

Provider Post

News and updates you need to know

September/October 2017

In this issue:

- AmeriHealth Caritas Louisiana Community Wellness Center Now Open in Shreveport, LA
- AmeriHealth Caritas Louisiana Receives Multicultural Healthcare (MHC) Distinction Award
- Clinical Laboratory Improvement Amendments (CLIA) Requirements
- Reminder: Revised Behavioral Health Service Provider (BHSP) Licensure Requirements
- Optometrists and Ophthalmologists: Reminder of Change in VSP Plan Coverage for Members
- Rehabilitation Services
- Clinical Corner
- Billing Updates
- Online resources

AmeriHealth Caritas Louisiana Community Wellness Center Now Open in Shreveport, LA

Gov. John Bel Edwards helped us open our first Community Wellness Center in Shreveport on Tuesday, July 18. Gov. Edwards joined the AmeriHealth Caritas Family of Companies CEO Paul Tufano, AmeriHealth Caritas Louisiana Market President Kyle Viator along with local and state officials.

Services offered at the community wellness center include:

- Information about healthy living
- Free health and wellness classes, including CPR trainings, financial wellness, eye health and safety, virtual exercise, and immunization education
- Health screenings at the center during certain times of year
- AmeriHealth Caritas Louisiana members can also receive assistance scheduling doctor's appointments and obtain information about their AmeriHealth Caritas Louisiana health benefits

The Community Wellness Center is open Monday through Friday from 10 a.m.– 4 p.m. and the first Saturday of each month. You can find a monthly calendar of events for the Community Wellness Center at

www.amerihealthcaritaslas.com.

AmeriHealth Caritas Louisiana Receives Multicultural Healthcare (MHC) Distinction Award

AmeriHealth Caritas Louisiana has been awarded the MHC distinction by the National Committee for Quality Assurance (NCQA) oversight committee. NCQA's MHC offers distinction to organizations that engage in efforts to improve culturally and linguistically appropriate services and reduce health care disparities.



To earn the distinction, AmeriHealth Caritas Louisiana met NCQA standards in the following areas:

- Race, Ethnicity, and Language data collection.
- Access and Availability of Language Services.
- Culturally and Linguistically Appropriate Services programs.
- Reducing healthcare disparities.

We are honored to receive this award and to work with you, our providers, to continue to deliver culturally appropriate care.

Clinical Laboratory Improvement Amendments (CLIA) Requirements

AmeriHealth Caritas Louisiana will require providers to enter the CLIA number on claims effective **December 1, 2017**.

- The CLIA number must be entered in Box 23 of the CMS 1500 on paper claims (as shown below) and in Loop C2300 in the 837P file for electronic claims.
- The CLIA number entered must be specific to the location where the provider is performing on-site lab testing.
- Claim payments can only be made for dates of service falling within the particular certification dates governing those services.
- Providers are reminded to add the QW modifier to the procedure code for all CLIA waived tests.

| | |
|--------------------------------|-------------------|
| 22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO. |
| 23. PRIOR AUTHORIZATION NUMBER | |
| 12D3456789 | |

The Centers for Medicare & Medicaid Services (CMS) regulates laboratory testing through the Clinical Laboratory Improvement Amendments (CLIA) program. CLIA regulations apply to laboratory testing performed in any type of facility/provider office. There are five levels of CLIA certification; each certification level is issued for a two-year period. Each certification level applies to the tests that are certified to be performed at that location.

AmeriHealth Caritas Louisiana collects CLIA information at time of initial contracting & credentialing, re-credentialing and on a quarterly basis. In addition, providers are required to notify us of any changes. AmeriHealth Caritas Louisiana conducts audits to verify that provider records reflect the most up-to-date CLIA information for each applicable provider. Please note, if discrepancies are found, you may be contacted by your area Account Executive to validate your CLIA information. Routine claim audits are also conducted, if any claim overpayments are identified as result of these claim audits, you will be notified in writing anytime there are updates to the network provider records, and on a quarterly basis.

Claims are edited to deny payment for the following:

- Providers who do not have a CLIA certificate on file,
- Providers rendering services outside the effective dates of the CLIA certificate on file, and
- Providers submitting claims for services not covered by their CLIA certificate on file.

Reminder: Revised Behavioral Health Service Provider (BHSP) Licensure Requirements

The legislation previously exempting certain Mental Health Rehabilitation (MHR) providers from the Louisiana Department of Health (LDH) behavioral health licensure requirements was repealed. All MHR providers previously exempted from these requirements must submit a completed application to LDH on or before December 1, 2017, and obtain a BHSP license prior to April 1, 2018, in order to provide behavioral health services.

