Provider Newsblast

Amerigroup Community Care
providers.amerigroup.com/TN
Medicaid providers: 1-800-454-3730
Medicare providers: 1-866-805-4589

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TennCare Reminder Fliers for Members

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The Bureau of TennCare (TennCare) has created the following fliers in English and Spanish to remind members to provide up-to-date address information.

Do you want to keep your TennCare?
Be sure TennCare has your current address.
Here's what you should do:
STEP 1 If TennCare has your current address, you do not need to do anything yet.
If you haven't given TennCare your current address, you need to call TennCare.
It's a free call: 1.855.259.0701
STEP 2 Watch for mail from TennCare.
Open and read any mail from TennCare and follow the directions.
If you don't, you could lose your TennCare.

¿Desea conservar su TennCare?
Asegúrese de que TennCare tenga su dirección actual.
Esto es lo que debe hacer:
Paso 1 Si TennCare tiene su dirección actual, no tiene que hacer nada.
Si no le ha dado a TennCare su dirección actual, debe llamar a TennCare.
La llamada es gratis: 1.855.259.0701
Paso 2 Esté atento a la llegada de correspondencia de TennCare.
Abra y lea todo lo que le llegue de TennCare y siga las instrucciones.
Si no lo hace, podría perder su TennCare.

You can download PDF versions of the fliers on our provider portal at providers.amerigroup.com/TN. Please hang a copy in your office where TennCare members can see or have some available as takeaway fliers.

We appreciate your help in reminding members to also open any mail from TennCare and follow the directions.

Payment process for TennCare-covered therapies performed in school settings

Summary: As part of the terms of Section 2.9.16.7.1 of our Contractor Risk Agreement, TennCare requests that schools share information each year with the appropriate TennCare Managed Care Organization (MCO) when medically necessary services are provided in the school setting and are included in a child's individualized education program (IEP). We must have a complete and current copy of any child member's IEP on file.

What this means to you: Amerigroup Community Care requires a complete copy of the IEP (including a copy of the parental consent, medical diagnosis and a signed and dated physician's order) be on file for all medical services billed in a school setting for members 3-21 years of age. Please read below for more information.

What is needed for treatment services performed in a school setting?

Prior authorization is not required for payment of TennCare-covered medically necessary treatment services performed in the school setting (place of service 03) by a participating provider.

We require services performed in a school setting:

- Are supported by a complete IEP (including a copy of the parental consent, medical diagnosis and a signed and dated physician's order)
- Meet coverage and medical necessity as defined by the TennCare rules
- Be billed with a [place of service 03]

How should IEPs be submitted?

For new evaluations, Amerigroup allows a 60-day time period from the date of the evaluation to allow for the development of the IEP. If the IEP is not completed within 60 days from the date of the evaluation, Amerigroup is subject to recoupment of the paid evaluation claim. As of January 31, 2014, Amerigroup began a retrospective review of all services provided in a school setting. If Amerigroup does not have a complete copy of the IEP with a copy of the parental consent, medical diagnosis and a signed and dated physician's order on file, Amerigroup will request the servicing provider to submit all the requested documents. If Amerigroup does not receive the requested information within 30 days of our request, payment for the services will be subject to recovery.

Once an IEP is received, we will review for medical necessity and if questionable, contact the child's PCP for confirmation of medical necessity of the treatment services in a school setting. The PCP has 15 days from the date of request to confirm medical necessity of therapy services. If no confirmation is received via a current, signed and dated physician's order within 15 days of the confirmation request, payment for the services will be subject to recovery.

Please note: The dates of services need to match the IEP dates. There is no gap between prior IEP and yearly renewals with the exception of summer break, unless the child attends a year-round school curriculum.

How can I find more information?

Printable forms and instructions to complete the forms are found on the TennCare website at: http://www.tn.gov/assets/entities/tenncare/attachments/Connectionpresentation.pdf.

Please fax all IEP documents to:

Amerigroup Case Management
ATTN: JoAnne Hunnicutt, Maternal/Child Program Manager
1-866-495-5788

What if I need assistance?

If you have questions about the communication, received it in error or need assistance with any other item, contact JoAnne Hunnicutt, Maternal/Child Program Manager toll-free at 1-800-454-3730. When prompted, select Case Management and ask for extension 22129, or dial 615-232-2129.

