



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

New genetic testing rates effective August 1, 2015

Summary of change: Beginning August 1, 2015, Amerigroup Community Care will use updated National Reference Lab Fee Schedule rates for certain genetic testing codes for all markets and products.

✦ **What this means to you:** Per your existing contract, Amerigroup is required to furnish written notice on any Amerigroup initiated changes to the National Reference Laboratory Fee Schedule.

Which codes and rates will be updated?

For dates of services on or after August 1, 2015, the rates for the below referenced CPT codes will be updated as outlined. Each provider will be paid the contracted percentage of these rates for medically necessary and covered laboratory tests (for example, if you are contracted at 39 percent, you would be paid \$180.00 for 81220).

| CPT code | New rate |
|----------|------------|
| 81201 | \$638.41 |
| 81203 | \$248.03 |
| 81220 | \$461.54 |
| 81221 | \$64.10 |
| 81222 | \$123.08 |
| 81223 | \$625.64 |
| 81224 | \$46.15 |
| 81229 | \$2,546.00 |

TNPEC-1006-15

Distinct Procedural Service coding update

Background: On January 1, 2015, the Centers for Medicare & Medicaid Services (CMS) established four new HCPCS modifiers to define subsets of the -59 modifier used to define a Distinct Procedural Service.

✦ **What this means to you:** Please read the information below and share with staff and other providers in your practice.



Medicaid providers • 1-800-454-3730
Medicare providers • 1-866-805-4589
providers.amerigroup.com

How is the coding for this modifier changing?

Currently, the -59 modifier is used when a code for a service, which would usually be bundled, is being considered separate and distinct from another service.

CMS has defined four new HCPCS modifiers to selectively identify subsets of Distinct Procedural Services (-59 modifier). These modifiers, collectively referred to as -X{EPSU} modifiers, are as follows:

- XE Separate Encounter – A service that is distinct because it occurred during a separate encounter
- XP Separate Practitioner – A service that is distinct because it was performed by a different practitioner
- XS Separate Structure – A service that is distinct because it was performed on a separate organ/structure
- XU Unusual Non-Overlapping Service – The use of a service that is distinct because it does not overlap usual components of the main service

Amerigroup Community Care will begin accepting CMS Modifiers for Distinct Procedural Services. We will continue to recognize the -59 modifier; however, CPT instructions state that the -59 modifier should not be used when a more descriptive modifier is available. The -X{EPSU} modifiers are more selective versions of the -59 modifier; it would be incorrect to include both modifiers on the same line.

Amerigroup will be accepting the -X{EPSU} modifiers prior to the National Corrective Coding Initiative (NCCI) edits update. We will require the use of selective modifiers in lieu of the general -59, when the -X{EPSU} modifiers provide more clarity for the service/procedure performed.

TNPEC-0953-15

ICD-10 coded prior authorization requests accepted effective June 1, 2015

Summary of change: Beginning June 1, 2015, Amerigroup Community Care will be accepting ICD-10 coded authorization requests whose effective period is October 1, 2015, and later.

✦ **What this means to you:** Failure to obtain an ICD-10 coded authorization from Amerigroup for effective periods after October 1, 2015 will cause a delay in claims processing and payment.

Which prior authorization requests are affected?

For authorization requests whose effective period spans the October 1, 2015, ICD-10 compliance date, you will need to provide both the ICD-9 and ICD-10 diagnosis codes for the authorization request to be entered and processed. For example, a series of physical therapy sessions requested for a member effective July 1, 2015, to October 9, 2015, will need to have an ICD-9 diagnosis code for the authorization for dates of service/dates of discharge from July 1, 2015, to September 30, 2015. An ICD-10 diagnosis code will be needed for the authorization for dates of service/dates of discharge from October 1, 2015, to October 9, 2015.

WEB-TN-0043-15

ICD-10 Made Easy Memorization not required

There is no need to memorize **ALL** of the new ICD-10 diagnosis and inpatient procedure codes. If you are not an inpatient facility, you only need to be concerned with the ICD-10 PCS diagnosis codes that replace the most common codes your practice uses today.

For example:

- If you are a cardiologist and only treat cardiac patients, focus only on those diagnoses related to your specialty during the course of your ICD-10 remediation work.
- If you practice general or pediatric medicine and therefore treat patients with a wide range of medical conditions, use the 80/20 rule to determine which ICD-10 codes are most pertinent.
- If you rarely see a particular ailment, there's no need to memorize it or convert it to the ICD-10 equivalent diagnosis code on your paper super bill or problem list in your electronic medical record.

You just need to have enough clinical detail in your clinical documentation to determine the code in your ICD-10 coding tool, whether it is a book or online. This all means you don't have to take on the daunting task of climbing Mt. Everest and memorizing over 68,000 ICD-10 diagnosis codes.

For more information, visit our ICD-10 web page at providers.amerigroup.com.

