

Provider Post

News and updates you need to know

March 30, 2017

In this issue:

- Updated Behavioral Health Fee Schedule
 - 2017 Healthcare Common Procedure Coding System (HCPCS) Codes
 - Louisiana Department of Health (LDH) Information Bulletin 17-1: Naloxone Now Available for Emergency Overdose Treatment Via Standing Order
 - Manually Priced Durable Medical Equipment (DME) Claim Submission
 - Reminder: AmeriHealth Caritas Louisiana Offers Free Language Interpretation Services for Our Members
 - “Where’s my ride?” Transportation Information for AmeriHealth Caritas Members
 - Billing Updates
 - Clinical Corner
 - Cultural Competency Training Requirements and Opportunities
 - Online resources
 - Provider Post Corrections
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*****Provider Post Corrections – This post has been updated with the following information:**

- LDH HPA 17-5 was issued on March 28, 2017.
- The ACLA member services contact number listed in the Free Language Interpretation Services article has been updated to 1-888-756-0004.

Updated Behavioral Health Fee Schedule

Effective 12/27/2016, Louisiana Department of Health (LDH) made changes to the Behavioral Health Fee Schedule. These updates can be found on the Louisiana Medicaid website at makingmedicaidbetter.com under Medicaid Behavioral Health Provider Resources and Medicaid Behavioral Health Fee Schedule.

On 2/21/2017, AmeriHealth Caritas Louisiana completed configuration of our system to include these new updates. Providers DO NOT need to submit corrected claims. A claims analysis will be performed to identify any claims that may need to be reprocessed.

2017 Healthcare Common Procedure Coding System (HCPCS) Codes

The Centers for Medicare & Medicaid Services (CMS) has released modifications to the Healthcare Common Procedure Coding System (HCPCS) code set effective January 1, 2017.

Per the Louisiana Department of Health's Health Plan Advisory 17-5 (HPA 17-5) issued **March 28, 2017**, the Louisiana Medicaid Fee Schedule has now been updated with the new codes. AmeriHealth Caritas Louisiana wants to remind its providers that claims with 2017 HCPCS codes must still be filed within the time period required by your contract. Failure to timely submit claims will result in their denial.

Louisiana Department of Health (LDH) Information Bulletin 17-1: Naloxone Now Available For Emergency Overdose Treatment via Standing Order

Family and caregivers can easily get life-saving medication

Naloxone is an antidote medication that reverses an opioid overdose. Used by medical professionals for years, naloxone is an effective way to counteract an overdose.

The State of Louisiana has issued a "standing order" for naloxone. You may access the complete Informational Bulletin 17-1 on the Healthy Louisiana page of LDH's website at www.ldh.la.gov under Informational Bulletins.

Manually Priced Durable Medical Equipment (DME) Claim Submission

Claims for manually-priced DME codes must be submitted in hardcopy with documentation of the manufacturer's suggested retail price (MSRP) or actual retail price. An invoice or correspondence on distributor or manufacturer letterhead detailing the following information is acceptable documentation:

- MSRP or retail pricing (per billable unit or quantity per case); and
- Applicable HCPCS code to identify which line item is to be priced. The provider should manually insert the HCPCS code if not included by the distributor or manufacturer.

Prior authorization requirements apply.

AmeriHealth Caritas Louisiana will deny claims for manually-priced DME items not submitted per these instructions.

Reminder: AmeriHealth Caritas Louisiana Offers Free Language Interpretation Services for Our Members

Members should be advised that interpretation services from AmeriHealth Caritas Louisiana are available at no cost. When a member uses AmeriHealth Caritas Louisiana interpretation services, the provider must sign, date and document the services provided in the medical record in a timely manner.

How to use our Interpretation Services?

- Inform the member of his or her right to free interpretation services.
- Make sure a phone is in the room or use a cell phone.
- Call Member Services at **1-888-756-0004**, 24 hours a day, 7 days a week, with the Member ID number, and Member Services will connect you to the necessary interpreter.
- Conduct exam with interpreter over the phone.

Interpretation Tips:

- Speak directly to the patient, not the interpreter.

AmeriHealth Caritas Louisiana – *Provider Post*

- Do not rush. Pause every sentence or two for interpretation.
- Use plain language. Avoid slang and sayings. Jokes do not always translate well.
- Check for understanding occasionally by asking the patient to repeat back what you said. This is better than asking, “Do you understand?”

In addition, translation services must be provided to assure adherence to providing services in a culturally competent manner as described later in this provider post.”

