

# Provider Newsblast



Amerigroup Community Care  
[providers.amerigroup.com/TN](http://providers.amerigroup.com/TN)

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

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## 2016: Last Chance to Enroll in the TennCare Medicaid EHR Provider Incentive Program

Program Year 2016 is **the final year** in which Eligible Professionals (EPs) and Eligible Hospitals (EHs) can begin to participate in the Medicaid Electronic Health Record (EHR) Incentive Program. There are many benefits to program participation, including the following:

- Providers that are eligible to participate can receive up to \$63,750 for full participation in the program. This includes a payment in the first participation year of \$21,250 to adopt, implement, or upgrade (AIU) to a Certified Electronic Health Record Technology (CEHRT) system.
- Achieve measurable improvements in patient health care delivery and performance to promote better patient outcomes through the use of CEHRT:
  - Diagnostics and patient safety
  - Practice efficiencies and cost savings, including documentation and coding
  - Care coordination, including electronic exchange of clinical information with other designated providers
  - Patient participation/self-management

### Am I Eligible?

To participate in the Medicaid EHR Incentive Program, an Eligible Professional (EP) must be one of the following five types of Medicaid providers: physician (Medical or Osteopathic), dentist, certified nurse-midwife, nurse practitioner, or physician assistant practicing in a FQHC or an RHC led by a physician assistant. Other criteria must be met, including Medicaid Patient Volume thresholds. To see if you are eligible, check the [CMS Eligibility Widget](#), and then contact [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov) if you have any further questions regarding program eligibility.

### How Do I Get Started?

To register and get started with your 2016 Program Year attestation, please visit <https://ehrincentives.cms.gov/hitech/login.action>

### Additional Resources:

For more information on the Medicaid EHR Incentive Program, see the CMS EHR Incentive Programs web site [here](#) or the Bureau of TennCare's EHR Provider Incentive Program web site found [here](#).

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If you need language assistance services in a language other than English, please call us at 1-800-454-3730.  
*Necesita ayuda con el idioma gratuita? Llame 1-800-454-3730.*

You can also dial 711 for telecommunications relay service (TRS) assistance.

If you require materials in alternate formats, please call us at 1-800-454-3730 to make such a request (e.g., provider manual, forms and newsletters in languages other than English or Spanish, braille, large font, etc.).

### [Update: Certain drugs to require prior authorization](#)

**Summary:** Beginning July 1, 2016, Amerigroup will require prior authorization for the drug identified below.

**What this means to you:** Make your staff aware of this change and the effective date. Noncompliance with the new requirement may result in denied claims. **All changes are not listed here — use the instructions below to look up code-specific requirements.**

**Prior authorization added to the following drug:**

- Nulojix (J0485)

**How do I find all code-specific and precertification requirements not listed in this bulletin?**

All precertification requirements are not listed here. This new requirement is an addition to services that may already require precertification. For code-specific precertification requirements, visit <https://providers.amerigroup.com>. Go to Quick Tools > Precertification Lookup or the Availity Self-Service Tool.

### [Knee and spinal orthoses to require prior authorization](#)

**Summary:** Effective July 1, 2016, knee and spinal orthoses will require prior authorization (PA).

**What this means to you:** Knee and spinal orthoses requests must be reviewed by Amerigroup for PA for dates of service on or after July 1, 2016. To request PA, use one of the following methods:

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Online: [www.Availity.com](http://www.Availity.com)

**What procedure codes does this apply to?**

This applies to the following procedure codes: L1832, L1843, L1845, L0627, L0631, L0632, L0635, L0636, L06372, L0638, L0639, L0640, L0648, L0650 and L0651.

**Where can I find more detailed information?**

For a list of Amerigroup reimbursement policies and more information on authorization requirements, please visit our website at <https://providers.amerigroup.com> and:

1. Select your state
2. Under *Provider Resources & Documents*, select **Quick Tools**
  - a. For reimbursement policies, select **Reimbursement Policies**
  - b. For authorization requirements, select **Precertification Lookup Tool**

### [New Claims Status Listing Tool](#)

**Summary of change:** On July 1, 2016, a new Claims Status Listing Tool will be offered on the Amerigroup Community Care Payer Spaces on Availity. This application enables you to generate a list and view the status of multiple claims submitted to Amerigroup.

