



Reimbursement Policy

Subject: Reimbursement of Sanctioned and Opt-Out Providers

Effective Date:
11/06/20

Committee Approval Obtained:
11/06/20

Section:
Administration

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com/TX>. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy

Amerigroup does not allow reimbursement to providers who are excluded or debarred from participation in state and federal healthcare programs. Claims received for services other than emergency services submitted by sanctioned providers as provided herein will be denied.

	<p>Amerigroup will allow reimbursement to a sanctioned provider for emergency items or services only if the claim is accompanied by a sworn statement of the person furnishing the items or services specifying:</p> <ul style="list-style-type: none"> • The nature of the emergency. • Why the items or services could not have been furnished by a provider eligible to furnish or order such items or services. <p>Amerigroup screens providers through all applicable state and federal exclusion lists.</p>
History	<ul style="list-style-type: none"> • Biennial review approved and effective 11/06/20: no policy language changes • Biennial review approved and effective 10/03/18 • Biennial review approved 10/03/16: policy template updated • Review approved 11/09/15 • Biennial review approved 05/21/12 and effective 12/09/12: opt-out language added; Texas exemption added; policy template updated
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • Amerigroup state contracts
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Claims Requiring Additional Documentation • Emergency Services: Non-Participating Providers and Facilities
Related Materials	<ul style="list-style-type: none"> • None