For more information on provider responsibilities regarding interpretation services, please refer to the Provider Handbook on our website at www.amerhealthcaritasla.com.

“Where’s my ride?” Non-Emergency Medical Transportation (NEMT)

Non-emergency transportation for covered medical and behavioral health services is available to members who have no other transportation resources. This service may be provided directly by an NEMT provider or reimbursed if the service is rendered by a non-NEMT provider. NEMT does not include transportation provided on an emergency basis, such as trips to the emergency room in life threatening situations. Members can access AmeriHealth Caritas Louisiana NEMT services by calling 1-877-659-6144 (Where’s My Ride?) or 1-888-913-0364. Providers may contact Logisticare’s provider’s hotline by calling 1-877-931-4748.

For information on this and other transportation services, please refer to the Provider Handbook on our website at www.amerhealthcaritasla.com.

BILLING UPDATES

Requirements for Box 32 of CMS-1500

AmeriHealth Caritas Louisiana requires **ALL** providers to complete box 32 on the CMS-1500 Form for all places of service (POS) other than the member’s home (POS 12).

The name, address, and zip code of the service location for all services other than those performed in place of service home (POS 12) must be entered.

Ambulance providers are required to enter the following:

- Complete address of origin of services
- Time of departure from origin (including a.m. or p.m.),
- Complete address of destination, and
- Time of arrival at destination (including a.m. or p.m.)

Note: Only physical addresses are acceptable. Claims with P. O. Boxes will be rejected.

Air Ambulance Claims: A procedure code must be appended with a “TN” modifier if the service was in a rural area.

Ambulance Providers Required to Use “R” Codes

AmeriHealth Caritas Louisiana requires ambulance providers to only use “R” codes from the ICD-10 manual. This includes Emergency Medical Technicians. EMTs are to report observed signs and symptoms utilizing the ICD-10 “R” codes. Any historical diagnosis information reported by a member, the member’s family, or a caregiver to the EMT should be recorded in the chart notes.

Reminder: Mutually Exclusive Place of Service (POS) Code

Medical providers treating AmeriHealth Caritas Louisiana members must use a place of service (POS) code on their claim form indicating the location in which a patient received a face-to-face service except when a patient is registered as a hospital inpatient.

Services that are incurred while a member is registered for a hospital inpatient stay must be billed with the appropriate inpatient hospital POS code. For example, if a patient is taken to the hospital outpatient department during an inpatient stay to receive a service, the service must be billed with an inpatient (POS) code NOT an outpatient POS code.

Services billed with any other POS code other than an inpatient hospital POS code during a member's inpatient stay will be denied.

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 or any other diagnosis excluding the admit 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

CLINICAL CORNER

Peer to Peer Review Request

Effective April 30, 2017, AmeriHealth Caritas Louisiana will be changing its Peer to Peer review timeframes to be more aligned with those of the National Committee of Quality Assurance (NCQA). NCQA requires that an adverse determination notice (denial letter) be sent out within 3 calendar days of a denial determination.

Currently, AmeriHealth Caritas Louisiana's process is to allow **3 business days** to set up a peer to peer request. We will be changing our policy to allow **3 calendar days**.

Clinical Practice Guidelines Updated

We have recently updated the following Clinical Practice Guidelines:

ADHD	Lipid Screening and Management (Cholesterol)
Asthma General Principles	Overweight and Obesity
Hemophilia	Sexually Transmitted Diseases
Hypertension	Substance Abuse

The clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, the physician's clinical judgment. The physician remains responsible for ultimately determining the applicable treatment for each individual.

To access the complete list of Clinical Practice Guidelines, please visit the Provider page of our website at www.amerihealthcaritasla.com and click on Resources.

Adult Mental Health Rehabilitation Services (MHRS) Authorization Change

Historically, AmeriHealth Caritas Louisiana has required a prior authorization to determine medical necessity for Adult MHR Services. Prior authorization and medical necessity are determined by the member's annual adult assessment and a Level of Care Utilization System (LOCUS) score of two (2) or higher. An adult member is defined as a Medicaid enrollee age 21 years and older.

Effective April 30, 2017, prior authorizations to determine medical necessity for Adult MHRS will no longer be needed. However, for claims payment purposes, AmeriHealth Caritas Louisiana will continue to require Adult MHRS providers to obtain an authorization number.

