



The following entries apply to all Tennessee Amerigroup Community Care Providers.

## Translation services for members

**Background:** To more efficiently request translation services for members with translation needs, we recently developed a *Translator Request Form*. Effective April 1, 2014, if you have a patient who needs translation services, use the [Translator Request Form](#).

A copy of the form can be found on our provider website at [providers.amerigroup.com/TN](http://providers.amerigroup.com/TN) under Provider Resources & Documents > Forms.

### Why is this change necessary?

This change was made to streamline translation request processing.

### How do I arrange for translation services for my patient?

Fax the completed *Translator Request Form* to 1-888-642-4011. Be sure to:

- Submit requests at least three days in advance of the appointment to allow sufficient time for services to be set up.
- Complete the entire form before faxing.
- Submit only one form per member.

### What if I need assistance?

If you have questions or would like to request a copy of the *Translator Request Form*, please call 615-316-2400, ext. 22518 or ext. 22508.

If you have an urgent request for translation services, call the Tennessee Foreign Language Institute at 1-877-346-1674. Have the member's Amerigroup ID number ready when you call. For any issues with urgent requests, contact Member Services at 1-800-600-4441.

TNPEC-0951-14

## Reminder: Proper reporting of covered and non-covered days

**Summary of change:** As a reminder, Amerigroup Community Care will not process for payment inpatient claims submitted without the proper reporting of covered and non-covered total days billed and corresponding units.

✦ **What this means to you:** Covered days and non-covered days (as applicable) are required data on all inpatient claims. Covered days must balance to the days (units) reported, as referenced in the UB04 guide FL46. This applies to accommodation revenue codes 0100-0219 and 1000-1005 for behavioral health.

#### **What is the impact of this requirement?**

Claims submitted without the correct covered and non-covered days not balancing to the statement coverage period for inpatient claims will deny as “Billing Error” (Status Code V51) or “Resubmit With Valid/Correct Service Date” (Status code G90). If your claim is denied “Billing Error” or “Resubmit With Valid/Correct Service Date”, you will need to submit a corrected claim with the correct statement dates and total billed day units.

#### **Example:**

**Do:** Submit claim with statement dates of October 1, 2014, to October 31, 2014, and 31 total day units.

**Do not:** Submit claim with statement dates of October 1, 2014, to October 15, 2014, and 10 total day units.

#### **Additional information:**

The covered days plus non-covered days must equal the statement to date minus the statement from date (statement covers period). A variance of one day plus or minus is allowed.

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.

TNPEC-0907-14

## **Abortion, Sterilization and Hysterectomy (ASH) Services**

#### **Summary of change:**

TennCare’s approved abortion, sterilization and hysterectomy forms have been revised. They can be found online at [www.tn.gov/tenncare/pro-misc.shtml](http://www.tn.gov/tenncare/pro-misc.shtml):

- **Certification of Medical Necessity for Abortion:** On the form updated January 1, 2015, the patient’s SSN was removed and replaced with date of birth, and the physician’s SSN was removed and replaced with the NPI number.
- **Acknowledgement of Hysterectomy:** On the form updated January 1, 2015, the patient’s Medicaid ID number was removed and replaced with date of birth.
- **Sterilization Consent:** Physical street address was added to item 14 of the instructions.

✦ **What this means to you:** Amerigroup Community Care will deny claims for these procedures without an approved TennCare consent form. Please remind your claims or billing staff of this requirement.

#### **What is the impact of this change?**

Only forms approved by TennCare will be reimbursed for abortion, sterilization and hysterectomy services. Forms must be filled out correctly and in their entirety. Use of unapproved forms will result in claim denials.

#### **What form should I use?**

Beginning July 1, 2015, Amerigroup and TennCare will only accept the Certification of Medical Necessity for Abortion form (updated January 1, 2015) and the Acknowledgement of Hysterectomy information form (updated January 1, 2015). Claims with consent forms that show any other date will be denied.

## **What if I need assistance?**

Printable forms and instructions for completion can be found on the Bureau of TennCare website at [tn.gov/tenncare/pro-misc.shtml](http://tn.gov/tenncare/pro-misc.shtml).

You can also reference your Amerigroup provider manual for more information about the state claims submission requirements at [providers.amerigroup.com/TN](http://providers.amerigroup.com/TN).

TNPEC-0966-14

**The following reminder applies to Primary Care Providers.**

## **My PCP Connection**

**Remember** to only provide services to members on your assigned PCP member listing or the listing of another participating PCP in your group. Our My PCP Connection program helps to centralize a member's treatment information, minimizing the chances of missing or incomplete records.

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