

# Provider Newsblast

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



June 2017



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### About Patient360

Patient360 is a real-time dashboard that gives you a robust picture of your TennCare patients' health and treatment history as well as helps you facilitate care coordination. You can drill down to specific items in a patient's medical record to retrieve demographic information, care summaries, claims details, authorization details, pharmacy information and care management-related activities as well as pull member lists of HEDIS gaps in care to support outreach efforts.

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- **Method one:**
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  - Choose Eligibility and Benefits.
  - Complete the required fields on the *Eligibility and Benefits* screen.
  - Select the **Patient360** link on the member's benefit screen.
  - Enter the member's information in the required fields.
- **Method two:**
  - Select **Payer Spaces** from the top menu bar in the Availity Web Portal.
  - Choose the **Amerigroup Community Care** tile.
  - Select **Patient360** located on the *Applications* page.
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### Registering for the Availity Web Portal

To gain access to the Availity Web Portal:

- Go to <https://www.availity.com>.
- Select **Register**.
- Select **Get Started**.
- Complete the online registration form.

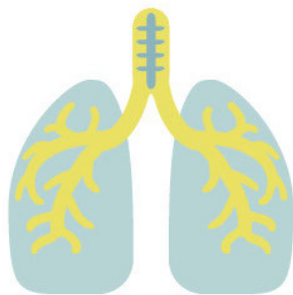
### For assistance

If you have questions about Patient360, contact your local Provider Relations representative. If you have questions about registering for the Availity Web Portal, contact Availity Client Services at 1-800-282-4548.

TN-NL-0077-17

## Utilizing and/or billing using respiratory distress syndrome diagnosis codes for newborns

Effective May 1, 2017, Amerigroup Community Care may deny or recoup claims paid using respiratory distress syndrome diagnosis codes for a newborn TennCare member when the facility is not licensed as a neonatal intensive care unit (NICU).



### What this means:

If you are not a licensed NICU facility, you may only utilize/bill using respiratory distress syndrome diagnosis codes with one of the following patient discharge status codes:

- 02 — discharge/transfer to other short-term general hospital for inpatient care
- 05 — discharge/transfer to a designated cancer center or children's hospital
- 20 — patient expired

All other discharge status codes utilized/billed with respiratory distress syndrome diagnosis codes from non-NICUs are subject to further review.

### What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

TN-NL-0080-17

## Utilization Management affirmative statement

Amerigroup Community Care, as a corporation and as individuals involved in Utilization Management (UM) decisions, is governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Amerigroup does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support denials of benefits.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.



TN-NL-0086-17

## Noncovered codes

Effective August 1, 2017, Amerigroup Community Care will consider the Resource-Based Relative Value Scale (RBRVS), CPT codes and HCPCS codes that are not listed on the current CMS Physician Fee Schedule as not covered.

To avoid denials, please ensure that you are billing with the most current applicable RBRVS, CPT codes and HCPCS codes.

Amerigroup follows CMS guidelines and has identified codes that are not payable that should either be billed with a more appropriate code, bundled (not separately reimbursed) or not listed in your provider agreement.

Amerigroup encourages the submission of claims electronically through the electronic data interchange. Providers must submit claims so they are received by Amerigroup within 120 days from the date of discharge for inpatient services or from the date of service for outpatient services except in cases of coordination of benefits/subrogation or when a member has retroactive eligibility. For cases of coordination of benefits/subrogation, the time frames for filing a claim will begin on the date the third-party documents resolution of the claim. For cases of retroactive eligibility, the time frames for filing a claim will begin on the date Amerigroup receives notification from TennCare of the member's eligibility/enrollment.

A corrected or replacement claim may be submitted within 120 days of Amerigroup payment notification (paid or denied). Corrections to a claim should only be submitted if the original claim information was wrong or incomplete.

Claims, including corrected claims, received after the applicable filing deadlines will be denied.

