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
Medicaid Provider Services: 1-800-454-3730
FIDE SNP Provider Services: 1-866-805-4589
Availity* Portal: https://www.availity.com
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

Medicaid Provider Services • 1-800-454-3730  
FIDE SNP Provider Services • 1-866-805-4589

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 Practice 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 website 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.
- You should also complete the Availity platform’s Maternity HEDIS Form. This lets us know an Amerigroup member is pregnant, and we can verify the maternity HEDIS® measures for first trimester and postpartum exam.

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 MLTSS, visit the member website at https://www.myamerigroup.com/nj or contact Provider Services.

Interpreter and communication services • Medicaid: 1-800-454-3730,  
FIDE SNP: 1-866-805-4589

- Over-the-telephone interpreter services are available 24/7. Call Medicaid Provider Services at 1-800-454-3730 or FIDE SNP Provider Services 1-866-805-4589 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 MLTSS, visit the member website at https://www.myamerigroup.com/nj 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).

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
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 •
Medicaid: 1-800-452-7101, ext. 106-134-2111,
FIDE SNP: 1-866-805-4589
- We offer care management services for members with chronic or at-risk conditions or who are likely to have extensive health care needs.
- 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 12 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, congestive heart failure, HIV/AIDS, major depressive disorder — adult and child/adolescent, diabetes, schizophrenia, hypertension, substance use disorder, and bipolar disorder.
- Our registered nurse 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/monitoring; case/care management services for high-risk members; and ongoing communication with providers regarding patient status.

Health Education • Medicaid: 1-800-454-3730,
FIDE SNP: 1-866-805-4589
- 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. Anthem, Inc. guidelines are used for home care services. American Society of Addiction Medicine criteria is used for all levels of care related to substance use disorder. Amerigroup Behavioral Health Medical Necessity Criteria (https://medicalpolicies.amerigroup.com/am_search.html) is used for outpatient rehabilitation. Amerigroup Medical Policies are used for appropriateness of physical health services.

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

For Medicare Advantage and FIDE SNP prior authorization and notification guidelines, consult the Medicare provider manual on our provider website (https://providers.amerigroup.com/NJ), access the Precertification Lookup Tool Online or contact Provider Services at 1-866-805-4589.

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 using our preferred method: https://www.availity.com
- By phone: Medicaid: 1-877-244-1723, FIDE SNP: 1-866-805-4589
- By fax (forms are available on our website):
  - Inpatient admissions, surgeries and other general requests: 1-877-244-1723
  - 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 1-732-452-7101, ext. 106-103-5260. 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.

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 the Precertification Lookup Tool 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 the Precertification Lookup Tool to verify eligible services.

Dental services
- Services are provided or arranged for by Liberty Dental.
- All NJ FamilyCare plans (A, B, C, D, ABP), MLTSS and FIDE SNP have the same comprehensive dental benefit package, which includes diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical, and other general adjunctive services.
- Diagnostic and preventive services (exams, cleanings, space maintainers and fluoride) are covered every six months for all age groups and four times per year for special needs members when medically necessary.
- 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 are covered to once every three years for members under 17 and covered for older special health care needs members and with greater frequency with documentation of medical necessity.
- Endodontic, periodontic, prosthodontic, oral and maxillofacial surgery, and adjunctive services require prior authorization.

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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 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 the Precertification Lookup Tool 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, lymbyedema pumps, osteogenesis stimulators, transcatheterous 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 Specialty Health is required for genetic testing.
- Long-acting reversible contraceptives may be purchased and billed.
- Kyleena®, Mirena®, Liletta® and Skyla® can be ordered for administration at your office through CVS Caremark* (phone: 1-800-378-5697).
- Hysterectomy and sterilization are covered for women over age 21.
- 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 the Precertification Lookup Tool 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 the Precertification Lookup Tool 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.

