

Provider Newsletter

<https://providers.amerigroup.com/NM>



2016
Quarter 3



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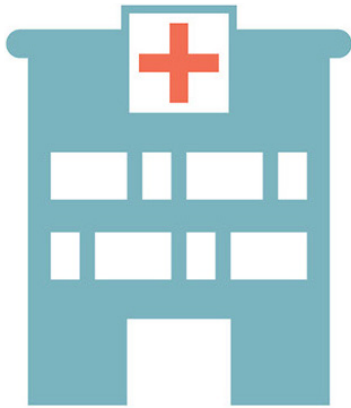
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Amerigroup Community Care of New Mexico, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerivantage Classic depends on contract renewal.

Hospital observation service limits



An Amerigroup Amerivantage Medicare Advantage member's time in observation (and hospital billing) begins with the member's admission to an observation bed. Time in observation (and hospital billing)

ends when all clinical or medical interventions have been completed, including follow-up care furnished by hospital staff and physicians that may take place after a physician has ordered the patient be released or admitted as an inpatient. The billed units of service should equal the number of hours the patient receives observation services.

Hospitals should use HCPCS codes G0378 and G0379 to report observation services and direct admission for observation care. Hospitals are reminded not to report CPT codes 99217-99226 for observation services.

Beginning January 2017, the number of units reported with HCPCS code G0378 (hospital observation service, per hour) must equal or exceed eight hours, but are limited to 72 hours. Observation services billed outside of these parameters will be denied. This pertains to both contracted and noncontracted providers.

Additional information and discussion regarding hospital observation services can be found in the Medicare Claims Processing Manual, Chapter 4 – Part B Hospital, 290.2.2.

Clinical cumulative morphine equivalent dosing point of sale edits effective January 1, 2017

Beginning January 1, 2017, Amerigroup Community Care will implement a cumulative morphine equivalent (MEq) dosing edit at the point of sale.

This MEq dosing edit will identify members taking a cumulative dose that exceeds the set daily dose. This is a patient safety edit intended to reduce risks from high-dose opioid use. There is a higher risk for overdose when exceeding the set MEq dosing limit. The claim(s) will be rejected at the point of sale and will require a prior authorization (PA) review if the cumulative dosing is over the set daily limit. Certain members may be excluded from the edit, such as members with cancer. The edit supports the CMS guidance mandating that Medicare plans implement a cumulative dosing edit.

Amerigroup anticipates that this edit will impact a fairly high number of claims.



Incentive for providers taking care of our Medicare members

In April 2016, we announced a new provider incentive, which encourages providers to complete a yearly, comprehensive physical for each of their Amerigroup Community Care members. The physicals must be completed during a face-to-face visit and on the date of service.

Providers will receive a **\$150 reimbursement** for completing one comprehensive physical for each member per calendar year. The review must be completed by September 30, 2016, and pass the quality review for accuracy and completeness. This deadline is established to allow members to complete all appropriate provider referrals for other needed services, such as diabetic eye exams, mammograms, lab workups, colorectal cancer screenings, etc., by the end of the year.

How do I complete the attestation form?

- A. Schedule a comprehensive physical exam for the patient for dates of service between January 1, 2016, and September 30, 2016
- B. Document all supporting notes/documentation for applicable diagnoses and gap closures in the patient's medical record
- C. Sign the form and attest
- D. Return form and supporting medical record documentation via fax or secure email to:
Francia Bowen, Coding Auditor, Senior
Fax number: 1-855-806-3193
Email: Francia.bowen@anthem.com
- E. Submit a claim via a clearinghouse or our self-service website or mail a paper claim to:
Amerigroup Community Care, P.O. Box 61010, Virginia Beach, VA 23466-1010

When the claim is paid, you will receive an additional **\$150 reimbursement** for each Amerigroup member per calendar year.

Reimbursement Policies

New Policy

Reimbursement for Maximum Units Per Day (Policy 15-003, effective 01/01/2017)

Amerigroup Community Care allows reimbursement for a procedure or service that is billed for a single date of service by the same provider and/or provider group up to the maximum number of units allowed per day.

When the number of units assigned to a procedure or service exceeds the daily maximum allowed, our claims editing system will allow the number of units billed within the maximum limit; units billed in excess of the maximum per day limit will not be eligible for reimbursement.

For additional information, refer to the Reimbursement for Maximum Units Per Day policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).



Policy Update

Durable Medical Equipment (Rent to Purchase)

(Policy 06-052, effective 01/01/2017)

Amerigroup Community Care allows reimbursement for Durable Medical Equipment (DME). Reimbursement is based on the rental price up to the maximum allowed for the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Components of Rental DME

Supplies and accessory components associated with rental DME are not separately reimbursed and considered all-inclusive in the rental reimbursement.

The reimbursement limit for rented DME is 13 months. Once the limit is met, claims submitted for the rental of the item will be denied.

Circumstances Affecting Rental Reimbursement

- A new reimbursement period limit will begin for rental periods with a break in coverage of more than 60 days
- If a member changes suppliers during the rental period, a new rental period will not start over

Amerigroup allows reimbursement for oxygen equipment for a maximum of 36 months; however, we will continue to reimburse for oxygen contents.

For additional information, refer to the Durable Medical Equipment (Rent to Purchase) policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).



Policy Reminder

DME Modifiers for New, Rented, and Used Equipment

(Policy 06-053, effective 3/14/16)

Amerigroup Community Care allows reimbursement for new, rented or used equipment appended with the appropriate modifier. The listed modifiers must be billed in the primary or first modifier field to determine appropriate reimbursement:

- Modifier NU: new equipment
- Modifier RR: rented equipment
- Modifier UE: purchase of used equipment

These modifiers are appropriate for Durable Medical Equipment (DME), prosthetics, and orthotics. These modifiers are inappropriate for supplies unless required under state or CMS guidelines. Claims for supplies appended with Modifier NU, RR, or UE may be denied.

For additional information, refer to the DME Modifiers for New, Rented and Used Equipment reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