PEC-ALL-1145-15

Updated clinical practice guidelines now available online

Summary of change: Updated clinical practice guidelines (CPGs) are now available on the Amerigroup Community Care self-service website, providers.amerigroup.com/TN. These evidence-based guidelines were reviewed and approved by our Enterprise Clinical Quality Committee and Preventive Health Guidelines Work Group, a group of specialists and external practitioners. The guidelines include direct links to the source documents for reference.

✦ **What this means to you:** No action is necessary — this notice is for your information only.

The guidelines below can be downloaded from providers.amerigroup.com/TN. For a printed copy, please call Provider Services at 1-800-454-3730.

| Clinical practice guidelines | | |
|---|---|--|
| <ul style="list-style-type: none"> • Asthma • Behavioral health <ul style="list-style-type: none"> • Attention deficit hyperactivity disorder • Behavioral health screening, assessment and treatment • Bipolar disorder in adolescents (age 15 and older) • Bipolar disorder in adults • Major depression • Management of substance use disorders in adults • Schizophrenia • HPV • Hyperlipidemia | <ul style="list-style-type: none"> • Coronary artery disease • Chronic obstructive pulmonary disease • Diabetes <ul style="list-style-type: none"> • Diabetes mellitus • Heart <ul style="list-style-type: none"> • Congestive heart failure • Human immunodeficiency virus • Hypertension <ul style="list-style-type: none"> • Hypertension in adults • Hypertension in children and adolescents • Kidney <ul style="list-style-type: none"> • Chronic kidney disease | <ul style="list-style-type: none"> • Maternal health <ul style="list-style-type: none"> • Family planning • High-risk obstetrical • Postpartum care • Routine antepartum care • Smoking cessation during pregnancy • Postpartum depression (PPD) and postpartum psychosis (PPP) • Obesity <ul style="list-style-type: none"> • Obesity in adults • Obesity in children and adolescents • Preventive health <ul style="list-style-type: none"> • Adult preventive health • Child preventive health • Immunizations for adolescents, adults and children |

Disease management centralized care unit program reminder

The disease management centralized care unit (DMCCU) is based on a system of coordinated care management interventions and communications designed to assist physicians and others in managing members with chronic conditions. Through our programs, members receive care management and education provided by a team of highly qualified disease management professionals operating under a holistic model of care. Our programs are based on national CPGs from recognized sources.

DMCCU programs

- Asthma
- Bipolar disorder
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Diabetes
- HIV/AIDS
- Hypertension
- Major depressive disorder
- Obesity
- Schizophrenia
- Substance use disorder

Who is eligible for disease management services?

All members diagnosed with any of the above conditions are eligible for disease management services. Members are identified through a variety of sources, including continuous case finding, welcome calls and referrals. Our care managers are licensed nurses/social workers who work collaboratively with you for input on the development of care plans.

Members identified for participation in any of the programs are assessed and risk-stratified based on the severity of their conditions. Once enrolled in a program, members are provided with continuous education on self-management concepts, which include primary prevention, behavior modification and compliance/surveillance, as well as case/care management. DMCCU staff also helps to connect members with local resources to further support their needs.

Provider feedback

Program evaluation, outcome measurement and process improvement are built into all the programs. Provider feedback occurs monthly or as needed for patients enrolled in disease management programs, annually for provider adherence to guidelines, and as needed regarding patient status and progress.

How to refer a member

We encourage you to refer any members you feel may benefit from additional education and care management support. You can reach our team Monday through Friday from 8:30 a.m. to 8:30 p.m. Eastern time at 1-888-830-4300 or through Provider Services toll free at 1-800-454-3730. Confidential voice mail is available 24 hours a day.

For more information about our DMCCU programs, log on to providers.amerigroup.com and click on Disease Management Centralized Care Unit (DMCCU). Printed copies of information located on the website can be obtained by contacting DMCCU. Members may obtain information about our programs by visiting www.myamerigroup.com.

TNPEC-0979-15

Do you need free language help? ¿Habla español y necesita ayuda con esta carta? Llámenos gratis al 1-800-600-4441 (TennCare) o al 1-866-840-4991 (CHOICES).

العربية (Arabic); Bosanski (Bosnian); كوردی — بادینانی (Kurdish-Badinani);

کوردی — سۆرانی (Kurdish- Sorani); Soomaali (Somali); Người Việt (Vietnamese) call

1-800-600-4441 (TennCare), 1-866-840-4991 (CHOICES) or 1-800-758-1638. For TDD/TTY help call 1-800-855-2880. Federal and State laws protect your rights. They do not allow anyone to be treated in a different way because of: race, language, sex, age, color, religion, national origin, or disability. Need help due to a disability or to report a different treatment claim? Call the Office of Non-Discrimination Compliance for free at 1-855-286-9085 or 1-866-840-4991 (CHOICES). For TTY dial 711 and ask for 1-855-286-9085.