

# Provider Newsblast



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

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## Important notice regarding Fresenius dialysis facilities

As of September 1, 2017, Fresenius dialysis facilities are no longer participating providers with Amerigroup Community Care.

Members receiving care at a Fresenius dialysis facility will be notified of this network change. Providers are asked to support members' transitions of care to participating dialysis facilities. Continuation of care will be provided in accordance with state requirements.

All participating dialysis facility information may be found in the online directory. Visit <http://amerigroup.prismisp.com> or contact Provider Services at 1-800-454-3730 for more information. Amerigroup case managers are available to assist with the transition.



### What if I need assistance?

If you have questions or know of members who need assistance during this transition, please call Provider Services or an Amerigroup case manager at 1-800-660-4441. We will be happy to help. Thank you for the care you provide to our members!

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## Behavioral health nonphysician modifier reimbursement

Effective November 1, 2017, Amerigroup Community Care reimburses for behavioral health services rendered by licensed behavioral health practitioners as detailed below unless otherwise specified by TennCare.

### Using appropriate modifiers

Behavioral health practitioners must use the appropriate modifier associated with their licensure for all CPT codes. The correct modifier that identifies who performed the services(s) must be placed in the primary modifier field on the *CMS-1500 Claim Form*. Claims submitted for behavioral health services without the appropriate modifier are not reimbursable.

Licensed behavioral health practitioners will be reimbursed as follows:

Practitioner type	Modifier	Reimbursement
Licensed psychologist/Ph.D.	HP	60% of the <i>Amerigroup Tennessee Fee Schedule</i> or at the contracted/negotiated amount
Licensed master's clinician	HO	50% of the <i>Amerigroup Tennessee Fee Schedule</i> or at the contracted/negotiated amount
Clinical nurse specialist	SA	55% of the <i>Amerigroup Tennessee Fee Schedule</i> or at the contracted/negotiated amount

If you have any questions, please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

TN-NL-0115-17

## Amerigroup Community Care follows CMS guidelines for clinical trial-related claims

While most clinical trial related claims are paid by original Medicare, Amerigroup Amerivantage (Medicare Advantage) plans are responsible to **pay for certain items and services associated with clinical trials designated by the CMS**. Per CMS guidelines, Amerigroup Amerivantage and Medicare Medicaid Plans pay Clinical Trial related claims classified as **Coverage with Evidence Development (CED)/Investigational Device Exemption (IDE) Studies for Cat B/Data Collections**:

- **Coverage with Evidence Development** — In National Coverage Determinations (NCDs) requiring Coverage with Evidence Development (CED), original Medicare covers items and services in CMS-approved CED studies. **Medicare Advantage Organizations are responsible for payment of items and services in CMS-approved CED studies**. At this time there are [22 CEDs](#) that CMS requires MA plans to process.
- **Investigational Device Exemption** — **Medicare Advantage Organizations are responsible for payment of routine care items and services in CMS-approved Category A and Category B IDE Investigational Device Exemption (IDE) Studies**, however the MAO is only responsible for payment of the [CMS approved Category B devices](#). Institutional providers shall submit claims for the routine costs of a clinical trial involving a Category A IDE device billing to original Medicare since the Category A IDE device itself is considered experimental and, therefore is not eligible for payment. At this time there are [127 Approved Category B IDEs](#) that CMS requires MA plans to process.
- **Data Collection System** — Patients Enrolled in a CMS Qualifying Data Collection System registry. Providers shall use modifier Q0 to identify patients whose data is submitted to a data collection system.

SSO-NL-0001-17

## Include NPI on surgical procedure UB04 bills

Per CMS, when submitting a claim for an individual Amerigroup Amerivantage (Medicare Advantage) member using a surgical procedure code in the range of 10021-69990 (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) or using revenue code 036X,\* the operating provider's NPI number must be in box 77 on the facility *UB-04 (CMS-1450) Claim Form* for outpatient services. If the NPI is required and not included on the claim, it may be denied.

\* Note: Revenue code 036X must be billed with a surgical procedure code.

SSO-NL-0021-17

## Requesting expedited organization determinations

Expedited organization determinations (per the *CMS Manual* — Chapter 13, Section 50) can be requested by a provider or enrollee when the provider or enrollee believes that waiting for a determination under the standard organization determination timeframe (14 days) could place the enrollee's life or health in jeopardy. Expedited organization determinations are valid only before the service is performed.

Per section 50.3, if the health plan denies the request for expedited organization determination, the health plan will automatically apply the standard organization determination time frame with prompt oral notice to the enrolled for doing so. Additional information is available on the [CMS website](#).

SSO-NL-0022-17

# Reimbursement Policies

## Policy Reminder

### Modifier 62: Co-Surgeons

(Policy 06-027, originally effective 12/15/17)

Amerigroup Community Care allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62. Each surgeon must bill the same procedure code(s) with Modifier 62. Reimbursement to each surgeon is based on 62.5 percent of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from **different specialties** and performing surgical services during the same operative session.

For more information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

TN-NL-0060-17



## Policy Reminder

### Global Surgical Package for Professional Providers

(Policy 06-041)



Amerigroup Community Care would like to remind providers that included in the global surgical package are visits occurring during the postoperative period that are related to recovery from the surgery regardless of the location. The Global Surgical Package for Professional Providers reimbursement policy includes additional information on what is included in the global surgical package and what is separately reimbursable. For additional information, please refer to the reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

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