TennCare Electronic Health Record (EHR) Provider Incentive Payment program

Amerigroup would like to share additional information about completing your EHR provider attestation when qualifying for the TennCare EHR Provider Incentive Payment program.

Some providers choose to use a consultant to register for the TennCare EHR Provider Incentive program. It is an acceptable practice to use a consultant and TennCare does not have any objections to doing so; however, please be aware that some consultants enter their own email address when registering providers at the CMS Registration & Attestation website. If a provider chooses to use a consultant who uses the consultant's email address during registration, the provider will need to maintain close contact with the consultant, as some attestation problems may

require the provider to intervene; therefore, providers have two choices when using a consultant: stay in close contact with the consultant regarding all emails the EHR Incentive Payment program sends out, or have the email address on record changed to the provider's email.

TennCare sends all correspondence related to the EHR Incentive Payment program via email. Emails are sent to the address entered when registering at CMS. TennCare has found through the years that some consultants may not understand the error and have not approached the provider about the problem. The consultants often times simply keep resubmitting the attestation, only to have TennCare return the attestation repeatedly with the same problem highlighted. Listed below are the instructions to return to the CMS Registration & Attestation web site to correct problems with registration and/or attestation.

1. Go to the CMS Registration & Attestation System website
2. Enter the CMS registration number you were originally given
3. Click "modify"
4. On each page, click "save & continue"
5. On the appropriate page(s), make the needed change(s) and click "save & continue"
6. On the last page, click "submit"

This will save the information and prompt CMS to resend the information back to TennCare for processing within 24-48 hours.

TennCare cannot make changes for providers, including changes to an email address. This must be done by the provider at the CMS Registration & Attestation System website.

If you have any questions, please send an email to TennCare at EHRincentive@tn.gov.

New collection agency partnership

Summary: The Amerigroup Care Cost Containment Unit (CCU) has partnered with third party collection agency, Lamont, Hanley & Associates, Inc. (LHA) to assist in the recovery of overpayment refunds.

Who?

Lamont, Hanley & Associates, Inc. is a New Hampshire-based, nationwide debt collection agency with a long history of providing excellent collection services for Anthem, parent company of Amerigroup. LHA was chosen due to its philosophy of "customer service approach to collections," a value we identify with and one that is critical in ensuring a successful partnership, understanding the sensitivity of releasing a collection agency in our provider networks.

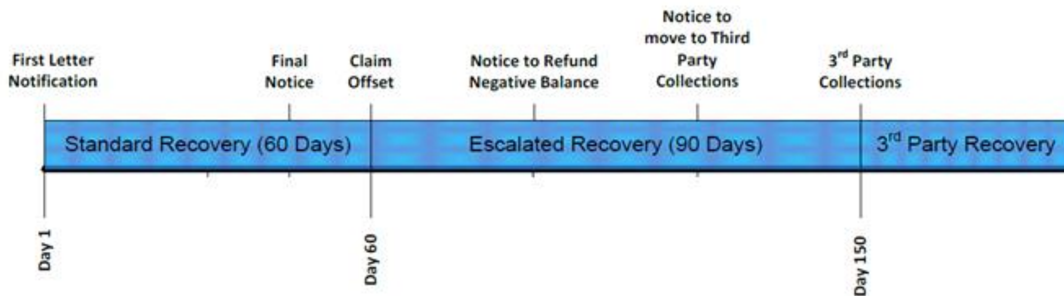
A brief excerpt from LHA…

Our methodology incorporates sales techniques with financial guidance to provide your customers with a program that results in clearing their balance in a non-confrontational, business-like manner. This process results in a higher liquidation and maintains a professional image for our company and our clients. We combine this with our collectors' abilities to resolve disputes and expedite files, making us unique in the collection industry.

How?

The CCU claim collection life cycle will include three phases:

- A standard recovery process requesting refunds from providers;
- An escalated recovery process which attempts to obtain check refunds from the providers for any offsets not satisfied by the 60th day following a negative balance adjustment; and
- Lastly, a third party recovery process initiated by LHA if claims are not successfully fulfilled during the escalated recovery process.



When?

Your market is already live and this notification is to inform you of the role LHA plays in the collection process.

Provider manual update: Tennessee laboratory testing policy change

Summary: All clinical and anatomic laboratory services not performed in a physician's office must be sent to Quest or LabCorp, or to a participating independent reference laboratory listed in our provider referral directory to ensure these services are directed to the most appropriate setting. This Amerigroup policy update applies to all participating physicians and health care professionals, and it applies to all outpatient clinical and anatomic laboratory services ordered by physicians and health care professionals, except for laboratory services provided by physicians in their offices.

