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2014 Quarter 1 Issue

Process for Payment of TennCare-Covered Therapy Performed in Schools: Pursuant to the terms of Section 2.9.16.7.1 of our Contractor Risk Agreement (CRA) with the state of Tennessee, schools are responsible for obtaining parental consent to share the Individualized Education Plan (IEP) with the Managed Care Organization (MCO) and send a copy of the parental consent and IEP to the MCO when the IEP identifies a need for medical services.

Amerigroup Community Care requires an IEP (including a copy of the parental consent) be on file for all medical services billed in school settings. We are performing retrospective reviews of all services provided in school settings. If we do not have an IEP with a copy of the parental consent on file, we will request that you submit the IEP and accompanying parental consent. If we do not receive the requested information within 30 days of our request, payment for the services will be subject to recovery. ***This does not apply to behavioral health services.***

Prior authorization is ***not required*** for payment of TennCare-covered therapy services provided in the school setting, place of service 03, by a participating provider. Prior authorization is ***always required*** if the medical service is provided by a nonparticipating provider. We require services performed in the school be supported by an IEP (including a copy of the parental consent), meet coverage and medical necessity as defined by the TennCare rules and be billed with a place of service 03.

Printable forms and instructions to complete the forms are found on the Bureau of TennCare website at www.state.tn.us/education/speced/doc/ed2998_inst.doc.
Please fax all IEP documents to the Amerigroup Case Management fax number 1-866-495-5788 to the attention of JoAnne Hunnicutt, Manager Maternal-Child program.
TNPEC-0668-13

Health Insurance Prospective Payment System (HIPPS) Encounter Codes: The Centers for Medicare & Medicaid Services (CMS) notified us the implementation date for the required HIPPS encounter codes is delayed until July 1, 2014.

The dates of service (DOS) reject edit will be delayed. Medicare Advantage Organizations (MAOs) and other entities were originally instructed that effective December 1, 2013 (DOS), the dispositions for the HIPPS codes edits would be changed from informational to reject for any Skilled Nursing Facility (SNF) and Home Health (HH) encounters submitted without the appropriate HIPPS codes.

HIPPS encounter code denials will not be issued for claims with dates of services on December 31, 2013, if the claims do not meet the HIPPS encounter code requirement. HIPPS encounter code requirement denials have been delayed until July 1, 2014. You are still required to submit HIPPS codes in the 837- Institutional format. PEC-ALL-1052-13

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Reminders *(continued)*

Behavioral Health Medical Policies and Clinical Utilization Management Guidelines: Effective March 1, 2014, Amerigroup Tennessee began using WellPoint's medical polices and clinical utilization management guidelines for all behavioral health services in conjunction with TennCare's Medical Necessity Determination Requirements and TennCare-approved Amerigroup Level of Care Guidelines. **Existing precertification requirements have not changed.** WellPoint's medical policies and clinical management guidelines replace the current use of McKesson InterQual Level of Care criteria for medical necessity where indicated in this communication.

In December 2012, Amerigroup Corporation and all of its subsidiaries were acquired by WellPoint, Inc. (WellPoint). WellPoint's medical policies replaced any other guidelines/policies in use by Amerigroup where overlap existed on May 1, 2013, with the exception of TennCare's Medical Necessity Determination Requirements and TennCare-approved Amerigroup Level of Care Guidelines. WellPoint maintains medical polices (used throughout the organization and all subsidiaries) and clinical utilization management guidelines (which may be adopted by plans or lines of business depending on local practice patterns and business needs). These changes simplify and improve the transparency of Amerigroup's utilization review process based on the public availability of the medical policies and clinical guidelines at www.unicare.com/home-providers.html (Access Medical Policies and Clinical UM Guidelines).

