

# Provider Newsletter

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An Anthem Company

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*Amerigroup Community Care of New Mexico, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.*

## The *Provider Newsletter* is now available bimonthly



Effective with this publication, your *Provider Newsletter* from Amerigroup Community Care of New Mexico, Inc. will now be published on a bimonthly basis. The newsletter is an excellent source of important and necessary information about how to do business with us.

This change in frequency allows us to share important information with you sooner. This will also reduce the number of faxes and mailings we are required to send in order to notify you of important changes.

Below is the new bimonthly *Provider Newsletter* schedule for 2018. All publications will be posted on our provider website (<https://providers.amerigroup.com/NM> > Provider Resources & Documents > Newsletters — Current) by the first of the month. We will continue to notify you via fax when the newsletter is available.

- February 1, 2018
- April 1, 2018
- June 1, 2018
- August 1, 2018
- October 1, 2018
- December 1, 2018

For any questions about this change, please contact your local Provider Relations representative or Provider Services at 1-800-454-3730.

SSO-NL-0025-17\_NJ\_NM\_TN\_TX\_WA

## Help ensure Medicare Part D members receive a comprehensive medication review

The Centers for Medicare & Medicaid Services require that plans with Medicare Part D benefits offer a Comprehensive Medication Review (CMR) as part of the Medication Therapy Management (MTM) program. A CMR is offered to members who have three or more chronic diseases and who are receiving eight or more maintenance medications. Amerigroup Community Care of New Mexico, Inc. employs SinfoniaRx to contact our qualifying individual and group-sponsored Medicare Part D members to complete the interactive consultation. The CMR consists of a consultation followed by a written medication summary to help educate and support provider recommendations for medication adherence. Please ask these members if they have received a letter or postcard inviting them to participate in a CMR.



SSO-NL-0028-17

## Amerigroup Community Care of New Mexico, Inc. to conduct postservice reviews of certain modifiers and services

Beginning in the fourth quarter of 2017, Amerigroup will conduct postservice reviews of professional claims billed with the following modifiers: 25, 62, 80, 81, 82, AS and 91. Additionally, Amerigroup will conduct postservice reviews of Evaluation and Management services billed during a global surgery period.

### What is the impact of this change?

As part of the review, Amerigroup may contact providers to request additional documentation related to the services. If billing discrepancies are identified, Amerigroup will provide a written report of the findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

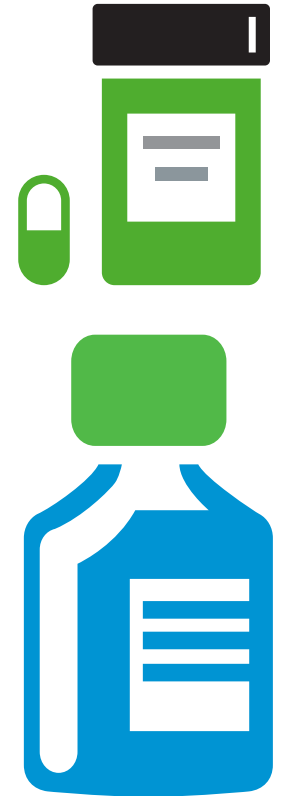
### What if I need assistance?

For more information about postservice reviews, contact Provider Services at 1-866-805-4589.

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## Improve Medicare Advantage members' medication adherence with 90-day prescriptions

To help improve medication adherence among Medicare Advantage members, Amerigroup Community Care of New Mexico, Inc. will fax providers prescribing a 30-day supply of oral diabetic medications, RAS antagonists and statins to promote the use of 90-day prescriptions. Ninety-day prescriptions help improve the adherence of our Medicare Advantage members by having them travel to their pharmacy less often. When medically appropriate, we request that you convert the member's prescription to a 90-day supply to improve patient adherence and outcomes without compromising the quality of care. Please note that we do not intend to transfer these prescriptions to a mail-order or specialty pharmacy. The member will obtain the 90-day supply medication at the same pharmacy where he or she previously obtained the 30-day supply prescription.



SSO-NL-0026-17

## Include NPI on surgical procedure UB04 bills

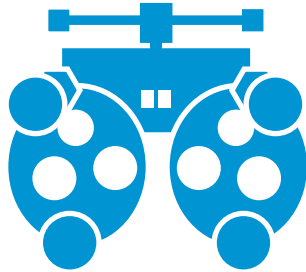
In October 2017, Amerigroup Community Care of New Mexico, Inc. will edit for operating provider NPI when a surgical procedure code is billed for Amerigroup Amerivantage (Medicare Advantage) members. A surgical procedure code is a code within the range of 10021-69990 but excluding 10035, 10036, 15780-15783, 15786-15789, 15792, 15793, 20527, 20550-20553, 20555, 20612, 20615, 29581-29584, 36406, 36410, 36415, 36416, 44705, 47531, 47532, 50430, 50431, 59425, 59426, 59430, 62302-62305, 62320-62327, 62367-62370, 69209, 69210. When a surgical procedure code is billed, the operating provider's NPI must be billed in box 77 on the facility *UB04 CMS 1450 Claim Form* for outpatient services. If a surgical procedure code is billed without an operating provider NPI, the claim will be denied for missing NPI.

