The AmeriHealth Caritas Louisiana

Provider Post

News and updates you need to know

AmeriHealth Caritas Louisiana

Winter 2020-2021

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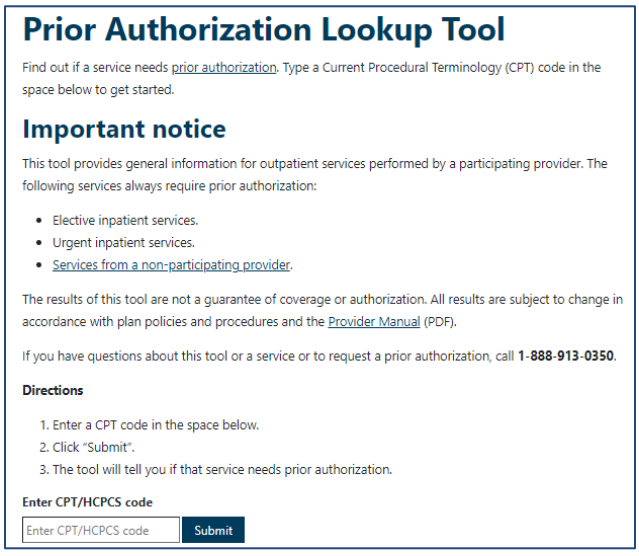
Prior Authorization/CPT Code Lookup Tool Available on Website



Prior Authorization Lookup Tool

Find out if a service needs prior authorization. Type a Current Procedural Terminology (CPT) code in the space below to get started.

Important notice

This tool provides general information for outpatient services performed by a participating provider. The following services always require prior authorization:

- Elective inpatient services.
- Urgent inpatient services.
- Services from a non-participating provider.

The results of this tool are not a guarantee of coverage or authorization. All results are subject to change in accordance with plan policies and procedures and the Provider Manual (PDF).

If you have questions about this tool or a service or to request a prior authorization, call **1-888-913-0350**.

Directions

1. Enter a CPT code in the space below.
2. Click "Submit".
3. The tool will tell you if that service needs prior authorization.

Enter CPT/HCPCS code

Enter CPT/HCPCS code | Submit

AmeriHealth Caritas Louisiana is excited to introduce the new **Prior Authorization Lookup tool**. This new, user-friendly resource allows users to enter a CPT or a HCPCS code to verify authorization requirements in real time before delivery of service.

The Prior Authorization Lookup tool was designed to help reduce the administrative burden of calling Provider Services to determine whether prior authorization is required. The tool is easy to use and offers general information for outpatient services performed by a participating provider.

To try the Prior Authorization Lookup tool, visit https://www.amerihealthcaritasla.com/provider/resources/prior-authorization-lookup.aspx.

Prior authorization requests **cannot** be submitted through the tool and should continue to be requested through your current process. We would like to remind you that you can submit your requests electronically via NaviNet. Through your single login to NaviNet, you can request prior authorization and view authorization history. If you are not already a NaviNet user, visit https://navinet.secure.force.com/ to sign up.

AmeriHealth Caritas Louisiana Selected To Participate in Primary Care First

AmeriHealth Caritas Louisiana has been chosen by the Centers for Medicare & Medicaid Services (CMS) to participate in Primary Care First (PCF), the third phase of CMS' nationwide primary care payment redesign initiative. AmeriHealth Caritas Louisiana is one of only three Louisiana health plans (including Medicaid, Medicare, and commercial) selected to join the state's Department of Health in this program.

PCF is a multi-payer model designed to provide primary care practices the tools and incentives they need to reduce patients' complications and overutilization of higher cost settings, leading to improved outcomes and reduced spending. As a multi-payer model, PCF also provides an opportunity to collaborate with other payers on best practices around the advancement of value-based care.

The program stands to benefit AmeriHealth Caritas Louisiana members who receive care at participating primary care practices by improving quality and patient experience through promotion of five comprehensive primary care functions:

- Access and continuity
- Care management
- Comprehensiveness and coordination
- Patient and caregiver engagement
- Planned care and population health

As a health care payer, AmeriHealth Caritas Louisiana will implement a model that provides a payment structure designed to support CMS-selected primary care providers (PCPs) by reducing administrative burden, providing flexibility in the provision of patient care, and delivering performance-based incentive opportunities based on improved quality and efficiency performance. Participating AmeriHealth Caritas Louisiana network providers will also have access to dashboards that will offer real-time data insights for practices to manage their performance.

