans, ECGs, SEs, TTEs, TEEs, arterial ultrasounds, cardiac catheterizations, and PCI.
- Clinical appropriateness review of arterial duplex imaging or PCI procedures, if not identified until patients have undergone a physiological study or cardiac catheterization, must be requested no later than 10 business days after services are performed and prior to claim submission.
- Outpatient radiology services excluded from the prior authorization requirement include: radiation oncology services, services provided in association with an emergency room visit, observation stays, and services associated with and on the same day as a precertified outpatient surgery performed at a hospital.

Durable medical equipment

- Prior authorization is required for rentals, certain prosthetics and orthotics.
- Use PLUTO to verify eligible services and authorization requirements.
- A properly completed and physician-signed *Certificate of Medical Necessity (CMN)* **must** accompany each claim for the following services: hospital beds, support surfaces, motorized wheelchairs, manual wheelchairs, continuous positive airway pressure devices, lymphedema pumps, osteogenesis stimulators, transcutaneous electrical nerve stimulator units, seat lift mechanisms, power-operated vehicles, external infusion pumps, parenteral nutrition devices, enteral nutrition devices and oxygen.
- Custom wheelchairs require medical director review.

Early and Periodic Screening, Diagnosis and Treatment visit

- Prior authorization is not required.
- Coverage includes medical exams, dental services, vision services, hearing services, lead screening, and services and treatment to correct or improve any issues or defects found.

Emergency services

- Notification is not required for emergency care or observation given in the emergency room.
- If emergency care or observation results in admission, notification to Amerigroup is required within 24 hours or the next business day.

Family planning/sexually transmitted disease care

- Prior authorization is not required.
- Covered services include pregnancy testing, contraceptives and sexually transmitted disease care.
- Prior authorization through AIM is required for genetic testing.
- Long-acting reversible contraceptives may purchased and billed or can be ordered for administration at your office through CVS Specialty Pharmacy (phone: 1-877-254-0015 for Kyleena®, Mirena®, Liletta® and Skyla®; fax prescriptions to 1-866-336-8479). Paragard T 380-A IUD can be ordered through Paraguard Access Solutions at 1-877-PARAGARD (1-877-727-2427) or https://hcp.paragard.com/Ordering-Reimbursement/paragard-access-center.aspx using the Paragard Direct option for providers. For Nexplanon®, you must first follow the manufacturer's instructions by calling 1-844-NEX-4321 (1-844-639-4321) or going online to https://www.merckconnect.com/nexplanon/ordering-billing.html. After this, you have the option of CVS/Caremark Specialty Pharmacy or buy and bill, both under the medical benefit.
- Hysterectomy and sterilization are covered for women over age 21.
- Prior authorization is not required. The recipient must personally sign and date the *Sterilization Consent Form* at least 30 days — but not more than 180 days — prior to surgery. Exceptions apply for premature delivery and emergency abdominal surgery. A *Sterilization Consent Form* is required for claim submission.
- Infertility diagnosis and treatment services, sterilization reversals, and related services are not covered.

Gastroenterology services

- Prior authorization is not required for evaluation and management, testing and most procedures.
- Prior authorization is required for upper endoscopy and bariatric surgery, including insertion, removal and/or replacement of adjustable gastric-restrictive devices, and subcutaneous port components. For information on prior authorization requirements, use PLUTO or contact Provider Services.

Hearing aids

- Prior authorization is not required for diagnostic and screening tests, hearing aid evaluation, and counseling.
- Prior authorization and physician referral is required for corrective services, including hearing aids and accessories.

Home health care

- Prior authorization and physician order are required.
- Covered services include skilled nursing, home health aide, medical social services, and medical supplies and equipment.
- Private-duty nursing is covered for members through age 20 through EPSDT and for MLTSS members.

Hospice care

- Prior authorization and physician order are required.
- Room and board services are covered only in an institution.

Hospital outpatient and ambulatory surgery center procedures

- Prior authorization may be required for elective and nonemergency outpatient admissions based on the procedure performed. Use PLUTO or contact Provider Services.
- Prior authorization should be requested as early as possible but no later than 24 hours prior to admission.
- For preadmission lab testing, see the provider referral directory for a complete list of Participating vendors.
- Same-day admission is required for surgery.