**What this means to you:** Besides your current claims status inquiry functionality on Availity, we will provide an added benefit with the Claims Status Listing Tool. With this tool, you can obtain a list of your claims submitted to Amerigroup for a specified period of time (span of up to 30 days) and up to two years back. You will have the opportunity to see the status of multiple claims in one report, if you choose, instead of looking them up one at a time.

### **Here's how to access the Claims Status Listing Tool:**

- Log into the Availity Web Portal
- From the Availity Web Portal home page, select *Payer Spaces*
- Select the *Payer* from the list of payer options
- Select Applications, then select *Open* located below *Claims Status Listing Tool*.

### **My organization does not use Availity. What do I need to do?**

To initiate the registration process, have your primary controlling authority (PCA), a person who is authorized to sign on behalf of your organization, register. Click *Get Started* under the *Register Now* button and complete the online registration wizard.

After your PCA completes registration for the organization, your designated primary access administrator (PAA) will receive an email from Availity with a temporary password and next steps. Once logged in, the PAA can add users, providers and additional enrollments, if applicable. Please make sure each user has his or her own login and password. Logins and passwords should not be shared.

For questions or additional registration assistance, call Availity Client Services at 1-800-282-4548, Monday through Friday, 5 a.m.-4 p.m., Pacific time.

### **Medical record documentation audit changes for behavioral health providers**

**Summary:** The Quality Management (QM) staff of Amerigroup Community Care will conduct medical record documentation onsite audits to assess compliance to our medical record standards and Clinical Practice Guidelines (CPGs). Records kept in accordance with these standards facilitate effective medical care and continuity of care among practitioners.

**What this means to you:** We may contact your office to schedule an appointment for an audit in the coming weeks. Please take the time to review your medical records documentation to ensure your compliance.

### **By what standard will my office be assessed in this audit?**

The standards developed for medical record documentation reflect a set of commonly accepted standards, CPGs and early and periodic screening, diagnosis and treatment (EPSDT) visits. The standards include demographic information, health history and details of ongoing clinical issues, CPGs and preventive health care. Only records within a one-year period from the date of audit will be reviewed. Ten charts with a minimum of eight are assessed for compliance.

### **How do you determine who is selected for the audit?**

Behavioral health providers identified as a top ten provider and/or with 100 or more encounters will be audited against the standards. If your office meets these criteria, the QM department will contact your office to schedule an appointment for the audit within the next two weeks.

### **How can I make sure my office is compliant?**

To help you prepare for this important quality assurance activity, the standards are attached for your review and reference.



**What if I need assistance?**

If you have questions or concerns about the audit, feel free to call the Quality Management department at 615-316-2400, ext. 22409.

**Medical record documentation standards**

Standard		Rationale
1.	<p>Practitioner has in place policy and procedures to ensure confidentiality to the extent provided by TCA-33-3-101 and HIPPA regulations, the HITECH Act (A.R.R.A.Secs. 13001 et seq.), security as defined by HIPPA and member accessibility to the extent provided by TCA 33-3-101 et seq. for patients/members with behavioral health issues.</p> <p><i>CRA A.2.24.7.2.3.2</i></p> <p><i>CRA A.2.24.7.3.3</i></p> <p><i>CRA A.2.24.7.2.3</i></p> <p><i>CRA A.2.24.7.2.4</i></p> <p><i>CRA A.2.24.7.2.5</i></p>	<p>To ensure the confidentiality, security and member accessibility of medical records.</p>
2.	<p>Policy and procedure is in place with respect to member, parent or legally appointed representative involvement with behavioral health.</p> <p><i>CRA A.2.18.10.1.1</i></p> <p><i>CRA A.2.18.10.1.2</i></p>	<p>To ensure member, parent or legally appointed representative involvement with behavioral health.</p> <p>To provide a description of the quality monitoring activities to be used to measure practitioner compliance with the requirement for member, parent or legally appointed representative involvement in behavioral health treatment planning as required by state.</p>
3.	<p>A policy and procedure is in place for cultural competency training of staff on an annual basis.</p> <p><i>CRA A.2.18.2.1</i></p>	<p>To ensure effective delivery of health care services that meet the social, cultural and linguistic needs of patients.</p>
4.	<p>Policy and procedure is in place that defines training provided to relevant unlicensed employees in accordance with the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) TennCare 2010 Specialized Training Requirements for Behavioral Health Staff.</p>	<p>To ensure the efforts of Amerigroup to monitor organizational network providers that deliver behavioral health services training to unlicensed employees.</p>