"Our plan's participation in the PCF program is the most recent example of our dedication to payment and clinical transformation that prioritizes value, and demonstrates our continued commitment to improving health outcomes through innovative strategies," said AmeriHealth Caritas Louisiana Market President Kyle Viator. "Primary care is critical to helping ensure our members achieve the best outcomes. PCF will expand on our collaboration with providers to advance primary care and deliver access to quality care for members, with improved patient outcomes and total cost of care."

AmeriHealth Caritas Louisiana's participation in the PCF program is the next step of the plan's ongoing movement toward value-based health care. The health plan currently participates in Comprehensive Primary Care Plus (CPC+), the second phase of CMS' nationwide primary care payment redesign initiative. It also offers a comprehensive suite of value-based programs for providers across the health care continuum.

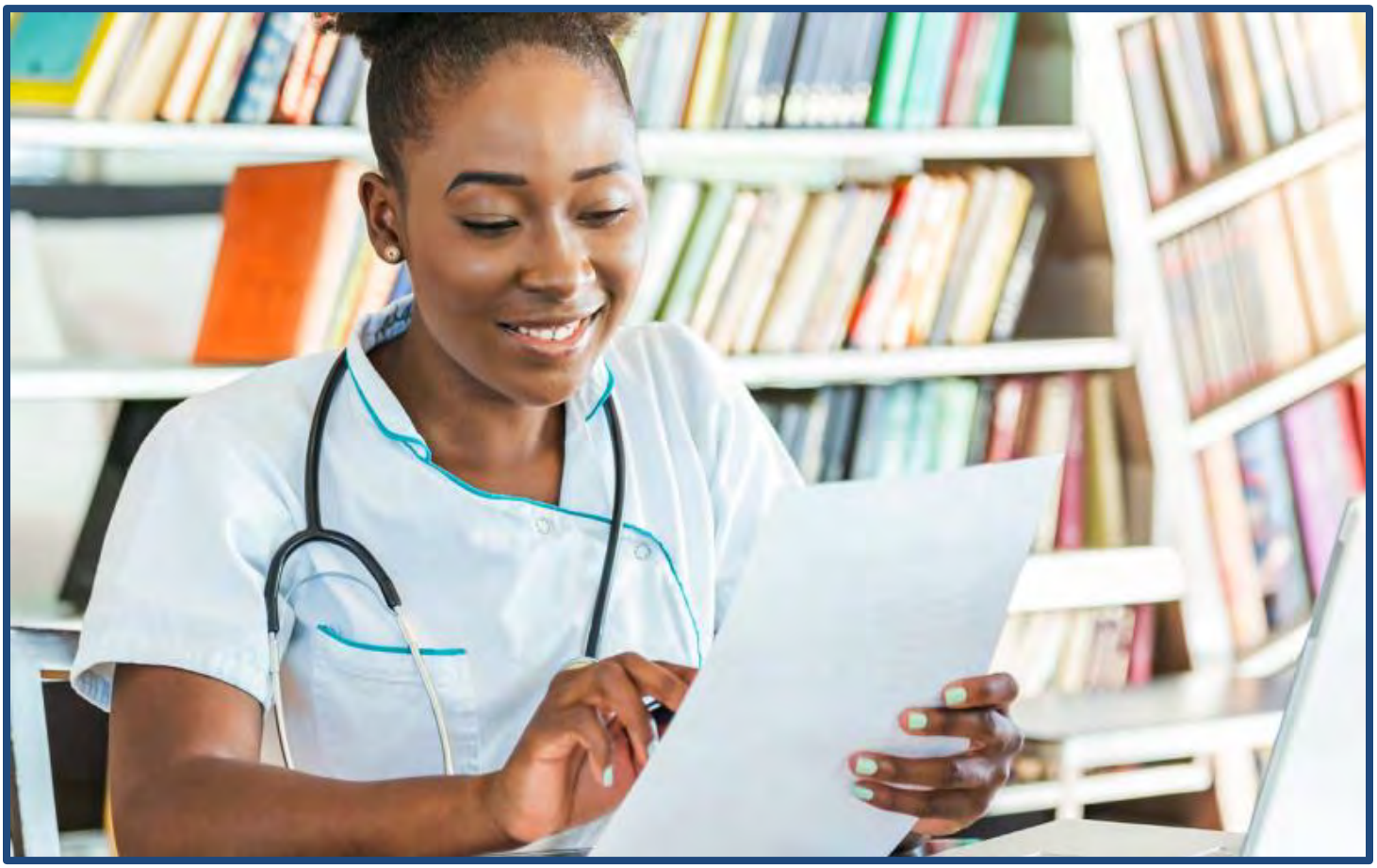
For questions about the PCF model or the application process, visit the CMS website, or email https://innovation.cms.gov/innovation-models/primary-care-first-model-options.