Laboratory services

- For offices with limited or no office laboratory facilities, laboratory tests must be referred to an Amerigroup laboratory vendor.
- See the provider referral directory for a complete listing of participating lab vendors.
- Prior authorization is required for laboratory services that are necessary to be furnished by non-network providers.

Managed long-term services and supports (MLTSS)

- Prior authorization is required for all services.
- MLTSS members receive all the benefits and services of NJ FamilyCare and MLTSS-covered services, including home-based supportive care, home-delivered meals (18 years and older), personal emergency response system (18 years and older), in-home respite care, home modifications, vehicle modifications, assisted care living facility, assisted living program and adult family care.

Obstetrical care

- Fax the *Maternity Notification Form* (https://providers.amerigroup.com/NJ > Forms) to us at 1-800-964-3627 at the time of the first prenatal visit so we can facilitate appropriate care management.
- Risk assessment is to be conducted at the first prenatal visit and updated throughout the course of pregnancy. Complete the *Perinatal Screening*, *Risk Assessment and Referral Form* at the time of the first prenatal visit and complete the *Perinatal Risk Assessment Follow-Up Form* to communicate changes in pregnancy risk factors. Forms are available at https://praspect.org.
- Obstetrical care includes all physician services during pregnancy, routine obstetrical laboratory tests, initial serology for syphilis, two ultrasounds for normal pregnancy, delivery and postpartum care.
- Members are automatically enrolled in our Comprehensive Maternity Services program, Taking Care of Baby and Me®. Care managers work to improve pregnancy outcomes by establishing care plans for high-risk members. Support services include care coordination, health education, nutrition, social and/or psychological services, and home visits that address the areas of a member's life likely to affect pregnancy outcomes and infant health.

Out-of-area/out-of-plan care

- Prior authorization is required.
- Notification within one business day is required for emergency admission to an out-of-area/out-of-network facility.
- Prescriptions are covered at network pharmacies located in New Jersey and neighboring states only.
- Out-of-country care is not covered.

Pharmacy

- Medically necessary prescriptions and over-the-counter medications prescribed by a licensed provider are covered.
- Please refer to the *Preferred Drug List (PDL)*/formulary at https://providers.amerigroup.com/NJ for products within therapeutic categories as well as requirements around generics, step therapy and quantity limits.
- Most self-injectable medications and self-administered oral specialty medications are available through Accredo Specialty Pharmacy. Contact Accredo to schedule delivery of authorized medications.
- Physician-administered injectable medications are available through buy and bill or can be obtained through CVS Caremark through the medical benefit. Contact CVS Caremark to schedule delivery of authorized medications.
- For more information on coverage and prior authorization requirements, use PLUTO, contact Provider Services or visit the *Pharmacy* section of our website.
- Clinical pharmacy policies used for prior authorization review are posted on our website under the *Pharmacy Tools* section.
- For providers with access to an integrated electronic medical records (EMRs)/electronic health records (EHRs) for electronic prescribing: formulary status, formulary alternatives for nonpreferred medications and copay information are available via Patient Medication Benefit Check. Questions about Patient Medication Benefit Check should be directed to your EMR/EHR vendor.

Podiatry

- Routine hygienic care of the feet, in the absence of a pathological condition, is not covered.
- For information on coverage and prior authorization requirements for DME and orthotics, use PLUTO and review our medical policies.

Termination of pregnancy

- Elective, induced abortion and related services are covered by the New Jersey Medicaid Fee-for-Service (FFS) program.
- For benefit questions, members may call the New Jersey Medicaid Hotline at 1-800-356-1561.
- For New Jersey Medicaid FFS claims information, providers should call DXC Technology at 1-800-776-6334.

Therapy services: physical, occupational and speech

- Prior authorization is required.
- Outpatient therapy care is arranged through the Therapy Network of New Jersey (TNNJ). Visit http://mytnnj.com or call 1-855-825-7818.

Transportation

- Nonemergent medical transportation is arranged through LogistiCare (1-866-527-9933) and covered by the New Jersey Medicaid FFS program.
- Transit appointments must be scheduled three days in advance.
- Nonmedical transportation is a covered benefit for MLTSS members.