On October 19, 2017, AmeriHealth Caritas Louisiana faxed a notice with detailed information about this requirement to all Behavioral Health Providers. You can review this notice on our website at www.amerhealthcaritasla.com > **Providers > News and Updates.**

Optometrists and Ophthalmologists: Reminder of Change in VSP Plan Coverage for Members

On April 1, 2017, members of AmeriHealth Caritas of Louisiana were moved from the VSP Expanded Primary EyeCare Plan to the VSP Primary EyeCare Plan.

One important change under this new coverage:

- Members 21 years of age and older, will continue to be eligible for prescription eye glasses or contacts once per year. However, the maximum allowance is \$100.

For more detailed information about these changes, please refer to the AmeriHealth Caritas of Louisiana Medicaid Client Detail page in the VSP Manual on by logging into the VSP Online portal at www.vsp.com. For questions or concerns, please contact VSP at 1-800-615-1883.

Clinical Corner

INCENTIVE TO IMPROVE OUTCOMES IN COMPREHENSIVE DIABETES CARE

Effective with dates of service October 1, 2017, AmeriHealth Caritas Louisiana has expanded its list of comprehensive diabetes care services that are eligible for a supplemental reimbursement. As part of our continued effort to improve outcomes in comprehensive diabetes care, AmeriHealth Caritas Louisiana is requesting that providers use CPT CAT II codes when care is provided to members with diabetes. A supplemental reimbursement will be paid where the following services are rendered and billed in conjunction with a diagnosis of diabetes:

| CPT CAT II Code | Description | Supplemental Reimbursement | Age Limit | Frequency |
|-----------------|--|----------------------------|-------------|------------------|
| 3044F | Most recent HbA1c level less than 7.0% | \$10 | 18 and over | Once per 90 days |
| 3045F | Most recent HbA1c level | \$10 | 18 and over | Once per 90 days |

| | | | | |
|--------|---|------|-------------|------------------|
| | between 7.0 – 9.0% | | | |
| 3046F | Most recent HbA1c level greater than 9.0% | \$10 | 18 and over | Once per 90 days |
| 3072F* | Low risk for retinopathy (no evidence of retinopathy in prior year) | \$10 | 18 and over | Once per year |

- When billing these codes, providers will need to enter a charge of \$10.00 to receive the full supplemental reimbursement. Reimbursement will not exceed your billed charges.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that meet criteria are also eligible for this incentive. When the above codes are billed according to the above criteria, the supplemental reimbursement will be paid in addition to the encounter rate.

*Incentive for CPT CAT II code 3072F began October 1, 2015.

HOME INJECTIONS FOR 17P COMPOUND

AmeriHealth Caritas Louisiana providers can request to have 17P Compound Injections performed in the home for members. Providers can request this service by completing the Optum Referral Form. When using the form, please choose “Other” in the *Recurrent Preterm Birth Management Program* section on the form and fill in your orders for compound injections to be provided in the home. See example below:

| | | | |
|---|--|--------------|------------|
| RECURRENT PRETERM BIRTH MANAGEMENT PROGRAM | <input type="checkbox"/> Makena home administration and care management service by Optum. MD office prescribing medication directly through specialty pharmacy. Medication arrangements to be handled by MDO. Please enter pharmacy name and contact phone/fax information if known. | Phone: _____ | Fax: _____ |
| | <input checked="" type="checkbox"/> Other: _____ [PHYSICIAN/PATIENT TO PROCURE MEDICATION] Please enter pharmacy name and contact phone/fax information if known. | Phone: _____ | Fax: _____ |

The Optum Referral Form can be found in the Provider center under Forms on our website at www.amerihealthcaritasla.com.

Behavioral Health

REMINDER: BEHVIORAL HEALTH TREATMENT RECORD REVIEW REQUIREMENTS

AmeriHealth Caritas Louisiana conducts routine behavioral health treatment record reviews to ensure provider compliance with record keeping requirements for the Healthy Louisiana program. Documentation standards are available on our website at www.amerihealthcaritasla.com > Providers > Behavioral Health.

MENTAL HEALTH REHABILITATION PROVIDERS BILLING FOR COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT (CPST) AND PSYCHOSOCIAL REHABILITATION (PSR)

Reminder, claims that include HCPCS codes H0036 and H2017 must include the following:

1. An Education Modifier.
2. The Place of Service (POS) identifier as defined below:
 - a. "Office/Non-Community" = Acceptable POS codes include 11, 20, 49, 50, 71 or 72. The U8 modifier is not acceptable.
 - b. "Community" = Acceptable POS codes include 03, 04, 05, 07, 12, 14, 15, 52, 53, 57 or 99 in conjunction with a U8 modifier on each service line.

In addition to the above, AmeriHealth Caritas Louisiana strongly encourages the submission of Age Modifiers, per the fee schedule.

For additional details, please refer to Louisiana Department of Health's Informational Bulletin 16-1 at www.ldh.louisiana.gov.