Reminder: Cost-to-Charge Rate Reimbursement

If a HCPCS code has a cost to charge rate of reimbursement (CCR) and is billed on an outpatient hospital claim, the HCPCS is not required to be on the Louisiana Department of Health Fee schedule. If the code is valid, AmeriHealth Caritas Louisiana will pay the CCR rate. **Please note:** All unlisted codes require authorization. Submit the HCPCS Medical Supplies & Devices CCR code (if amount is greater than $750) to AmeriHealth Caritas Louisiana's Utilization Management (UM) department utilizing the AmeriHealth Caritas Louisiana Authorization Request Form via fax at 1-866-397-4522 or submit the request by phone at **1-888-913-0350**.

In order to process your request in a timely manner, please submit any pertinent clinical information to support the request for services. If an out of network provider is being utilized, please submit documentation to substantiate the use of an out of network provider as well. Please contact AmeriHealth Caritas Utilization Management department at **1-888-913-0350** for questions.

HEDIS® Corner



Reveleer to Assist with Annual Medical Record Review Process

The annual Healthcare Effectiveness Data and Information Set (HEDIS®) reporting period is just around the corner.

AmeriHealth Caritas Louisiana has contracted with Reveleer to assist with the annual medical record review process. Reveleer is required to comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements throughout the retrieval process and Reveleer reviewers are trained in medical record retrieval for HEDIS, Centers for Medicare & Medicaid Services (CMS), and state quality reporting programs. This data collection is permitted under HIPAA legislation.

Covered entities, including health plans and providers, are permitted to use and disclose protected health information to carry out treatment, payment, or health care operations in accordance with the HIPAA Privacy Rule (see 45 C.F.R. §164.502 (a)(1)(ii)).

If you have any questions, please reach out to Melissa Booth, Lead HEDIS Data Reviewer, at **1-484-497-1747**. We greatly appreciate your cooperation and timely assistance with this medical record request.

HEDIS® Telehealth Tips

Telehealth visits can capture the following HEDIS® measures when you apply the appropriate modifiers or place of service codes: Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC), Care for Older Adults (COA), Prenatal and Postpartum Care (PPC), Weight Assessment Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Child and Adolescent Well-Care Visits (WCV), Well-Child Visits in the First 30 Months of Life (W30), and Transitions of Care (TRC).

Telephone visits can help close HEDIS® gaps for CBP, CDC, and TRC.

Member reported height, weight, and blood pressure readings are now acceptable for many HEDIS® measures if the information is collected by a primary care practitioner or specialist, or if the specialist is providing a primary care service related to the condition being assessed, while taking a patient's history. **The information must be recorded, dated and maintained in the member's legal health record.**

Service	Place of Service	CPT Modifier	Description	CPT Codes
Telehealth	2	95	Synchronous, telemedicine service rendering via a real-time interactive audio and video telecommunication system.	
Telephone Visit, Non-Physician			Telephone assessment and management service provided by a **qualified non-physician health care professional** to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and	***98966:*** 5-10 minutes of medical discussion ***98967:*** 11-20 minutes of medical discussion

Service	Place of Service	CPT Modifier	Description	CPT Codes
			management service or procedure within the next 24 hours or soonest available appointment.	***98968:*** 21-30 minutes of medical discussion
Telephone Visit, Physician			Telephone evaluation and management (E/M) services by a **physician or other qualified health care professional** who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.	***99441:*** 5-10 minutes of medical discussion
				99442: 11-20 minutes of medical discussion
				99443: 21-30 minutes of medical discussion

Source: National Council Quality Assurance –M. HEDIS® MY 2020 Volume 2, Value Set Directory, 2**020.**