Vaccines

- The state of New Jersey requires all providers who see NJ Medicaid/NJ FamilyCare A members and administer vaccines to children to enroll with the Vaccines For Children Program. Providers must use the free vaccines for NJ Medicaid/NJ FamilyCare A members.
- Submit claims for administration codes with appropriate serum codes.

Vision care

- Routine vision services are provided through Superior Vision. Contact Superior Vision to locate an in-network optometrist.

Optical appliances

- Members under 18 or over age 60 can receive one pair of frames and eyeglass lenses chosen from Medicaid-approved materials once every year, or sooner in some cases, when meeting Medicaid-approved rules for changes in prescription.
- Members ages 19-59 can receive one pair of frames and eyeglass lenses chosen from Medicaid-approved materials once every two years, or sooner in some cases, when meeting Medicaid-approved rules for changes in prescription.
- Contact lenses may be covered for members with certain ocular or pathological conditions that can't be improved to at least 20/70 with regular lenses but can be improved with contact lenses.
- Members not meeting the medical necessity benefit can opt for contact lenses as a value-added benefit. Amerigroup will reimburse the lesser of usual and customary charges, or $100.

Credentialing and provider data services

Enrollment

- Medical, home and community-based services, behavioral/mental health and substance use disorder, and DME providers that are interested in enrolling a new practice in the Amerigroup network may submit an application request (https://providers.amerigroup.com/NJ > *Partner With Us)*.
- For questions regarding the status of an application, contact nj1credentialing@amerigroup.com or Provider Services.
- If your practice is already contracted with Amerigroup and you wish to enroll a new practitioner, contact your Network Management representative or Provider Services.
- For Dental, Therapy, and Vision providers, see the section *Our service partners.*

Demographic updates

- A request on provider group letterhead or email with the signature of the provider or authorized representative is required to update a provider's record.
- Include the name of the provider, individual NPI, group NPI and tax ID number, changes being requested, and effective date.
- Participating providers may report updates using the Availity Portal (https://www.availity.com), by email (nj1providerdataspeci@amerigroup.com) or by fax (1-866-920-5997).
- To be contacted by Provider Data Services to report a demographic update, use the *Report Invalid Info* tool by selecting your doctor profile in *Find a Doctor* in the Provider Referral Directory.
- For Dental, Therapy, and Vision providers, see the section *Our service partners*.

Disenrollment

- Written notice must be provided to us within the time frames specified in your *Participating Provider Agreement*.
- Include name of the provider, individual NPI, group NPI and tax ID number, reason for termination, and the name of the transitional PCP within the same group, if applicable.
- For Dental, Therapy, and Vision providers, see the *Our service partners* section.

Claims services

It is your responsibility to ensure electronic or paper claims are complete and submitted without rejection to us. AMA- and CMS-approved, *HIPAA*-compliant codes and modifiers must be used appropriately and must accurately identify the member's condition and services rendered.

Claim status may be checked on https://www.availity.com for medical services, home- and community-based services, behavioral/mental health and substance use disorder services, and DME by calling our automated Provider Inquiry Line at 1-800-454-3730. You can also use the claims status information for accepted and rejected claims submitted through a clearinghouse. For dental and vision claims, see the *Our service partners* section.

Timely filing

Timely filing is within 180 calendar days from the last date of service in the course of treatment, the date of service for outpatient treatment, or the date of discharge for inpatient treatment.

Coordination of benefits (COB) claims must be submitted within 60 days from the date of the primary insurer's *Explanation of Benefits (EOB)* or 180 days from the date of service, whichever is later.

Corrected claims

- Timely filing is within 365 days from the date of service.
- Paper corrected claims must be clearly marked as a corrected claim.
- Electronic submissions must have the applicable frequency code.

Electronic data interchange (EDI)

- Availity is our exclusive EDI Gateway.
- Providers, billing services and clearinghouses that are new to the EDI space can register to exchange 27x self-service and 837 claims electronic transactions with Amerigroup at https://www.availity.com. EDI vendors that are transmitting EDI transactions to Availity EDI Gateways is available at www.availity.com/AnthemEDIVendors.
- Providers may connect directly to the Availity Gateway at no cost for all 837, 835 and 27X transactions. Please visit https://apps.availity.com/web/welcome/#/empower to learn more.
- If you have any questions, contact Availity Client Services at 1-800-282-4548.