What this means to you: Providers may continue to perform laboratory testing in their offices but they must refer outpatient, diagnostic laboratory tests, both clinical and anatomic, to a participating independent reference laboratory. You can find a list of participating laboratories in our provider referral directory at providers.amerigroup.com/TN.

What is the impact of this change?

Physicians and health care professionals who refer Amerigroup lab specimens to a hospital or nonparticipating laboratory must use one of our participating independent reference laboratories. These participating independent laboratories provide a comprehensive range of laboratory services in a timely manner to meet the needs of the physicians and health care professionals participating in Amerigroup. Participating independent laboratories also provide clinical data and related information to support HEDIS® reporting, care management, the Amerigroup Provider Quality Incentive program and other clinical quality improvement activities.

In the rare circumstance that you require a specific STAT laboratory test for which no participating laboratory is available, a Tennessee hospital may perform any of the specific outpatient STAT lab services listed on the next page:

Procedure code	Description
80100	Coma panel
80202	Vancomycin
82374	Carbon dioxide (CO_2)
82436	Chloride
84300	Sodium
84484	Troponin I
84600	Volatiles (alcohol, ethanol, isopropanol, methanol)
85014	Hematocrit
80048	Basic metabolic panel
80051	Electrolyte panel
80156	Carbamazepine; total
80162	Digoxin
80164	Dipropylacetic acid
80178	Lithium
80184	Phenobarbital
80185	Phenytoin; total
80198	Theophylline
81000	Urinalysis, by dip stick or tablet reagent, for bilirubin, glucose, etc.; nonautomated w/microscopy
81002	Urinalysis, by dip stick or tablet reagent, for bilirubin, glucose, hemoglobin, ketones and leukocytes
81025	Urine pregnancy test by visual color comparison methods
82055	Alcohol (any specimen except breath)
82150	Amylase
82247	Bilirubin; total
82310	Calcium; total
82550	Creatine kinase; total
82565	Creatinine; blood
82670	Estradiol
82947	Glucose; quantitative blood
83045	Hemoglobin; methemoglobin qualitative
83050	Hemoglobin; methemoglobin quantitative
84132	Potassium; serum
84520	Urea nitrogen; quantitative
84702	Gonadotropin chorionic; quantitative
84703	Gonadotropin chorionic; qualitative
85022	Blood count – Hemogram, automated, and manual differential WBC count

Procedure code	Description
85025	Blood count – Complete, automated, and automated differential WBC count
85590	Platelet; manual count
85595	Platelet; automated count
85610	Prothrombin time
85730	Thromboplastin time partial; plasma/whole blood
86308	Heterophile antibodies; screening
87205	Smear, primary source, with interpretation; Gram/Giemsa stain
85651	Sedimentation rate, erythrocyte; nonautomated
86140	C-reactive protein
86880	Coombs test direct
86900	Blood typing abo
86901	Blood typing rh (d)

Additional exceptions include lab services:

- Rendered in a physician or health care professional's office
- Rendered in an emergency room setting
- Rendered in conjunction with ambulatory surgery services
- Rendered in conjunction with 23-hour observation services
- Billed with the following chemotherapy, OB and sickle cell diagnosis codes: V58.11-V58.12, 140.0-149.9, 150.0-159.9, 160.0-165.9, 170.0-176.9, 179, 180.0-189.9, 190.0-199.2, 200.00-208.99, 230.0-239.9, 630, 631, 632, 633.00-633.91, 634.00-634.92, 639.0-639.9, 640.00-669.94, V22.0-V24.2, 282.41-282.69

Any laboratory services not on the STAT lab list above performed by a Tennessee hospital or nonparticipating laboratory will be denied with the following: Service billed not on Amerigroup approved STAT lab list.

Medicaid policies updates

On November 5, 2015, the Amerigroup Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies. 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 in the following chart.

Visit medicalpolicies.amerigroup.com/search to search for specific policies. Existing precertification requirements have not changed.