SSO-NL-0030-17

## Liability assignment for eye refraction and self-administered drugs

Amerigroup Community Care of New Mexico, Inc. would like to clarify liability assignment related to Statutorily Non-Covered Services of Eye Refraction (procedure code 92015) and Self-Administered Drug (procedure code A9270) when the service is denied on Medicare Advantage individual and group-sponsored claims.

For the liability assessment to be assigned appropriately, we require that the G modifier(s) be submitted on the claim form and the Notice of Denial of Medical Coverage letter be obtained prior to the service rendered.



When the Notice of Denial of Medical Coverage letter is obtained, please submit both the GX and GY modifier on the claim.

This billing process is different from traditional Medicare, which only requires a GY modifier be appended to the procedure code.

The Centers for Medicare & Medicaid Services considers providers contracted with Amerigroup for Medicare Advantage as plan “agents;” therefore, related CMS regulations must be followed. Due to this, a GY modifier only submitted on the claim form will not ensure the correct liability assignment for the denied service.

SSO-NL-0031-17

## Complete *OptiNet*® assessments for out-of-state office locations; drop-down menu changed

Contracted providers with Amerigroup Community Care of New Mexico, Inc. who render services to Medicare Advantage members in other state counties that are contiguous to their home state should complete the *OptiNet* registration. The *OptiNet* program has expanded to include these providers who render services in other state counties contiguous to their home state; these providers should register by January 1, 2018.

All participating providers who provide imaging services, including x-rays and ultrasounds as noted above, must complete the registration. Providers who do not register, who score less than 76 or who do not complete the survey will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only.

The provider registration is available online at [www.providerportal.com](http://www.providerportal.com). Please note that the drop-down menu selection for participating Medicare Advantage providers has changed. Select Medicare Advantage/Medicaid from the drop-down menu. This drop-down is changing from Amerigroup MA.

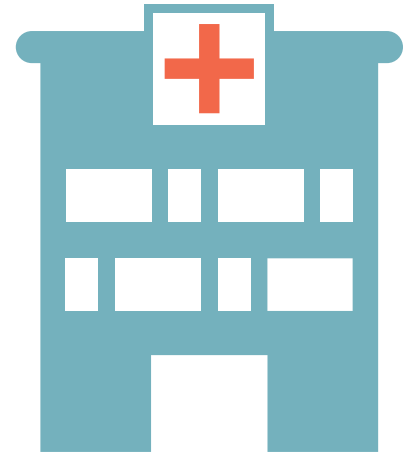
If you have questions or need help completing the registration, please call AIM Customer Service at 1-800-252-2021 Monday-Friday 8 a.m. to 7 p.m. ET or send an email to [Assessment@AIMSpecialtyHealth.com](mailto:Assessment@AIMSpecialtyHealth.com).

If you have already completed an *OptiNet* assessment, please ensure that you keep your registration up to date. Expiring data could lead to a negative impact in your modality scores.

SSO-NL-0027-17

## Critical access hospitals (CAH) reimbursed at Medicare rate

Effective May 26, 2017, Amerigroup Community Care of New Mexico, Inc. began using a rate database, sourced from CMS-published Medicare hospital cost reports, of CAH inpatient, swing bed and outpatient rates to price claims from non-contracted CAHs for individual Medicare Advantage and MMP members. Consequently, Amerigroup usually will not need a Medicare Administrative Contractor (MAC) rate letter to process claims from non-contracted CAHs for individual Medicare Advantage and MMP members. However, Amerigroup will require a MAC rate letter in the situations noted below. We look forward to handling your claims in a more timely manner with this process change.



Amerigroup still will require a MAC rate letter or additional information from CAHs in the following situations.

- Non-contracted CAHs must submit a MAC rate letter for claims for Medicare Advantage group-sponsored members.
- Contracted CAHs compensated using Medicare rates must continue to submit MAC rate letters to their Amerigroup network managers as required by contract.
- All CAHs should update Amerigroup regarding a change in status in Method (from I to II or II to I). Note that Method II reimbursement applies to contracted CAHs only if specified in contract.

SSO-NL-0032-17

## Facility global surgical package billing policy updated effective January 1, 2018



Amerigroup Community Care of New Mexico, Inc. Global Surgical Package reimbursement policy has been updated effective January 1, 2018 to include facility services. Unless the facility's contract indicates otherwise, Amerigroup will not separately reimburse a facility for typical postoperative care rendered during the global surgical period. Amerigroup will begin enforcing this policy January 1, 2018 for individual and group-sponsored Medicare Advantage claims.

Please refer to the Medicare Advantage Global Surgical Package reimbursement policy.

SSO-NL-0033-17

# Reimbursement Policy

## Policy Update

### Portable/Mobile/Handheld Radiology Services

(Policy 06-160, effective 03/15/18)

Amerigroup Community Care of New Mexico, Inc. allows reimbursement for portable/mobile radiology services when furnished in a residence used as the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for reasons of convenience. Amerigroup allows preventive screenings performed by portable/mobile radiology studies for routine purposes. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.



### Transportation and Setup

Amerigroup allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken.

### Handheld Radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, refer to the Portable/Mobile/Handheld Radiology Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

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