HEDIS Well-Child Visits Tips

The Healthcare Effectiveness Data & Information Set (HEDIS®) is a widely used set of quality measures, developed and maintained by the National Committee for Quality Assurance (NCQA). AmeriHealth Caritas Louisiana reports HEDIS® data to NCQA about the use of services including well child visits. Coding HEDIS® measures accurately can assist you in identifying and eliminating gaps in care; help ensure timely and appropriate care; monitor preventive care; and facilitate timely claim adjudication, incentives, and payments. In accordance with The Centers for Medicare & Medicaid Services (CMS) and The American Medical Association (AMA), listed below are some helpful tips for coding well-child visits:

Early Periodic Screening and Diagnostic Treatment Visits (EPSDT)

When medically appropriate, members within the documented age range should have a well-visit exam during a follow-up visit or sick visit. In accordance with AMA CPT Coding guidelines, **All** EPSDT visits should include the following components:

1. Health and developmental history (including age and gender appropriate history).
2. Physical exam (multiple systems).
3. Lab tests if appropriate e.g., lead screening.
4. Immunizations (use all visits, preventive and sick if medically appropriate).
5. Health education and anticipatory guidance (including risk factor reduction and interventions).

Best practice:

If the child has a well-child exam performed but is also sick upon presentation, then the provider/biller can append the 25 modifier to the appropriate Evaluation and Management code and diagnosis in the second position.

Example:

A child has a well-child visit EPSDT (99381-99461), with a well-child diagnosis code (z-codes) in the first position – the sick visit code (99211-99215) with the modifier 25 and with the illness diagnosis CPT code in the second position.

To bill this way, there MUST be enough evidence in the medical record documentation to support a stand-alone visit for ***both*** services.

It's acceptable to provide an annual wellness visit on the same day as a sick visit.

Notice the visit ends with documentation of anticipatory guidance but the blocked tear duct and other pre diagnosed congenital condition for the visit was coded as a sick visit instead of a well-child visit.

Anticipatory guidance/ Bright Futures®

In alignment with EPSDT guidelines, The American Academy of Pediatrics Bright Futures® program guidance suggests risk factors and reduction can also meet the anticipatory guidance criteria. For younger children, this could be parental behaviors such as smoking or exposure to second hand smoke. In older children, these assessments for smoking, tobacco, drugs, or alcohol would help to identify and address risky behavior.
Additional guidance on coding well-child visits can be found in the Bright Futures® coding guide (https://www.aap.org/en-us/documents/coding_preventive_care.pdf) located at http://pediatrics.aappublications.org.

In accordance with Bright Futures® the following are examples of medical documentation:

Example of history for an infant

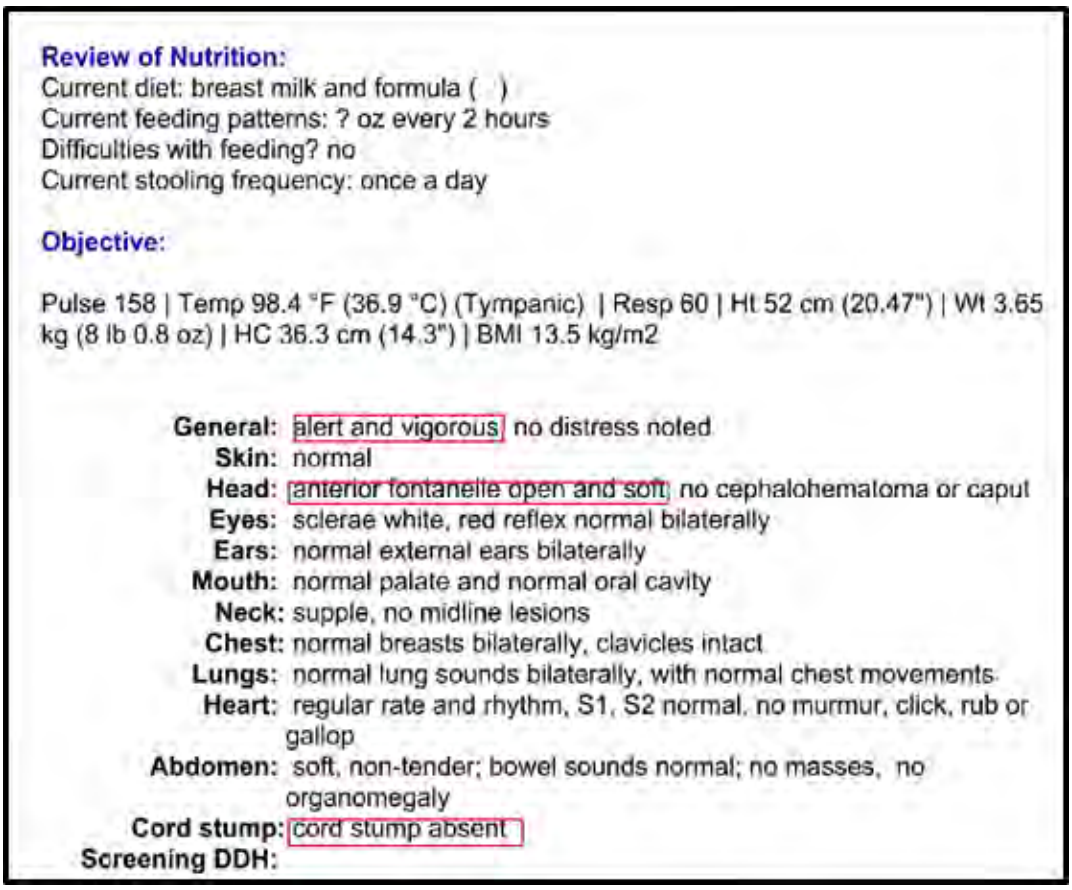
The following portions of the patient's history were reviewed and updated as appropriate allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Birth History