As a reminder, the Education Modifier should be listed in the first position after the CPT code, before the "HA" or "HB" Modifier.

INTEGRATED HEALTHCARE SCREENING TOOLS

AmeriHealth Caritas Louisiana understands that coordination of care for members is imperative. Through collaboration and communication, we can identify not only biological needs of the patient, but the psychological and social needs as well. Therefore, in an effort to advance healthcare integration, we are asking our Physical Health and Behavioral Health providers to use screening tools to help identify issues and make appropriate referrals for services.

Physical Health Providers may complete any of the following screenings for Behavioral Health concerns:

- Patient Health Questionnaire-9A (PHQ-9A) (Ages 12-17)
- Patient Health Questionnaire-9 (PHQ-9) (Ages 18+)
- Patient Stress Questionnaire (Ages 18+)

Note: The Patient Health Questionnaire can be found on our website at www.amerihealthcaritasla.com > Providers > Forms

Physical Health Providers will be reimbursed \$15 for each screen completed on a member. The screening may be conducted/performed up to 4 times per calendar year. In order to receive reimbursement Physical Health Providers must use code 96160 with a "U1" modifier.

Behavioral Health providers may complete the following screening on any member for Physical Health concerns:

- Health and Wellness Screener. The form can be found on our website at www.amerihealthcaritasla.com > Providers > Forms

Behavioral Health Providers will be reimbursed \$15 for each screen completed on a member. The screening may be conducted/performed up to 2 times per calendar year. A Licensed Mental Health Practitioner (LMHP) should be completing this form as part of a larger overall assessment. Behavioral Health Providers should use code 96160 with a "U4" modifier. This code is not located on the Medicaid Fee Schedule as this is a value add.

NOTE: CPT Code 96160 is not on the Medicaid Fee Schedule as this is a value added benefit offered by AmeriHealth Caritas Louisiana.

Billing Reminders and Updates –

All claims submitted to AmeriHealth Caritas Louisiana must comply with applicable state and federal guidelines, state contract requirements, health plan coverage, reimbursement policies, and submission requirements. For the most current information on claims submission procedures and health plan policies, please visit our website and refer to the Claims Filing Instructions.

REVISED LOUISIANA MEDICAID FEE SCHEDULES EFFECTIVE JANUARY 1, 2017

AmeriHealth Caritas of Louisiana recently updated our fee schedules to align with the revised Louisiana Medicaid Fee Schedules, effective January 1, 2017. All claims from January 2017 – June 2017 have been reprocessed according to the January 1, 2017 Medicaid Fee Schedule.

FAMILY PLANNING CLINICS REQUIREMENTS

AmeriHealth Caritas Louisiana recently updated our systems to align with Louisiana Medicaid's coverage limitations for Family Planning Clinics. Family Planning Clinics must follow the below criteria to avoid claim denials:

- Members receiving services must be female,
- Members receiving services must be ages 10 through 59 years,
- Members receiving services must desire services to prevent or to otherwise control family size, and
- Services must be medically necessary.

POLICY CHANGES FOR PAPANICOLAOU (PAP) TEST / CERVICAL CANCER SCREENINGS

Effective January 1, 2017, Louisiana Department of Health (LDH) updated their policy regarding coverage of the Pap Test (or cervical cancer screening). Routine cervical cancer screenings for recipients under the age of 21 years will no longer be covered. However, there are exceptions, including:

- Cervical cancer screenings for recipients under 21 years of age may be covered if, according to published LDH and/or American Congress of Obstetricians and Gynecologists (ACOG) criteria, the screening is medically necessary.
- Repeat cervical cancer screenings for recipients under the age of 21 may also be covered for members who are currently being treated for abnormal cervical cancer screening test results with dates of service prior to January 1, 2017. For these cases, claims filed for repeat screenings must include hard copy supporting documentation.
- **As a value added service outside of this new LDH policy, AmeriHealth Caritas Louisiana has chosen to continue to cover Pap Tests (or cervical cancer screenings) for pregnant members under 21 years of age regardless of ACOG criteria. The claims must be submitted with a pregnancy diagnosis or they will deny.**

REMINDER: OBSTETRICAL (OB) ULTRASOUNDS DURING LOW-RISK PREGNANCIES

AmeriHealth Caritas Louisiana allows up to three (3) OB ultrasounds during a normal or low-risk pregnancy. If additional ultrasounds are deemed necessary during the course of pregnancy, appropriate diagnosis coding and prior authorization are required.

For additional information regarding OB ultrasounds, please refer to the Provider Handbook under Resources on our website at www.amerihealthcaritasla.com.

