

Subject: Update to the notice of fee schedule update related to your *Participating Provider Agreement with Amerigroup Community Care*

Dear Provider:

This notification serves as a correction to the letter sent on or about July 22, 2020, and effective September 1, 2020, for the Amerigroup fee schedule for community-based providers in Georgia (i.e. CORE, IFI and Community Service Boards).

Summary of change:

As previously communicated, effective for dates of service on and after September 1, 2020, Amerigroup is updating the Amerigroup fee schedule in Georgia for community-based providers. The update to certain codes and modifiers for outpatient behavioral health services are listed on the attached Tables 1, 2 and 3.

Table 1

- Any code billed that is not specifically listed in Table 1 will be denied as non-covered and ineligible for reimbursement.

Table 2

- Table 2 lists acceptable modifiers (MODs) for the CORE services behavioral health schedule.

Table 1 and Table 2

- All codes and MODs contained in Tables 1 and 2 must be used in accordance with standard billing guidelines. Providers must use *HIPAA*-compliant billing codes when billing or submitting encounter data. This applies to both electronic and paper claims. Providers must use *HIPAA*-compliant billing codes as well as valid ICD-10 diagnosis codes when billing or submitting encounter data. Amerigroup reserves the right to use code-editing software to determine which service is considered a part of, incidental to, or inclusive of the primary procedure.

Table 3

- Table 3 lists the place of service (POS) codes and descriptions to be used for outpatient mental health services. These codes should be used to specify the entity where services were rendered. As defined by CMS, the POS code is used to reflect the actual setting where the beneficiary received the face-to-face service. For example, if the provider's

face-to-face encounter with a patient occurs in the office, the correct POS code on the claim reflects the two-digit POS code 11 for office. The two-digit POS code will match the address and ZIP code entered in the service location (box 32 on the CMS-1500 form). Any POS code billed that is not specifically listed in Table 3 will be denied as non-covered and ineligible for reimbursement.

The update will apply to any claims submitted with dates of service on or after September 1, 2020. If you object to the change, Amerigroup must receive your written notice of your objection on or before January 1, 2021. If you do not object to this change, it will be considered as your written acceptance of such change. **Include a copy of this notification with your objection to ensure proper routing.**

If you have questions, please contact your Provider Services representative. To locate the Provider Services representative for your area, please see the below link.

<https://providers.amerigroup.com/Pages/contactus-ga.aspx>

Enclosure(s): Table 1
Table 2
Table 3