Electronic funds transfer/*Electronic Remittance Advice* (EFT/*ERA*)

For EFT, use Enrollhub® (https://www.caqh.org/solutions/enrollhub). For *ERA*, visit https://www.availity.com.

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.

Mail to:

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

Coordination of benefits (COB)

Amerigroup follows New Jersey-specific guidelines when COB is necessary. We use covered medical and hospital services whenever available or other public or private sources of payment for services rendered to members.

Providers are prohibited from billing members for the balance of a bill for Amerigroup-covered services or the amount above what we paid for covered services. Providers may not bill or take recourse against a member for denied or reduced claims for services that are within the amount, duration and scope of benefits of the Medicaid program.

After review of the *Explanation of Benefits (EOB)*, claims are coordinated by calculating the Amerigroup allowable amount minus the third party liability (TPL) payment. Amerigroup will be responsible for any unpaid balance up to the limit of its responsibility or the member's responsibility, whichever is less. This includes copays, deductibles or coinsurance amounts. If the third-party liability did not pay for a service because the member or provider did not follow the third-party payer's guidelines, Amerigroup will not pay for the service. When a medically necessary service not covered by the third-party payer is covered by Amerigroup (e.g., dental services, hearing aids, personal care assistant services, medical day care, incontinence supplies, family planning services), Medicaid is the only payer, and the member cannot be billed.

The following are some frequently asked questions and answers about COB.

Q. If a member is dually eligible or has a TPL policy, how often do I have to submit a denial from Medicare and/or the TPL insurer?

A. Amerigroup is the payer of last resort. Amerigroup must obtain a copy of the *EOBs* to coordinate the payment unless the member has Medicare A or B and the service is not covered by the Medicare portion.

Q. Do I submit the denial from the Medicare and/or commercial insurance provider electronically or as a hard copy via postal mail?

A. Amerigroup is unable to accept attachments to electronic claims. Hard copies must be mailed to:

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

Q. How do I track the progress of paper copies of *EOBs* for individual members?

A. Providers can visit https://www.availity.com or call Provider Services.

Q. What is required for me to submit to Amerigroup if the member has Medicare and/or commercial insurance, and I don't participate in the Medicare and/or commercial network?

A. Because Amerigroup is usually a secondary payer, the primary *EOB* must be included to determine payment as primary or secondary responsibility. The claim will deny if the *EOB* is not received.

Q. Who do I contact for technical assistance regarding claims submission and coordination of benefits for dually eligible members and members with commercial insurance?

A. Contact Provider Services for assistance.

Payment disputes

- Claims payment disputes must be filed within 90 days of the adjudication date on your Explanation of Payment.
- Claim payment disputes can be submitted online for medical, home and community-based services, behavioral health-mental health and substance use disorder, and durable medical equipment. Log in to the secure provider portal from the provider website at https://providers.amerigroup.com/NJ or through https://www.availity.com. For dental and vision claims, see the *Our service partners* section.
- Providers can also submit claim payment disputes by mail.

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

  Medicare Advantage Payment Dispute Unit
  Amerigroup Community Care
  P.O. Box 110
  145 S Pioneer Road
  Fond Du Lac, WI 54935

Member appeals

Member medical necessity appeals may be initiated by the member or the member's representative, or the provider acting on behalf of the member with the member's written consent. Submit orally by calling 1-800-454-3730 and also in writing within 60 days to:

Quality Management Department
Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

For appeals of dental procedures, provider may either contact Amerigroup as stated above or contact Liberty Dental directly via one of the following methods:
1-833-276-0854
prinquiries@libertydentalplan.com