Standard		Rationale
5.	<p>Patient demographic data is present in chart and name or ID # is on each document.</p> <p><i>42 CFR Part 456</i></p>	<p>To provide biological and identifiable data pertinent to the patients care and treatment planning. To provide emergency information should an incident occur within the physician's office. Many names are not gender specific. Recording the sex of a patient helps differentiate males from females.</p>
6.	<p>Medication allergies and adverse reactions are prominently noted/displayed in the record. If the member does not have allergies, this should also be noted. <i>42 CFR Part 456</i></p>	<p>To prevent the prescribing of any medication that the patient is allergic.</p>
7.	<p>Advanced directives such as a living will for members 16 years and over has been discussed and documented with a date by physician.</p> <p><i>CRA A.2.7.7</i></p>	<p>Ensure that the health care choices of the member are followed when the member is unable to make the decisions for their self.</p>
8.	<p>A current medication list is present in patient record. (For best practice: dosage, date medication was initiated and dates of refills are present)</p> <p><i>NCQA 3.21.06</i></p>	<p>A centrally located listing of a member's maintenance medications assists the practitioner and support staff with an overview of prescribed medications. In this fashion, the practitioner can easily assess medications for possible drug interactions, over medication, drug treatment history and management of potential habit forming medications. Current medications when clearly identified prevent duplication of prescriptions.</p>
9.	<p>A current problem list that includes significant illnesses, medical conditions and psychological conditions is present.</p> <p><i>NCQA 3.21.06</i></p>	<p>Maintaining a current problem list enhances information from which a practitioner can effectively develop a treatment plan. Enhances the ability of the physician and other health care professionals to evaluate and plan the patient's immediate treatment and to monitor his or her health care over time.</p>
10.	<p>Past medical history is present and includes serious accidents, operations, substance abuse, family history and illnesses. For children ages birth-20, developmental/behavioral assessment is included. Interval histories should be present as appropriate.</p> <p><i>NCQA 3.21.06</i></p>	<p>All patients need to have documentation of medical/social histories in their record base from which a planned course of treatment can be developed. Substance abuse is an important factor when planning a course of treatment and attempting to diagnose a particular problem. Behavioral along with physical assessment for children gauges how well a child's development is progressing based on age.</p>
11.	<p>Behavioral health screenings and results (substance use, depression, etc.) are present.</p>	<p>To ensure appropriate assessment of presenting symptoms and problems.</p>

Standard		Rationale
12.	For each visit, risk status is clearly documented. Situations such as imminent risk of harm to self or others, homicidal ideation, suicidal ideation or elopement potential is prominently noted, documented and revised in the treatment record. Follow-up recommendations are documented and all entries are signed and dated (may be a handwritten signature, unique electronic identifier or initials).  <i>NCQA 3.21.06</i>	To ensure safety of member and others.
13.	Evidence is present in the medical record of coordination of care with the member's PCP and referring practitioner if referring practitioner is other than PCP.	To ensure continuity and coordination of care for members with both physical and behavioral health problems.
14.	Provider has in place a policy or procedure for follow-up of missed appointments.	To ensure the resolution of health issue/complaint and to make sure there is no access to care issues.
15.	<b>Major depression (acute and chronic) guidelines</b>	
15a.	Documentation to support diagnosis of major depression is present in the clinical record.	Evidence that CPG is utilized to outline approaches for the management of acute and chronic depression.
15b.	DSM-IV/ICD9/ICD10SM diagnosis is documented.	To ensure appropriate treatment planning and claims processing.
15c.	Medication prescribed and dosage of antidepressant medications follows recommendations as outlined in CPG.	To ensure adherence to CPG and accepted prescribing protocols and criteria.
15d. HEDIS®* Measure	<b>Acute phase:</b>  After initiation of medication for a new diagnosis of major depression, three follow-up contacts occurred during the first 12 weeks of treatment, one of which must have been with the prescribing practitioner.	To ensure effectiveness of medication and dosages prescribed. To ensure member compliance with medication treatment.
15e. HEDIS Measure	<b>Continuation phase:</b>  After treatment for acute phase, documentation is present that the member is maintaining medications for at least six months following remission of symptoms.	To prevent relapse of symptoms and ensure member compliance with medication treatment.