### Listed below are codes that will no longer be reimbursed and will deny as of August 1, 2017:

A0380	A0390	A0422	A4262	A6549	C9113	G0378	Q0144	S0201	S0612
A0382	A0398	A0424	A4913	A9270	G0168	L7600	S0119	S0610	S2083
S9083	S9110	S9126	S9128	S9129	S9131	S9452	V5269	V5362	V5363
V5364	15850	20930	20936	22841	27215	27216	27217	27218	36000
36416	37216	38204	38207	38208	38214	44799	55400	58770	58970
69710	74263	76140	76390	77386	77387	78350	80300	80301	80302
80303	80304	80320	80321	80323	80324	80325	80326	80327	80329
80331	80332	80334	80335	80336	80337	80338	80339	80341	80342
80344	80345	80346	80347	80348	80349	80351	80352	80353	80354
80355	80356	80357	80358	80359	80360	80361	80362	80363	80364
80365	80366	80367	80368	80369	80370	80371	80372	80373	80374
80375	80377	89320	89321	89322	90384	90389	90889	92310	92314
92340	92341	92342	92370	92532	92534	92606	92630	92633	92921
92929	94150	95120	95125	95131	95133	97010	97014	97602	98943
98960	98961	98962	99000	99001	99002	99051	99053	99058	99070
99078	99080	99100	99116	99135	99140	99241	99242	99243	99244
99245	99251	99252	99253	99254	99255	99340	99358	99359	99363
99364	99366	99367	99368	99374	99380	99485	A4206	A4207	A4208
A4209	A4247	A4617	A6533	B4104	E0971	E2331	L2840	L4398	A4213
A4248	A4620	A6534	E0190	E0973	E2367	L2861	L7900	A4215	A4250
A4627	A6539	E0244	E0990	L0984	L3215	L8010	A4230	A4550	A5200
A6540	E0265	E0995	L2275	L3216	S8451	A4231	A4570	A6229	A9274
E0266	E1140	L2750	L3221	S8999	A4232	A4611	A6250	A9276	E0637
E1260	L2780	L3222	A4245	A4615	A6260	B4102	E0640	E1353	L2820
L3230	A4246	A4616	A6530	B4103	E0641	E2300	L2830	L3252	

TN-NL-0083-17

## New collaboration with Medline Industries, Inc. for breast pump supply management

Amerigroup Community Care is pleased to introduce Medline Industries, Inc. (Medline), a national manufacturer and distributor of medical supplies, which will be providing quality breast pumps to TennCare members.

### What this means

Providers can now refer TennCare members to Medline for breast pumps. Order fulfillment with Medline will also enroll the member into Ameda Direct's Continuum of Care program, which supports new moms in having a successful breast-feeding experience.



### About Medline

Medline is a participating provider with Amerigroup and is the largest privately held manufacturer and distributor of incontinence products in the United States. Medline's collaboration with Ameda Direct offers TennCare members a breast pump specifically designed for them as well as access to the following benefits at no additional cost:

- Online library of breast-feeding tips and videos (Visit <https://insured.amedadirect.com> for more information.)
- Online and phone lactation support provided by Ameda Direct
- Lactation-trained specialists, available through Ameda Direct's dedicated Support Center, who can assist members before, during and after their breast pump purchase

### Referrals to Medline

Medline ships supplies directly to members' home via FedEx. Most orders are processed within 24-48 hours with direct home delivery available Monday-Saturday.

To place a breast pump order for a member, contact Ameda Direct Powered by Medline via one of the methods below:

- Phone: 1-877-791-0064
- Fax: 337-628-2240
- Online: <https://insured.amedadirect.com>
- Email: [orders@amedadirect.com](mailto:orders@amedadirect.com)

To place an order for consumable supplies, contact Medline Customer Service by phone (1-866-356-4997, option 5) or fax (1-866-202-1563), Monday-Friday from 7 a.m.-6 p.m. CT.

### What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

TNPEC-1829-17

You can find the *Electric, Nonhospital Grade Breast Pump Request Form* on our provider website (<https://providers.amerigroup.com/TN> > Provider Resources & Documents > Maternal Child Program > *Electric, Nonhospital Grade Breast Pump Request Form*).