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.
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.
- Services for conditions that change mental states of an organic nature, behavioral health and detoxification services in acute care inpatient settings (acute and stand-alone psychiatric hospitals) is covered for all NJ FamilyCare members.
- Outpatient, partial care, partial hospitalization, adult mental health rehabilitation, opioid treatment services, substance use disorder (SUD) treatment (outpatient, intensive outpatient, partial care, ambulatory withdrawal management short-term residential, and long-term residential) is covered for members in the MLTSS program, FIDE SNP and clients of the Division of Developmental Disabilities (DDD).
- Office-Based Addiction Treatment (OBAT): Medication-assisted treatment (MAT) provided by DATA 2000-waivered prescribers and Navigator services provided in an office-based setting is covered for all NJ FamilyCare members.

Obstetrical care

- The Perinatal Screening, Risk Assessment and Referral Form is to be completed at the first prenatal visit and updated throughout the course of pregnancy.
- Maternity care providers must register with the PRA|SPECT portal: www.praspect.org. For assistance, please call 1-856-665-6000 or email PRA@fhiworks.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 expecting a baby 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.

Personal care assistant (PCA) services

- Limited according to state regulations.
- Not all members are eligible for PCA services.
- If a member chooses and is approved to direct his/her PCA services, Amerigroup will provide Personal Preference Program services. Contact Provider Services for assistance.

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 IngenioRx® Specialty Pharmacy. Contact IngenioRx at 1-833-262-1726 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 the Precertification Lookup Tool, 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 the Precertification Lookup Tool 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 the New Jersey Medicaid Management Information System (NJMMIS) 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 through Amerigroup 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* at 1-844-585-2020 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.

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 and Explanation of Payment Remittances may be reviewed on the secure provider portal at https://www.availity.com. Claim status may also be verified by calling our interactive voice response system (IVR) at 1-800-454-3730. You can also use the claims status information for accepted and rejected claims submitted through a clearinghouse.

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 last date of service in the course of treatment, 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 Gateway 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)

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 otherwise covered services.

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.

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
    Fond Du Lac, WI 54935

Member appeals
Member medical necessity appeals or grievances (which are complaints not related to adverse medical management action or interpretation of medically necessary benefits to deny, reduce, terminate, delay or suspend a covered service) 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 in writing within 60 days to:
  - Quality Management Department
    Amerigroup Community Care
    101 Wood Ave. S., 8th Floor
    Iselin, NJ 08830
  - Medicare Complaints, Appeals & Grievances (MCAG)
    Attention: Medical Necessity Provider Appeals
    Mailstop: OH0205-A537
    4361 Irwin Simpson Road
    Mason, OH 45040

Oral requests to Medicaid (1-800-454-3730) or FIDE SNP (1-866-805-4589) must be followed up in writing.

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

For dental, therapy, and vision providers, see the section *Our service partners.*

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<th>Service</th>
<th>Contact Information</th>
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<td>Medicaid Provider Services</td>
<td>Medicaid: <strong>1-800-454-3730</strong></td>
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<tr>
<td>FIDE SNP Provider Services</td>
<td>FIDE SNP: <strong>1-866-805-4589</strong></td>
</tr>
<tr>
<td></td>
<td>(care management services, special needs members, prenatal and perinatal services, authorization assistance, eligibility and benefits, claim inquiries)</td>
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<tr>
<td>Member Services — 24-hour Nurse HelpLine</td>
<td><strong>1-800-600-4441</strong> (TTY 711)</td>
</tr>
<tr>
<td>Initial credentialing</td>
<td>Live agents available weekdays from 8 a.m.-8 p.m.</td>
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<tr>
<td>Re-credentialing</td>
<td>The interactive voice response (IVR) system is available 24/7.</td>
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<tr>
<td>Demographic updates</td>
<td><a href="mailto:nj1credentialing@amerigroup.com">nj1credentialing@amerigroup.com</a></td>
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<tr>
<td></td>
<td><a href="mailto:AGPCredentialing@anthem.com">AGPCredentialing@anthem.com</a></td>
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<tr>
<td>Electronic data interchange (EDI) help desk</td>
<td><a href="mailto:NJ1providerdataspeci@amerigroup.com">NJ1providerdataspeci@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>Fax: 1-866-920-5997</td>
</tr>
<tr>
<td>Behavioral/mental health and substance use disorder case management</td>
<td><strong>1-800-454-3730</strong> (Monday-Friday, 8 a.m.-8 p.m.)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:NJBehavioralHealth@amerigroup.com">NJBehavioralHealth@amerigroup.com</a></td>
</tr>
<tr>
<td>Disease Management (DM)</td>
<td><strong>1-888-830-4300</strong> (Monday-Friday, 8:30 a.m.- 5:30 p.m.)</td>
</tr>
<tr>
<td>Member eligibility and benefits verification</td>
<td><strong>1-800-454-3730</strong> (Monday-Friday, 8 a.m.-8 p.m.)</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.availity.com">https://www.availity.com</a></td>
</tr>
<tr>
<td>Member recertification assistance</td>
<td><strong>1-877-453-4080</strong> (Monday-Friday, 8 a.m.-5 p.m.)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:njmemberretention@anthem.com">njmemberretention@anthem.com</a></td>
</tr>
</tbody>
</table>
## Important contact information (cont.)