• Birth	
Length:	52 cm (20.47")
Weight:	3.28 kg (7 lb 3.7 oz)
HC	33.5 cm (13.19")
• Apgar	
One:	8
Five:	9
• Discharge Weight:	3.17 kg (6 lb 15.8 oz)
• Delivery Method:	Vaginal, Spontaneous Delivery
• Gestation Age:	39 6/7 wks
• Feeding:	Bottle Fed - Breast Milk
• Days in Hospital:	2
• Hospital Name:	[redacted]
• Hospital Location:	

GBS: (+) tx'd x3 with PCN

Review of multiple systems with notations of age-appropriate physical and mental developmental milestone.

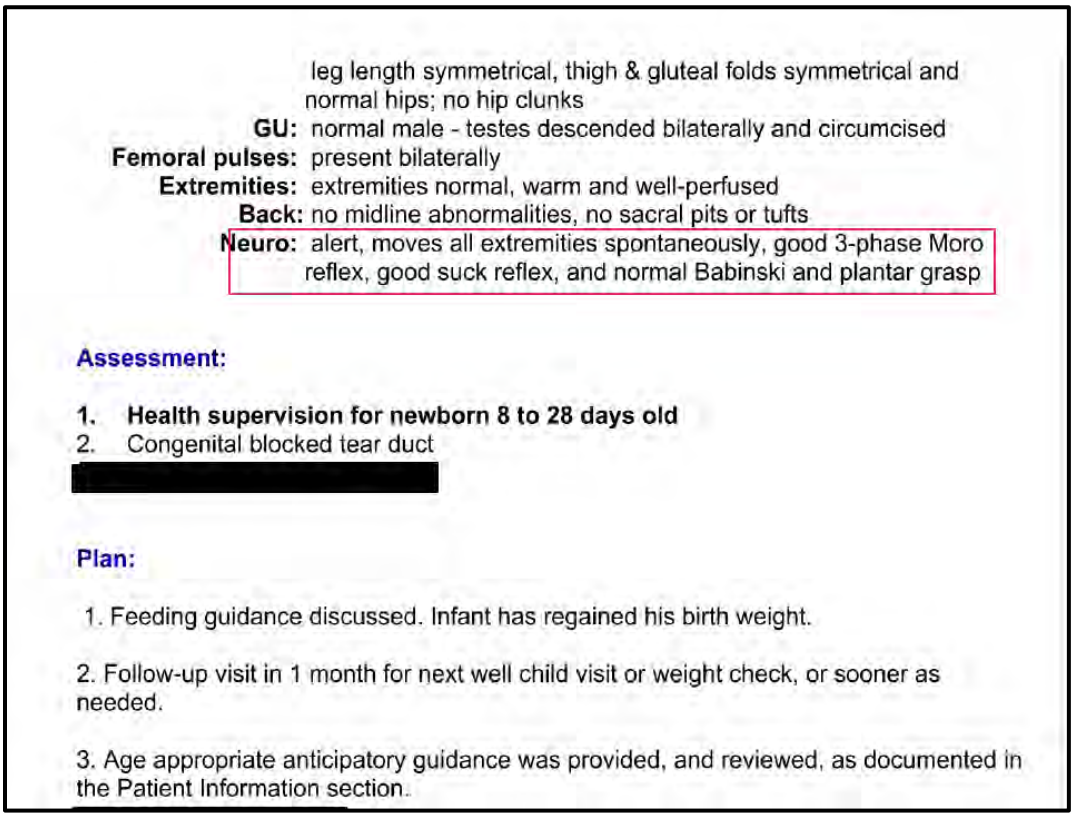


Review of Nutrition:
Current diet: breast milk and formula ( )
Current feeding patterns: ? oz every 2 hours
Difficulties with feeding? no
Current stooling frequency: once a day

Objective:

Pulse 158 | Temp 98.4 °F (36.9 °C) (Tympanic) | Resp 60 | Ht 52 cm (20.47") | Wt 3.65 kg (8 lb 0.8 oz) | HC 36.3 cm (14.3") | BMI 13.5 kg/m2

General: alert and vigorous, no distress noted
Skin: normal
Head: anterior fontanelle open and soft, no cephalohematoma or caput
Eyes: sclerae white, red reflex normal bilaterally
Ears: normal external ears bilaterally
Mouth: normal palate and normal oral cavity
Neck: supple, no midline lesions
Chest: normal breasts bilaterally, clavicles intact
Lungs: normal lung sounds bilaterally, with normal chest movements
Heart: regular rate and rhythm, S1, S2 normal, no murmur, click, rub or gallop
Abdomen: soft, non-tender; bowel sounds normal; no masses, no organomegaly
Cord stump: cord stump absent
Screening DDH:



leg length symmetrical, thigh & gluteal folds symmetrical and normal hips; no hip clunks
GU: normal male - testes descended bilaterally and circumcised
Femoral pulses: present bilaterally
Extremities: extremities normal, warm and well-perfused
Back: no midline abnormalities, no sacral pits or tufts
Neuro: alert, moves all extremities spontaneously, good 3-phase Moro reflex, good suck reflex, and normal Babinski and plantar grasp

Assessment:

1. **Health supervision for newborn 8 to 28 days old**
2. Congenital blocked tear duct
[redacted]

Plan:

1. Feeding guidance discussed. Infant has regained his birth weight.

2. Follow-up visit in 1 month for next well child visit or weight check, or sooner as needed.