Behavioral Health Services	Criteria
Psychiatric Inpatient Hospital	Guidelines #: • CG-BEH-03 - Acute Inpatient • CG-BEH-03 - Inpatient/Outpatient Electroconvulsive Therapy (ECT) • CG-BEH-05 - Eating Disorder Treatment
24-hour Psychiatric Residential Treatment	Guidelines #: • CG-BEH-03 - Residential Treatment Center (RTC) • CG-BEH-05 - Eating Disorder Treatment
Outpatient Mental Health Services	Guidelines #: • CG-BEH-03 - Partial Hospitalization Program (PHP) • CG-BEH-03 - Intensive Structured Outpatient Program (IOP) • CG-BEH-05 - Eating Disorder Treatment • CG-BEH-06 - Inpatient/Outpatient Electroconvulsive Therapy (ECT) • CG-BEH-07 - Psychological Testing
Inpatient, Residential & Outpatient Substance Abuse Benefits	Guideline #: • CG-BEH-04 - Inpatient Acute Detoxification • CG-BEH-04 - Inpatient Acute Rehabilitation • CG-BEH-04 - Residential Treatment Detoxification • CG-BEH-04 - Residential Treatment Program • CG-BEH-04 - Partial Hospitalization Program • CG-BEH-04 - Intensive Structured Outpatient Program (IOP) • CG-BEH-04 - Outpatient Treatment • CG-BEH-04 - Outpatient Detoxification Outpatient Treatment With Extended On-Site Monitoring • CG-BEH-04 - Outpatient Detoxification Without Extended On-site Monitoring (Office-Based) • CG-BEH-04 - Outpatient (Office Based) Medication Assisted Treatment (MAT) of Opioid Dependence

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Stay Connected
With Your Patients

Member Education and Information Sharing

Keeping the lines of communication open between you and your patients is key to quality health care. We help you and your patients stay in touch by:

- Contacting all new Special Needs Plan members and completing a Health Risk Assessment (HRA) within 30–90 days of their enrollment
- Working with you to coordinate care for your patients based on the results of the HRAs
- Educating our members about the importance of developing a close relationship with you as their PCP
- Emphasizing the role of preventive care exams as part of a healthy lifestyle
- Encouraging members to visit their PCPs regularly for preventive care

If you have questions or trouble accessing your reports, call our Web Technical Support Team at 1-866-805-4589.

A to Z

Need to make a referral? Our online directory makes it easy to find network doctors and specialists. Click on Find a Doctor at the top of our provider self-service Web page. Search by name, specialty or area or download a PDF of our latest printed directory.

Get referrals and request authorizations **online!** Access them through the

Quick Tools

at the top of our provider self-service home page.

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Medicare News

2014 Amerivantage (Medicare Advantage) Review: We offer Amerivantage plans in Bedford, Cannon, Cheatham, Clay, Cumberland, Davidson, DeKalb, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson counties.

2014 Plan Benefit Highlights		
Benefit	**Details**	**Vendor**
Routine physical exams	A comprehensive physical exam with a clinical review of body systems and appropriate laboratory services.	You may bill for one routine annual visit per year (e.g., 99385–99387, 99395–99397) with ICD-9 diagnosis code V70.0
Personal Emergency Response System	System and monitoring equipment only.	Critical Signals Technologies (CST)
Hearing services	• Specialty + Rx only: One routine hearing exam per year and $1,000 annual allowance for hearing aids.	N/A — Available through Amerigroup participating providers
Preventive dental coverage Comprehensive dental coverage	• Specialty + Rx and Classic + Rx: Two dental exams, two cleanings and one set of dental X-rays per year. • Specialty + Rx only: $250 quarterly allowance for comprehensive dental benefits.	DentaQuest
Routine vision coverage	• Specialty + Rx and Classic + Rx: One routine eye exam per year • Specialty + Rx: Up to $150 annual allowance for glasses or contacts. • Classic + Rx: Up to $100 annual allowance for glasses or contacts.	Block Vision
Over-The-Counter (OTC) items	Specialty + Rx only: $50 quarterly allowance for certain OTC items. Benefit rolls over from quarter to quarter but not year to year.	DrugSource
Silver Sneakers fitness program	Access to a network of fitness facilities.	Healthways (Silver Sneakers)
Telemonitoring	Coverage of in-home equipment and telecommunication technology to monitor specific health conditions. Telemonitoring services supplement care but do not replace face-to-face physician visits.	Critical Signals Technologies (CST)

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Medicare News *(continued)*

In addition to the benefits and services noted above, PCPs should conduct a Health Risk Assessment (HRA) for each Medicare member assigned to his/her panel on an annual basis. Please download the HRA from our website, complete it electronically, fax it to the number on page one and bill for the service. We will reimburse you $200 for a properly completed HRA.

For more information about 2014 benefits and market-specific details, refer to the 2014 Amerigroup Medicare Advantage provider manual online at providers.amerigroup.com/TN.
SSO-PEC-0409-13