### MLTSS Care Management

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment, eligibility and enrollment</td>
<td>1-855-661-1996 or 1-732-452-6000, ext. 106-134-5020 (Monday-Friday, 8 a.m.-5 p.m.)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:nj1mltssprovhelp@amerigroup.com">nj1mltssprovhelp@amerigroup.com</a></td>
</tr>
<tr>
<td>Akanksha Kapoor, Director, GBD Special Programs</td>
<td><a href="mailto:Akanksha.Kapoor@amerigroup.com">Akanksha.Kapoor@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>1-732-744-6346</td>
</tr>
<tr>
<td>Yanira Ceara-Almodovar, Program Consultant</td>
<td><a href="mailto:Yanira.Ceara-Almodovar@amerigroup.com">Yanira.Ceara-Almodovar@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>1-732-452-6034</td>
</tr>
</tbody>
</table>

### MLTSS Provider Services: Assisted living, home- and community-based services, nursing facility, specialty care nursing facility, chore services and other nontraditional MLTSS services

<table>
<thead>
<tr>
<th>Network Relations Consultant</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Diprisco, (Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Monmouth, Morris, Ocean, Salem counties)</td>
<td><a href="mailto:Carol.Disprisco@amerigroup.com">Carol.Disprisco@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>1-732-623-5832</td>
</tr>
<tr>
<td>Alex Valentin, (Essex, Hudson, Mercer, Middlesex, Passaic, Somerset, Sussex, Union, Warren counties)</td>
<td><a href="mailto:Alejandro.Valentin@amerigroup.com">Alejandro.Valentin@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>1-732-623-5837</td>
</tr>
</tbody>
</table>

### Hospitals

<table>
<thead>
<tr>
<th>Network Relations Consultant</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Cunningham-Hill</td>
<td><a href="mailto:Lisa.Cunningham-Hill@amerigroup.com">Lisa.Cunningham-Hill@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>1-732-744-6301</td>
</tr>
</tbody>
</table>

### Hospice

<table>
<thead>
<tr>
<th>Director, GBD Special Programs Services</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Cruz</td>
<td><a href="mailto:Linda.Cruz@amerigroup.com">Linda.Cruz@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>1-732-623-5816</td>
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### Behavioral/mental health and substance use disorder

<table>
<thead>
<tr>
<th>Member crisis</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td></td>
<td>1-877-842-7187</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Care Management, including Office Based Addiction Treatment (OBAT)</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-800-454-3730 (Monday-Friday, 8 a.m.-8 p.m.)</td>
<td><a href="mailto:NJBehavioralHealth@amerigroup.com">NJBehavioralHealth@amerigroup.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Director, Behavioral Health Services</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Basil</td>
<td><a href="mailto:Ann.Basil@amerigroup.com">Ann.Basil@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>1-732-623-5835</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Network Relations Consultant and Behavioral Health Provider Consultant</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maribel Medenilla</td>
<td><a href="mailto:Maribel.Medenilla@amerigroup.com">Maribel.Medenilla@amerigroup.com</a></td>
</tr>
<tr>
<td></td>
<td>1-732-452-6000, ext. 106-125-0018</td>
</tr>
</tbody>
</table>
Our service partners
Additional vendors are listed in the provider referral directory.