\*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Standard		Rationale
15f.	<p><b>Maintenance phase:</b></p> <p>After treatment for continuation phase, documentation of assessment for recurrence of depression symptoms, presence of comorbid conditions, suicidal thoughts and psychotic features is present.</p>	To prevent relapse of symptoms and ensure member compliance with medication treatment.
15g. HEDIS Measure	If a hospitalization occurred prior to or during the course of treatment, documentation is present of a follow-up visit within seven days of discharge and within 30 days of discharge.	To prevent relapse of symptoms and ensure member compliance with medication treatment.
16.	<b>ADHD guidelines</b>	
16a.	Documentation to support diagnosis of ADHD should be present in record.	Evidence that CPG is utilized to outline approaches for the management of ADHD.
16b.	Medication prescribed and dosage for ADHD follows recommendations as outlined in clinical practice guideline.	To ensure adherence to clinical practice guideline accepted prescribing protocols and criteria.
16c.	If tricyclic antidepressants are used, a baseline ECG prior to use is present with a follow-up ECG after each significant dosage change. If a higher level tricyclic medication is documented, blood levels are present in the medical record.	To ensure therapeutic results of medication and prevention of overdose.
16d. HEDIS Measure	<p><b>Initiation phase:</b></p> <p>Documentation is present for patients who receive an initial prescription for ADHD medication of at least one follow-up visit with a prescriber within 30 days of initiation of medication and at least two additional visits between four weeks and nine months of the initiation of the medication.</p>	To ensure effectiveness of medication and dosages prescribed. To ensure member compliance with medication treatment.
16e. HEDIS Measure	<p><b>Continuation and maintenance phase:</b></p> <p>After treatment for initiation phase, documentation is present of at least two follow-up visits between 30 days and ten months (300 days) of the initiation of the medication.</p>	To prevent relapse of symptoms and ensure member compliance with medication treatment.

Standard		Rationale
16f.	<p>Follow-up visits include assessment for the following:</p> <ul style="list-style-type: none"> <li>Behavioral assessment (school/peer/family)</li> <li>Height</li> <li>Weight</li> <li>Abnormal movement, signs and symptoms</li> <li>Follow-up testing with Conners' Scales or equivalent scales to track treatment response</li> <li>School informal plan or Section 504 Plan every two years</li> </ul>	To ensure appropriate assessment after initiation phase and stability of member's mental health status.

### Medical policies update

On February 4, 2016, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies applicable to Amerigroup Community Care. These medical policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The medical policies were made publicly available on the Amerigroup provider website on the effective date listed below. Visit [medicalpolicies.amerigroup.com/search](http://medicalpolicies.amerigroup.com/search) to search for specific policies. Existing precertification requirements have not changed.

**Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.**

Medical policy effective date	Medical policy number	Medical policy	Medical policy (new/revised)
April 5, 2016	RAD.00065	Radiostereometric Analysis (RSA)	New
April 5, 2016	SURG.00142	Genicular Nerve Blocks and Ablation for Chronic Knee Pain	New
February 11, 2016	DME.00035	Electric Tumor Treatment Field (TTF)	Revised
February 11, 2016	DRUG.00052	Pertuzumab (Perjeta®)	Revised
February 11, 2016	DRUG.00077	DRUG.00077 Secukinumab (Cosentyx®)	Revised
April 5, 2016	RAD.00029	CT Colonography (Virtual Colonoscopy) for Colorectal Cancer	Revised

### Milliman Care Guidelines

For health plans utilizing Milliman Care Guidelines (MCG), the MCG 20th edition care guidelines were discussed at the February 4, 2016, MPTAC meeting. The MCG 20th edition care guidelines will be available for use upon release through MCG.