Ways to submit your completed form: 1) via email: <a href="mailto:orders@amedadirect.com">orders@amedadirect.com</a> 2) fax to 337-628-2240 For assistance, call Medline at 1-877-791-0064.	
Please complete all patient information below or attach fax sheet containing the demographic information. <small>*Denotes a Required Field</small>	
Member's name (mother)*:	Infant's birthdate* (if baby's born):
Member's Amerigroup Community Care ID (mother)*:	Estimated due date*:
Member's DOB (mother)*:	Member's Amerigroup ID (infant):
Member's phone number*:	Member's name (infant):
Member's shipping address*:	
City*, State*:	ZIP code*:
Member's email:	
<b>Request: electric breast pump (nonhospital grade), ICD-10: Z39.1</b>	
<small>Requirements: Mom and baby must be TennCare members. Pump will be delivered upon notice baby has been born. If baby is already born, pump will be fulfilled once form received and information validated.</small>	
The member will receive the breast pump below:	
<b>Ameda Purely Yours Plus Pump</b> <ul style="list-style-type: none"> <li>• Dual hygieniks* without BPA includes two 36-inch tubes, tubing adapter/pump connector</li> <li>• Two adapter caps</li> <li>• Two silicone diaphragms</li> <li>• Two pump bodies with standard size breast shields as well as CustomFit breast flanges and reducing insert</li> <li>• Four white valves and two four-ounce polypropylene bottles with tops</li> <li>• AC power adapter and built-in battery pack</li> </ul>	
<b>Additional no-cost member benefits (applicable only to members receiving Ameda brand breast pumps):</b> <ul style="list-style-type: none"> <li>• Online library of breastfeeding tips and videos (Visit <a href="https://insured.amedadirect.com">insured.amedadirect.com</a> for more information.)</li> <li>• Lactation support professionals online and a dedicated call center</li> <li>• Regular communication from Ameda Direct with tips for success with breastfeeding.</li> </ul>	
<small>I, the undersigned, certify that the above prescribed item(s) is/are medically necessary for this patient's well-being. The patient's medical record contains information which supports medical necessity for the item(s) prescribed. In my opinion, the item(s) being prescribed is/are reasonable and necessary with reference to accepted standards of medical practice in treatment of this patient's condition and has/have not been prescribed as convenience item(s).</small>	
Ordering provider (first and last):	NPI number (if applicable):
Provider signature:	Today's date:
<small>©2016 Medline Industries, Inc. All rights reserved. Ameda and Purely Yours are registered trademarks of Ameda, Inc. Medline is a registered trademark of Medline Industries, Inc. WESP7N-0048-17 April 2017</small>	

## UPDATE: Ordering, prescribing or referring NPI requirement change

The Affordable Care Act (ACA) requires physicians or other eligible practitioners who submit all or part of a Medicaid claim as a secondary to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid beneficiaries. The enrollment requirement is applicable to physicians or other eligible practitioners even if they do not traditionally submit claims to Medicaid.

### What this means to you:

Effective June 1, 2017, Medicaid institutional and professional claims must include the NPI of the ordering, prescribing, referring or rendering (OPRR) provider if applicable.

### Why is this change necessary?

In order to comply with the ACA mandate, Amerigroup Community Care institutes the requirement that all OPRR providers must have an active and valid Medicaid provider ID number associated with an individual NPI.

### What is the impact of this change?

Effective June 1, 2017, claims received from rendering providers and facilities for services that are ordered, prescribed or referred must contain the NPI of the Medicaid-enrolled ordering, prescribing or referring practitioner. Failure to report appropriately may result in a claim rejection.



OPRR providers who do not have a Medicaid provider ID number must enroll to meet the ACA program integrity requirement. Enrollment does not include a requirement to see Medicaid patients or to be listed as a Medicaid provider for patient assignments. Enrollment is designed to ensure that all orders, prescriptions or referrals for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from participation in Medicare or Medicaid. OPRR providers may apply for a Medicaid provider ID online at <http://tn.gov/tenncare/topic/provider-registration>.

If submitting via electronic data interchange (EDI), contact your clearinghouse for appropriate loops for the above details or call Amerigroup EDI at 1-800-590-5745.

### What if I need assistance?

More information can be found on our website at <https://providers.amerigroup.com/TN>. If you have questions about this communication, received this message in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at the toll-free phone numbers listed below:

- Medicaid providers call 1-800-454-3730.
- Long-term services and supports (HCBS) call 1-866-840-4991.

TNPEC-1181-15

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SSO-PEC-0880-17



## Reimbursement Policy

### Policy Update

#### Multiple Radiology Payment Reduction

(Policy 12-002, effective 09/15/2015)



Amerigroup Community Care allows reimbursement for multiple diagnostic imaging procedures. Multiple diagnostic imaging procedures with the exception of CT scan services will be subject to a Multiple Procedure Payment Reduction when services are performed by the same physician or health care professional with the same NPI on the same date of service during the same patient encounter.

The global and technical component (TC) of certain diagnostic imaging procedures will reimburse at 100 percent of the physician fee schedule or negotiated amount for the service with the highest TC payment. Payment is made at 50 percent for the TC of subsequent services furnished by the same physician to the same patient in the same session on the same day.

A reduced allowance for the second and subsequent procedures will not apply when multiple imaging procedures are billed appended with Modifier 59.

For additional information, please refer to the Multiple Radiology Payment Reduction Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

SSO-PEC-0873-17