**Dental**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberty Dental Plan</td>
<td>1-833-276-0854 (Monday-Friday, 8 a.m.-8 p.m.)&lt;br&gt;www.libertydentalplan.com/AmerigroupNJ&lt;br&gt;<a href="mailto:quiries@libertydentalplan.com">quiries@libertydentalplan.com</a>&lt;br&gt;Vendor manual: <a href="https://www.libertydentalplan.com/Resources/Documents/ma_NJ_FamilyCare_PRG_Amerigroup.pdf">https://www.libertydentalplan.com/Resources/Documents/ma_NJ_FamilyCare_PRG_Amerigroup.pdf</a></td>
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**Diagnostic testing and procedures**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>AIM Specialty Health</td>
<td>1-800-714-0040 (Monday-Friday, 8 a.m.-8 p.m.)&lt;br&gt;www.aimspecialtyhealth.com</td>
</tr>
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</table>

**Laboratory services**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>LabCorp*</td>
<td>1-888-LABCORP (1-888-522-2677)&lt;br&gt;<a href="https://www.labcorp.com">https://www.labcorp.com</a></td>
</tr>
<tr>
<td>Quest*</td>
<td>1-866-697-8378&lt;br&gt;www.questdiagnostics.com</td>
</tr>
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</table>

**Pharmacy services**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>IngenioRx Specialty Pharmacy</td>
<td>1-833-262-1726&lt;br&gt;1-833-255-0646</td>
</tr>
<tr>
<td>CVS Caremark</td>
<td>1-800-378-5697</td>
</tr>
</tbody>
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**Therapy services**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>The Therapy Network of New Jersey (TNNJ)</td>
<td>1-855-825-7818 (Monday-Friday, 8:30 a.m.-5 p.m.)&lt;br&gt;<a href="http://mytnnj.com">http://mytnnj.com</a></td>
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**Vision services**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Superior Vision</td>
<td>1-866-819-4298 (TTY 1-800-735-2258) (Monday-Friday, 8 a.m.-6 p.m.)&lt;br&gt;www.superiorvision.com</td>
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### Medicaid services

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Early Intervention Services</td>
<td>1-888-653-4463</td>
</tr>
<tr>
<td>Medicaid FFS program</td>
<td></td>
</tr>
<tr>
<td>New Jersey Medicaid Management</td>
<td>1-800-776-6334</td>
</tr>
<tr>
<td>Information System (NJMMIS)</td>
<td><a href="http://www.njmmis.com">www.njmmis.com</a></td>
</tr>
<tr>
<td>NJ FamilyCare HelpLine</td>
<td>1-800-356-1561</td>
</tr>
<tr>
<td>NJ Medicaid Fraud Division Hotline</td>
<td>1-888-937-2835</td>
</tr>
<tr>
<td>Health Benefits Coordinator/NJ FamilyCare Enrollment</td>
<td>1-800-701-0710 (TTY 1-800-701-0720)</td>
</tr>
<tr>
<td>Transportation (nonemergency medical) LogistiCare</td>
<td>1-866-527-9933 (TTY 1-866-288-3133)</td>
</tr>
<tr>
<td>Vaccines for Children (VFC)</td>
<td>1-609-826-4862</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:vfc@doh.nj.gov">vfc@doh.nj.gov</a></td>
</tr>
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*Availity is an independent company that administers the secure provider portal on behalf of Amerigroup Community Care. Liberty Dental is an independent company providing dental services on behalf of Amerigroup Community Care. AIM Specialty Health is a separate company providing utilization review services on behalf of Amerigroup Community Care. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care. LogistiCare is an independent company providing nonemergency transportation services on behalf of Amerigroup Community Care. Superior Vision is an independent company providing vision services on behalf of Amerigroup Community Care. Quest Diagnostics is an independent company providing laboratory and radiology services on behalf of Amerigroup Community Care. The Therapy Network of New Jersey is an independent company providing physical, occupational and speech therapy services on behalf of Amerigroup Community Care. CareMark CVS is an independent company providing pharmacy benefit services on behalf of Amerigroup Community Care.*