### Clinical Utilization Management Guidelines update

**Summary:** On February 4, 2016, the MPTAC approved the following Clinical Utilization Management (UM) Guidelines. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing. This list represents the Clinical UM Guidelines adopted by the Medical Operations Committee for the Government Business Division on February 29, 2016.





On February 4, 2016, the clinical guidelines were made publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines subsidiary website. Visit [medicalpolicies.amerigroup.com/search](http://medicalpolicies.amerigroup.com/search) to search for specific policies. Existing precertification requirements have not changed.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	Revised or new (new/revised)
April 5, 2016	CG-BEH-14	Intensive In-Home Behavioral Health Services	New
April 5, 2016	CG-DME-38	Continuous Interstitial Glucose Monitoring	New
May 2, 2016	CG-SURG-53	Elective Total Hip Arthroplasty	New
May 2, 2016	CG-SURG-54	Elective Total Knee Arthroplasty	New
April 5, 2016	CG-DRUG-04	Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra®), and Direct Thrombin Inhibitors in the Outpatient Setting	Revised
April 5, 2016	CG-DRUG-20	Enfuvirtide (FUZEON®)	Revised
April 5, 2016	CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	Revised
February 11, 2016	CG-MED-35	Retinal Telescreening Systems	Revised
February 11, 2016	CG-MED-54	Strapping	Revised
February 11, 2016	CG-SURG-27	Gender Reassignment Surgery	Revised
April 5, 2016	CG-SURG-36	Adenoidectomy	Revised
To be determined	CG-SURG-44	Coronary Angiography and Cardiac Catheterization in the Outpatient Setting	Revised
February 11, 2016	CG-SURG-47	Surgical Interventions for Scoliosis and Spinal Deformity	Revised

#### Archived Clinical Utilization Management Guidelines

The following two Clinical UM Guidelines have been archived on the effective date listed below. These guidelines will no longer appear on the site and the criteria should no longer be used.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title
April 5, 2016	CG-BEH-08	Employee Assistance Program Outpatient Treatment
April 5, 2016	CG-DRUG-07	Hepatitis C Pegylated Interferon Antiviral Therapy

**Please Note:** Federal and State law, as well as contract language including definitions and specific coverage provisions/exclusions, and Medical Policy take precedence over Clinical UM Guidelines and must be considered first in determining eligibility for coverage.

## Important announcement – prenatal ultrasound reimbursement update

This is an update to our prior communication regarding prenatal ultrasound reimbursement sent in March 2015; while the CPT codes for the policy remain the same, we have converted the ICD-9 codes to their corresponding ICD-10 codes, which were effective October 15, 2015.

Attached is an updated list of CPT codes with their associated ICD-10 diagnosis codes, indicating medical necessity. For additional information, please continue to refer to the “Maternal Ultrasound in the Outpatient Setting” clinical guideline (CG-MED-42), which details medical necessity criteria for maternal ultrasound.

We appreciate your commitment to the well-being of our members. Should you need additional assistance, you may visit the provider website at <https://providers.amerigroup.com/TN> or call Provider Services at 1-800-454-3730.

Note: This is a general guide; codes are subject to change without additional updates from us. Providers are responsible for billing the appropriate code/modifier and diagnosis combinations.