Medical policy effective date	Medical policy number	Medical policy	Medical policy (new/revised)
November 23, 2015	DRUG.00079	Bendamustine Hydrochloride (TREANDA®)	New
November 9, 2015	DRUG.00080	Mepolizumab (Nucala®)	New
January 5, 2016	THER-RAD.00011	Image-guided Radiation Therapy (IGRT) with External Beam Radiation Therapy (EBRT)	New
November 23, 2015	DRUG.00039	Trastuzumab (Herceptin®)	Revised
November 9, 2015	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	Revised
January 5, 2016	LAB.0031	Advanced Lipoprotein Testing	Revised
January 5, 2016	MED.0103	Automated Evacuation of Meibomian Gland	Revised
January 5, 2016	MED.00113	Therapeutic Apheresis	Revised
January 5, 2016	SURG.00024	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Revised
January 5, 2016	THER-RAD.00008	Neutron Beam Radiotherapy	Revised
January 5, 2016	DME.00035	Electric Tumor Treatment Field (TTF)	Revised
January 5, 2016	MED.00080	Cryopreservation of Oocytes or Ovarian Tissue	Revised

Category changes

The following three medical policies have changed category placement. They were not reviewed at the November 5, 2015, MPTAC meeting. The new category is listed below.

Previous category and number	New category and number
RAD.00014	THER-RAD.00001 Brachytherapy for Oncologic Indications
RAD.00016	THER-RAD.00003 Intravascular Brachytherapy (Coronary and Non-Coronary)
RAD.00056	THER-RAD.00009 Intraocular Epiretinal Brachytherapy

Clinical Utilization Management Guidelines update

On November 5, 2015, the Amerigroup 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 November 18, 2015.

On November 5, 2015, the clinical guidelines were made publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines subsidiary website. Visit 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
January 1, 2016	CG-DME-37	Air Conduction Hearing Aids	New
January 5, 2016	CG-MED-53	Cervical Cancer Screening for Women Under 21 Years of Age	New
January 5, 2016	CG-MED-54	Strapping	New
January 5, 2016	CG-SURG-52	Level of Care: Hospital-Based Ambulatory Surgical Procedures, including Endoscopic Procedures	New
January 5, 2016	CG-THER-RAD-01	Fractionation and Radiation Therapy: Bone Metastases and Whole-Breast Irradiation Following Breast-Conserving Surgery	New
January 5, 2016	CG-THER-RAD-02	Special Radiation Physics Consult and Treatment Procedure	New
January 5, 2016	CG-DRUG-45	Octreotide acetate (Sandostatin®; Sandostatin® LAR Depot)	Revised
January 5, 2016	CG-SURG-43	Knee Arthroscopy	Revised
January 5, 2016	CG-SURG-46	Myringotomy and Tympanostomy Tube Insertion	Revised
January 5, 2016	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities	Revised

For additional information, refer to the Preadmission Services for Inpatient Stays Reimbursement Policy at providers.amerigroup.com and click on Quick Tools.

Amendments to statewide contract

Summary of change: The below changes are in accordance with Amendment Number 3 Statewide Contract between State of Tennessee (TennCare) and Amerigroup effective January 1, 2016; therefore, the changes will be reflected in the next revision of your Amerigroup provider manual.

What this means to you: These changes should be implemented as of January 1, 2016.

Behavioral Health Services Chart

Service	Benefit limit prior to January 2016	Benefit limit effective January 1, 2016
Inpatient, Residential and Outpatient Substance Abuse Benefits	**Medicaid/Standard Eligible, age 21 and older**: Limited to 10 days detox, $30,000 in medically necessary lifetime benefits unless otherwise described in the 2008 Mental Health Parity Act as determined by TennCare.	**Medicaid/Standard eligible, age 21 and older**: Covered as medically necessary.
	Medicaid/Standard Eligible, under age 21: As medically necessary.	**Medicaid/Standard Eligible, under age 21**: As medically necessary.

When medically appropriate, services in a licensed substance abuse residential treatment facility may be substituted for inpatient substance abuse services. Methadone clinic services are not covered for adults.

Cultural Competency

With the increasing diversity of the American population, it is important for us to work in cross-cultural situations. Your ability to communicate with your patients has a profound impact on the effectiveness of the health care you provide. Your patients must be able to communicate symptoms clearly and understand your recommended treatments. You should promote the delivery of services in a culturally competent manner to all patients, including those with limited English proficiency, disabilities, non-traditional communications styles and diverse cultural and ethnic backgrounds regardless of a patient's gender, sexual orientation or gender identity. You must ensure physical access, accommodations and accessible equipment for the furnishing of services to a patient with physical or mental disabilities.