Liberty Dental Plan
Attn: Professional
P.O. Box 26110
Santa Ana, CA 92799-6110

Important contact information

Provider Services	1-800-454-3730 Monday-Friday, 8 a.m.-5 p.m. https://www.availity.com
Member Services/24-hour Nurse HelpLine	1-800-600-4441 (TTY 711)
Credentialing	nj1credentialing@amerigroup.com
Disease Management Centralized Care Unit (DMCCU)	1-888-830-4300 Monday-Friday, 8 a.m.-5 p.m.
EDI Help Desk	dgrpediclaims@amerigroup.com 1-800-590-5745
Member recertification assistance	njmemberretention@anthem.com 1-877-453-4080 Monday-Friday, 8 a.m.-5 p.m.
MLTSS	
Contact	**Contact information**
MLTSS department	nj1mltssprovhelp@amerigroup.com 1-855-661-1996 Monday-Friday, 8 a.m.-5 p.m. 732-452-6000, ext. 1061345020
Assessment, eligibility and enrollment	
Contact	**Contact information**
Akanksha Kapoor Manager GBD Special Programs	Akanksha.Kapoor@amerigroup.com 732-744-6346
Yanira Ceara Program Consultant	Yanira.Ceara-Almodovar@amerigroup.com 732-452-6034
Assisted living, home- and community-based services, nursing facility, specialty care nursing facility, chore services and other nontraditional MLTSS services	
Contact	**Contact information**
Carol Diprisco, Network Relations Consultant (Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Monmouth, Morris, Ocean, Salem counties)	Carol.Disprisco@amerigroup.com 732-623-5832
Alex Valentin, Network Relations Consultant (Essex, Hudson, Mercer, Middlesex, Passaic, Somerset, Sussex, Union, Warren counties)	Alejandro.Valentin@amerigroup.com 732-623-5837
Behavioral/mental health	
Contact	**Contact information**
Ann Basil Director, Behavioral Health Services	Ann.Basil@amerigroup.com 732-623-5835
Maribel Medenilla Network Relations Consultant and Behavioral Health Provider Contracting	Maribel.Medenilla@amerigroup.com 732-452-6000, ext. 106-125-0018
Behavioral/mental health and substance use disorder case management inquiries	NJBehavioralHealth@amerigroup.com
Behavioral/mental health and substance use disorder — provider (24 hours a day, 7 days a week and 365 days a year)	1-800-454-3730
Behavioral/mental health and substance use disorder — member crisis	1-877-842-7187
Hospice	
Contact	**Contact information**
Linda Cruz Director, GBD Special Programs Services	Linda.Cruz@amerigroup.com 732-623-5816
Hospitals	
Contact	**Contact information**
Lisa Cunningham-Hill Network Relations Consultant	Lisa.Cunningham-Hill@amerigroup.com 732-744-6301

Our service partners

Additional vendors are listed in the provider referral directory.

Dental	
Liberty Dental Plan	1-833-276-0854, option 4 Monday-Friday, 8 a.m.-8 p.m. www.libertydentalplan.com/AmerigroupNJ **Provider manual:** https://www.libertydentalplan.com/Resources/Documents/ma_NJ_FamilyCare_PRG_Amerigroup.pdf prinquiries@libertydentalplan.com or prnational@libertydentalplan.com Liberty Dental Plan Attn: Professional P.O. Box 26110 Santa Ana, CA 92799-6110
Diagnostic testing and procedures	
AIM Specialty Health (diagnostics, genetic testing, sleep studies)	1-800-714-0040 Monday-Friday, 8 a.m.-8 p.m. www.aimspecialtyhealth.com
Laboratory services	
LabCorp	1-888-LABCORP (1-888-522-2677) https://www.labcorp.com
Quest	1-866-697-8378 www.questdiagnostics.com
Pharmacy services	
Accredo Specialty Health (self-injectable medications and self-administered oral specialty medications)	1-800-870-6419
CoverMyMeds (pharmacy ePA)	1-866-452-5017 www.covermymeds.com
CVS Caremark (physician administered injectable medications)	1-800-378-5697
Pharmacy Prior Authorization Call Center	1-800-454-3730
Therapy services	
TNNJ (physical, occupational and speech therapy)	1-855-825-7818 Monday-Friday, 8:30 a.m.-5 p.m. http://mytnnj.com
Vision services	
Superior Vision	1-866-819-4298 (TTY 1-800-735-2258) Monday-Friday, 8 a.m.-6 p.m. www.superiorvision.com

Medicaid services

LogistiCare (nonemergency medical transportation)	1-866-527-9933 (TTY 1-866-288-3133)
DXC Technology (state Medicaid FFS program)	1-800-776-6334 www.njmmis.com
State health benefits coordinator/NJ FamilyCare enrollment	1-800-701-0710 (TTY 1-800-701-0720)
Vaccines for Children (VFC)	609-826-4862 vfc@doh.nj.gov

https://providers.amerigroup.com/NJ