Procedure code	Supporting ICD-10 diagnosis code
76802 Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks, 0 days), transabdominal approach; each additional gestation	O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093 O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193 O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293 O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.821, O30.822, O30.823, O30.891, O30.892, O30.893, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39 O30.90, O30.91, O30.92, O30.93
76810 Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks, 0 days), transabdominal approach; each additional gestation	O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093 O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193 O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293 O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.821, O30.822, O30.823, O30.891, O30.892, O30.893, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39 O30.90, O30.91, O30.92, O30.93
76811 Ultrasound, pregnant uterus, real-time with image documentation,	A92.8, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.70, O09.71, O09.72, O09.73, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93,

Procedure code	Supporting ICD-10 diagnosis code
fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	O10.011, O10.012, O10.013, O10.911, O10.912, O10.913, O21.0, O21.2, O24.011-O24.013, O24.111-O24.113, O24.311-O24.313, O24.410, O24.414, O24.419, O24.811-O24.813, O24.911-O24.913, O25.11-O25.13, O26.11, O26.12, O26.13, O26.31, O26.32, O26.33, O26.41, O26.42, O26.43, O26.711, O26.712, O26.713, O26.811, O26.812, O26.813, O26.841, O26.842, O26.843, O26.849, O26.86, O26.891, O26.892, O26.893, O26.91, O26.92, O26.93, O29.011, O29.012, O29.013, O29.021, O29.022, O29.023, O29.091, O29.092, O29.093, O29.111, O29.112, O29.113, O29.121, O29.122, O29.123, O29.191, O29.192, O29.193, O29.211, O29.212, O29.213, O29.291, O29.292, O29.293, O29.3X1, O29.3X2, O29.3X3, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.011, O30.012, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.13, O30.90, O30.91, O30.92, O30.93, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O35.0XX0, O35.0XX1, O35.0XX2, O35.0XX3, O35.0XX4, O35.0XX5, O35.0XX9, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9, O35.2XX0, O35.2XX1, O35.2XX2, O35.2XX3, O35.2XX4, O35.2XX5, O35.2XX9, O35.4XX0, O35.4XX1, O35.4XX2, O35.4XX3, O35.4XX4, O35.4XX5, O35.4XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O35.9XX0, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.22X0, O36.22X1, O36.22X2, O36.22X3, O36.22X4, O36.22X5, O36.22X9, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X6, O36.23X9, O36.4XX0, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124, O36.5125, O36.5129, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.5920, O36.5921, O36.5922, O36.5923, O36.5924, O36.5925, O36.5929, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.5990, O36.5991, O36.5992, O36.5993, O36.5994, O36.5995, O36.5999, O36.60X0, O36.60X1, O36.60X2, O36.60X3, O36.60X4, O36.60X5, O36.60X9, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4, O36.62X5, O36.62X9, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X6, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4, O36.72X5, O36.72X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.8920, O36.8921, O36.8922, O36.8923, O36.8924, O36.8925, O36.8929, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.8990, O36.8991, O36.8992, O36.8993, O36.8994, O36.8995, O36.8999, O36.90X0, O36.90X1, O36.90X2, O36.90X3, O36.90X4, O36.90X5, O36.90X9, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5, O36.92X9, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9,

Procedure code	Supporting ICD-10 diagnosis code
	O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9 , O42.011, O42.012, O42.013, O42.10, O42.111, O42.112, O42.113, O42.119, O42.90, O42.911, O42.912, O42.913, O42.919, O43.891, O43.892, O43.893, O44.01, O44.02, O44.03, O44.11, O44.12, O44.13, O45.8X1-O45.8X3, O45.91-O45.93, O60.02, O60.03, O68, O76, O98.411, O98.412, O98.413, O98.511, O98.512, O98.513, O98.711, O98.712, O98.713, O98.73, O99.281-O99.283, O99.311-O99.313, O99.341-O99.343, O99.351, O99.352, O99.353, O99.511-O99.513, O99.611-O99.613, O99.711-O99.713, O99.810, O99.820, O99.89, O9A.111-O9A.113, O9A.211-O9A.213, O9A.311-O9A.313, O9A.411-O9A.413, O9A.511-O9A.513, Z36
76812 Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation	O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093 O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.121, O30.122, O30.123, O30.191, O30.192, O30.193 O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.221, O30.222, O30.223, O30.291, O30.292, O30.293 O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.821, O30.822, O30.823, O30.891, O30.892, O30.893 O30.90, O30.91, O30.92, O30.93 O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39
76815 Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid); one or more fetuses	A92.8, N91.2, O00.0, O00.1, O00.2, O00.8 , O00.9, O02.1, O02.81, O03.9, O04.5, O04.80, O04.87, O07.4, O09.291, O09.292, O09.293, O09.299, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.211, O10.212, O10.213, O10.911, O10.912, O10.913, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O20.0, O20.9, O21.0, O21.2, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O30.001, O30.002, O30.003, O30.011, O30.012, O30.013, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O34.10, O34.11, O34.12, O34.13, O34.30, O34.31, O34.32, O34.33,