Hospital Delivery Authorization and Billing Requirements

Please use the most appropriate revenue code to bill for obstetrics (OB) room and board. Below are important requirements to remember when billing inpatient claims:

- Include the admit or primary delivery diagnosis.
- The secondary diagnosis must be the appropriate outcome of delivery.

- The surgical procedure code for the delivery and the date of the procedure must appear on the claim.
- AmeriHealth Caritas Louisiana does not require authorization for OB room and board. Failure to submit appropriate OB revenue codes will result in claim denials.

Below are the appropriate revenue codes to bill for OB room and board to prevent OB claim denials for no authorization:

| Revenue Code | Description | Category |
|--------------|--------------------|---------------------------------------|
| 112 | OB OB/PRVT | Room & Board – Private |
| 122 | OB – OB/2 BED | Room & Board – Semi-private Two Bed |
| 132 | OB – OB/3 & 4 Beds | Room & Board – Semi-Private 3 & 4 Bed |
| 152 | OB – OB/Ward | Room & Board – Ward |

REMINDER: REQUIREMENTS FOR ADJUSTMENTS AND VOIDS

The original claim number is **required** on the claim when billing adjustments and voids:

- CMS 1500 – the original claim number is required in the *Original Ref. No.* portion of box 22 along with the “7” (for adjustments) and “8” (for voids).
- UB 04 – the original claim number is required in box 64.

Please include all required information to avoid rejection of adjustments or voids.

“TH” MODIFIER USAGE ON EVALUATION AND MANAGEMENT (E&M) CODES WITH PREGNANCY DIAGNOSIS

When an E&M CPT code is billed with a pregnancy diagnosis, the pregnancy diagnosis must be billed in the primary or secondary diagnosis code position. **A “TH” modifier must be billed in the first position after the CPT code in order for the claim to process correctly and to avoid claim denial. Maternal Fetal Medicine providers must also adhere to these requirements.**

In addition, Psychiatrists treating pregnant women and who bill an E&M code, must bill an AF modifier in the second position after the TH modifier.

PORTABLE OXYGEN FOR MEMBERS 21 AND OLDER

Effective immediately, portable oxygen rentals for members 21 and over must be billed with E0430-RR (Reference current Louisiana Medicaid DMEPOS Fee Schedule).

Claims beginning with dates of service 7/1/2016 to present that were originally billed with code E0431-RR for services provided to members ages 21 and older, where the claim was previously denied for age limitation, will be reprocessed and paid according to all health plan reimbursement policies.

HOSPITAL REVENUE CODES DENYING IN ERROR

AmeriHealth Caritas Louisiana is aware that Intensive Care Room and Board codes are denying inappropriately. We are currently working to update our system to pay at the Acute Care Rate on the current Louisiana Department of Health (LDH) Fee Schedule. Additional information regarding implementation of these updates will be included in future Provider Posts.

NURSERY AND NICU REVENUE CODES

Effective June 1, 2017, AmeriHealth Caritas Louisiana corrected our system to allow Nursery (017X) and NICU (020X) revenue codes to link to the appropriate room types and rates. Claims now pay at the correct rate.

REQUIREMENTS FOR INPATIENT PROCEDURES

When an inpatient procedure is performed the appropriate ICD-10 PCS procedure code(s) must be billed in 74, 74a-e.

Also, please remember, AmeriHealth Caritas Louisiana **DOES NOT** accept hospital claims billed with a zero (\$0) dollar charge on a valid revenue code.

Please refer to the Claims Filing Instructions on the Provider center of website at www.amerihealthcaritasla.com for additional billing instructions.

EMERGENCY ROOM (ER) REVENUE (REV) CODES 450 AND 459

AmeriHealth Caritas Louisiana's system will be updated in accordance with Louisiana Department of Health's policy regarding rev codes 450 and 459. Only one rev code, 450 or 459, may be used per emergency room visit. The appropriate code should be used along with the appropriate procedure code.

OUTPATIENT STATE, RURAL, ACUTE AND SOLE CCR RATES

AmeriHealth Caritas Louisiana is in the process of changing our system for Outpatient State, Rural, Acute and Sole Community Hospital from flat fees to Cost-to-Charge Ratio (CCR) payments that were effective with LDH on 07/01/16. Once the system has been updated, claims will be reprocessed to pay at the updated rate. Additional information regarding these changes will be included in future Provider Posts.

OUTPATIENT HOSPITAL CLAIMS REVENUE CODES REQUIRING HCPCS CODES

Reminder: Hospital providers must bill the appropriate HCPCS code with revenue codes that require HCPCS on outpatient claims. Claims not billed according to these guidelines will be denied.

Please refer to the Claims Filing Instructions on the Provider center of website at www.amerihealthcaritasla.com for additional billing instructions.

Online Resources

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

- Claims Filing Instructions
- Provider Handbook
- 17P Clinical Management Guidelines
- Optum Referral Form

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.