To obtain an authorization number, Adult MHR service providers must submit a notification to AmeriHealth Caritas Louisiana as follows:

1. Adult MHRS providers will submit a notification to the AmeriHealth Caritas Louisiana Behavioral Health Utilization Management (BH UM) department to obtain an authorization number. Notification is expected within 48 hours of the member's assessment/annual assessment.
2. Notification can be faxed to the BH UM department at **1-855-301-5356** using the Adult MHR Treatment Request form located on our website at **www.amerihealthcaritasla.com on the Providers tab under Forms**. Notification **MUST** include the member's assessment/annual re-assessment and the LOCUS score. An authorization number will not be generated if this information is not included.
3. An authorization number with specific covered codes, units and time frames will be given to the provider via fax within 2 business days of receipt of a complete notification. Please see #2 above for what constitutes a complete notification.
4. Authorizations will be given for the length of one year (or less if the member's assessment and LOCUS score indicate discharge prior to one year). Re-authorization notifications are required for all annual re-assessments and LOCUS scores to extend services.

Please remember that notifications with all requested documentation can also be submitted to BH UM using the Navinet Provider Portal. AmeriHealth Caritas Louisiana BH UM is currently working to have automatic authorization numbers generated for Adult MHR services using the Navinet Provider Portal in the near future. More information to come.

Please note that we will continue to monitor utilization of Adult MHRS through notifications and claims. At any time, ACLA can request to review a member's medical record to ensure compliance with all regulations and medical necessity.

Cultural Competency Training Requirements and Opportunities

Federal regulations require Medicaid providers to deliver culturally competent services. Section 601 of Title VI of the Civil Rights Act of 1964 states that:

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

As a provider of health care services who receives federal financial payment through the Medicaid program, you are responsible for making arrangements for language services for members who are either Limited English Proficient (LEP) or Low Literacy Proficient (LLP) to facilitate the provision of health care services to such members.

As an AmeriHealth Caritas Louisiana provider, you have access to multiple live and online cultural competency training opportunities. **The Louisiana Department of Health requires AmeriHealth Caritas Louisiana’s Behavioral Health providers to complete at least three (3) hours of cultural competency training per year.** We offer the following live and online options to help you meet this requirement.

Credit	Training	Proof of Training	Additional Information
1 Hour	IN-PERSON (LIVE) Provider regional training (CLAS component)	Attest on-site; a copy of your attestation will be returned to you by email.	Watch for training opportunities announced via Network News; or check the advertised trainings on our website at www.amerihealthcaritasla.com .
1 Hour	ONSITE (LIVE) New provider orientation	Your Provider Account Executive will document your training.	Request your training documentation by email to clastraining@amerihealthcaritasla.com .
1.25 Hours	WEBINAR (ONLINE) “Closing the Gap: Delivering Culturally Competent Cardiovascular Care”	This program generates a certificate upon completion; return a copy of your completion certificate by email to clastraining@amerihealthcaritasla.com or by fax to 1-225-300-9209.	Log on at: www.medconcert.com . This webinar will be available through March 31, 2017. Note: You must create a MedConcert account to participate.
3 Hours	ONLINE COURSE “A Physician's Practical Guide to Culturally Competent Care”	This program generates a certificate upon completion; return a copy of your completion certificate by email to clastraining@amerihealthcaritasla.com or by fax to 1-225-300-9209.	Log in at: https://www.thinkculturalhealth.hhs.gov/education/physicians .

Prior Training	If you've completed Cultural Competency training with a government agency or any other Healthy Louisiana health plan, please forward proof of attendance via email to: clastraining@amerihealthcaritasla.com or by fax to 1-225-300-9209 with ATTN: Cultural Competency to receive credit for training.
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Provider Post Corrections

In the January 20, 2017 issue of the Provider Post, the following information was provided regarding enteral nutrition:

Nutritional supplements given between meals to boost daily protein-caloric intake, or as the mainstay of a daily nutritional plan, may be covered for recipients younger than 21 years of age where medical necessity is established. Nutritional supplements are not covered for recipients who are 21 years of age or older.

Below is a correction to that information:

Nutritional supplements given between meals to boost daily protein-caloric intake, or as the mainstay of a daily nutritional plan, may be covered for members under age 21 where medical necessity is established. Nutritional supplements will not be covered as described above for members age 21 years or older unless the member has a permanently inoperative internal body organ or function which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with his/her general condition.

Online Resources

At AmeriHealth Caritas Louisiana we're always working to bring you the information you need. Here's a look at what's new or recently updated on our website at www.amerhealthcaritasla.com:

- Behavioral health adult mental health rehabilitation treatment request form
 - Clinical Practice Guidelines
 - News and Updates
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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.