3. Age appropriate anticipatory guidance was provided, and reviewed, as documented in the Patient Information section.

AMA CPT Well Child Codes

CODE	DESCRIPTION	ICD-10
99381 New patient 99391 Established	Infant (younger than 1 year)	Z00.110 Health supervision for newborn under 8 days old Z00.111 Health Supervision for newborn to 28 days old Z00.121 Routine child health exam w/abnormal findings Z00.129 Routine child health exam w/o abnormal findings
99382 New patient 99392 Established 99383 New patient 99393 Established 99384 New patient 99394 Established	Early childhood (age 1-4 years) Late childhood (age 5-11 years) Adolescent (age 12-17 years)	Z00.121 Routine child health exam w/abnormal findings Z00.129 Routine child health exam w/o abnormal findings
99385 New patient 99395 Established	18 years or older	Z00.00 General adult medical exam w/o abnormal findings Z00.01 General adult medical exam w/abnormal findings
99201-99215	Evaluation and management-office	Append modifier 25 to 99201-99215 if illness or abnormality is discovered in the process of performing the preventative service. **Billing example using 25 modifier:** **99393/ DX Z00.129** **99213 25/ DX J309 allergic rhinitis**

Billing and Claims Reminder

Reminder to Include NPI on Claims

Providers are reminded that **all claims require a 10-digit National Provider Identifier (NPI)** in the appropriate field in order to ensure accurate claim processing. Claims may be rejected back to the provider when reviewing in comparison to AmeriHealth Caritas Louisiana's enrolled provider file due to missing, incorrect, or invalid provider NPI entries.

Online Resources

Here's a look at what's new or recently updated on our website at www.amerihealthcaritasla.com:

- COVID-19 Updates
- Newsletters and Updates
- Provider Handbook
- Claims Filing Instructions
- Account Executive List
- Provider Trainings
- Register for Network News, our free email service

Questions

If you have questions about any of the content in this Provider Update, please contact your Provider Account Executive or call Provider Services at 1-888-922-0007.