Procedure code	Supporting ICD-10 diagnosis code
	O35.9XX0, O35.9XX1, O35.9XX2, O35.9XX3, O35.9XX4, O35.9XX5, O35.9XX9, O36.4XX0, O36.4XX1, O36.4XX2, O36.4XX3, O36.4XX4, O36.4XX5, O36.4XX9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124, O36.5125, O36.5129, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.5920, O36.5921, O36.5922, O36.5923, O36.5924, O36.5925, O36.5929, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939 , O36.5990, O36.5991, O36.5992, O36.5993, O36.5994, O36.5995, O36.5999, O36.60X0, O36.60X1, O36.60X2, O36.60X3, O36.60X4, O36.60X5, O36.60X9, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4, O36.62X5, O36.62X9, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.8120, O36.8121, O36.8122, O36.8123, O36.8124, O36.8125, O36.8129, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8190, O36.8191, O36.8192, O36.8193, O36.8194, O36.8195, O36.8199, O36.90X0, O36.90X1, O36.90X2, O36.90X3, O36.90X4, O36.90X5, O36.90X9, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5, O36.92X9, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4, O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O40.9XX0, O40.9XX1, O40.9XX2, O40.9XX3, O40.9XX4, O40.9XX5, O40.9XX9, O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O42.00, O42.011, O42.012, O42.013, O42.019, O42.10, O42.111, O42.112, O42.113, O42.119, O42.90, O42.919, O42.92, O44.00, O44.01, O44.02, O44.03, O47.00, O60.02, O60.03, O76, Z33.2,
76816 Ultrasound, pregnant uterus, real-time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected	A92.8, O00.0, O00.1, O00.2, O00.8, O00.9, O02.81, O03.9, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.521, O09.522, O09.523, O09.529, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.31, O10.311, O10.313, O10.319, O10.911, O10.912, O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O14.02, O14.03, O14.92, O14.93, O16.1, O16.2, O16.3, O20.0, O21.0, O24.410, O24.414, O24.419,

Procedure code	Supporting ICD-10 diagnosis code
or confirmed to be abnormal on a previous scan), transabdominal approach; per fetus	O26.11, O26.12, O26.13, O26.31, O26.32, O26.41, O26.42, O26.43, O26.711, O26.712, O26.713, O26.811, O26.812, O26.813, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.891, O26.892, O26.893, O26.91, O26.92, O26.93, O29.011, O29.012, O29.013, O29.021, O29.022, O29.023, O29.091, O29.092, O29.093, O29.111, O29.112, O29.113, O29.121, O29.122, O29.123, O29.191, O29.192, O29.193, O29.211, O29.212, O29.213, O29.291, O29.292, O29.293, O29.3X1, O29.3X2, O29.3X3, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.91, O29.92, O29.93, O29.X3, O30.001, O30.002, O30.003, O30.011, O30.012, O30.031, O30.032, O30.033, O30.041, O30.042, O30.043, O30.091, O30.092, O30.093, O30.13, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O34.10, O34.11, O34.12, O34.13, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O35.0XX0, O35.0XX1, O35.0XX2, O35.0XX3, O35.0XX4, O35.0XX5, O35.0XX9, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9, O35.2XX0, O35.2XX1, O35.2XX2, O35.2XX3, O35.2XX4, O35.2XX5, O35.2XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O35.8XX, O35.8XX0, O35.8XX1, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.22X0, O36.22X1, O36.22X2, O36.22X3, O36.22X4, O36.22X5, O36.22X9, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X6, O36.23X9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124, O36.5125, O36.5129, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.5920, O36.5921, O36.5922, O36.5923, O36.5924, O36.5925, O36.5929, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.5990, O36.5991, O36.5992, O36.5993, O36.5994, O36.5995, O36.5999, O36.60X0, O36.60X1, O36.60X2, O36.60X3, O36.60X4, O36.60X5, O36.60X9, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4, O36.62X5, O36.62X9, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4, O36.72X5, O36.72X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.8920, O36.8921, O36.8922, O36.8923, O36.8924, O36.8925, O36.8929, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.8990, O36.8991, O36.8992, O36.8993, O36.8994, O36.8995, O36.8999, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4, O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O40.9XX0, O40.9XX1, O40.9XX2, O40.9XX3, O40.9XX4, O40.9XX5, O40.9XX9, O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O42.00, O42.011, O42.012, O42.013, O42.019, O42.90, O42.911, O42.912, O42.913,

Procedure code	Supporting ICD-10 diagnosis code
	O42.919, O42.92, O43.891, O43.892, O43.893, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O47.00, O47.9, O60.02, O60.03, O62.33, O68, O77.0, O77.1, O77.8, O77.9, O98.411, O98.412, O98.413, O98.419, O98.511, O98.512, O98.513, O98.519, O98.711, O98.712, O98.713, O98.719, O98.73, O99.351, O99.352, O99.353, O99.810, O99.89, Z36
76817 Ultrasound, pregnant uterus, real-time with image documentation, transvaginal	A92.8, D25.9, D68.9, N83.20, N83.29, N91.2, N92.5, N92.6, N93.8, N94.89, N94.9, O00.0, O00.1, O00.2, O00.8, O00.9, O02.1, O02.81, O03.4, O03.9, O04.5, O04.80, O04.87, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O20.0, O20.8, O20.9, O26.21, O26.22, O26.23, O26.851, O26.852, O26.853, O26.859, O34.10, O34.11, O34.12, O34.13, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.80, O34.81, O34.82, O34.83, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O35.8XX, O35.8XX0, O35.8XX1, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.021, O46.022, O46.023, O46.091, O46.092, O46.093, O46.90,, O46.91, O46.92, O46.93, R10.2, R10.32, Z33.2, Z36

**\*\*The following article applies to Medicare providers\*\***

**[DSNP Training Required](#)**

In 2016, Amerigroup\* Community Care is offering Dual Eligible Special Needs Plans (D-SNPs) to people who are eligible for both Medicare and Medicaid benefits or who are qualified Medicare beneficiaries (QMBs) in CA. D-SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These plans are \$0 premium plans. Some include



a combination of supplemental benefits such as hearing, dental, vision as well as transportation to doctors' appointments. Some D-SNP plans also may include a card or catalog for purchasing over-the-counter items.

D-SNPs are a kind of Medicare Advantage plan that are approved by Medicare and also contract with the state Medicaid agency. Providers who see Amerigroup Medicare Advantage members in CA are "in network" and available to see Amerigroup D-SNP members effective Jan. 1, 2016, unless they have opted out of participating with the D-SNP plan.

Providers should understand that D-SNP members are protected from all balance billing. Amerigroup D-SNPs are "zero cost share" plans, meaning we only enroll dual-eligible beneficiaries (people eligible for both Medicare and Medicaid) who have Medicare cost sharing protection under their Medicaid benefits. The provider may not seek payments for cost sharing from dual-eligible members for health care services. Providers cannot bill D-SNP members for services not reimbursed by Medicaid or Amerigroup's D-SNP plan, nor can providers balance bill for the difference between what has been paid and the billed charges.

Providers who are contracted for D-SNP plans are required to take annual training to keep up-to-date on plan benefits and requirements, including coordination of care and Model of Care elements. Providers contracted for our D-SNP plans received notices in January that contained information for online training, either through scheduled WebEx sessions or through self-paced training on our provider portal. Every provider contracted for our D-SNP plans is required to complete an attestation stating that they have completed the annual training. These attestations are located at the end of the self-paced training document and can be completed by individual providers or at the group level with one signature along with a roster of providers that participate within the group.

To take the self-paced training, please go to the Training Programs link at <https://providers.amerigroup.com/pages/home.aspx> under your state.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.