

STAR Kids long-term services and supports provider update

Summary: This is an update regarding STAR Kids, billing codes, Electronic Visit Verification (EVV), training sessions, payer IDs, Availity, electronic payments, timely filing limits and provider relations contact information.

Thank you for being a part of our provider network. Amerigroup was awarded the bid to add the STAR Kids product for individuals 20 and younger effective November 1, 2016, in the following service delivery areas: Dallas, El Paso, Harris, Lubbock and the Medicaid Rural Service Area West.

Availity

Did you know that you can bill your claims through electronic submission via Availity? The service is free of charge and convenient for our providers. Make sure you sign up online at <https://www.availity.com> or call them directly at 1-800-282-4548.

Your practice can initiate online preauthorization requests for members more efficiently and conveniently with our Interactive Care Reviewer (ICR) tool available through the Availity Portal. ICR offers a streamlined process to request inpatient and outpatient procedures. All long-term services and supports (LTSS) services, which include personal care services (PCS) and private duty nursing services, require an authorization.

You can access our ICR tool via the Availity Portal. If your organization has not yet registered for Availity, go to <https://www.availity.com> and select **Register** in the upper right-hand corner of the page. If your organization already has access to Availity, your Availity administrator can grant you access to “authorization and referral request” for submission capability and “authorization and referral inquiry” for inquiry capability. You can then find our tool under Patient Registration > Authorizations & Referrals. From this area, you can select the appropriate authorizations or authorization/referral inquiry option.

Billing codes

All claims are required to be billed with a procedure code, modifier (if applicable) and the appropriate place of service in order for the claim to be reimbursed accordingly. LTSS services must be billed on a *CMS-1500* claim form in compliance to the *STAR Kids LTSS Fee Schedule* located on the provider website. It is important that the correct procedure code, modifier and incremental units are billed appropriately.

The correct financial management service fee procedure code and modifier must be billed with the correct Consumer-Directed Services (CDS) model service.

Service description	HCPCS code	Modifier 1	Modifier 2	Units
PCS — CDS model	T1019	UC		15 minutes equals one unit
PCS, behavioral health condition — CDS model	T1019	UA	UC	15 minutes equals one unit
Financial management service fee, PCS — for PCS services listed above	T2040	U8		Monthly fee

The information in this update may be an update or change to your provider manual. Find the most current manual at <https://providers.amerigroup.com/TX>.

Service description	HCPCS code	Modifier 1	Units
Community First Choice (CFC) PCS attendant care only — CDS model	T1019	U3	15 minutes equals one unit
CFC attendant care and habilitation (Hab), Hab — CDS model	T1019	U4	15 minutes equals one unit
Financial management services fee, CFC, non-Medically Dependent Children Program (MDCP) members	T2040	U5	Monthly fee

Service description	HCPCS code	Modifier 1	Units
CFC PCS attendant care only — CDS model	T1019	U3	15 minutes equals one unit
CFC attendant care and Hab, Hab — CDS model	T1019	U4	15 minutes equals one unit
Financial management service fee, CFC and MDCP — for CFC services for MDCP members	T2040	U4	Monthly fee

All other CDS model services provided to MDCP members may be billed with the financial management services procedure code and modifier listed below.

Service description	HCPCS code	Modifier 1	Units
Financial management service fee, MDCP	T2040	U3	Monthly fee

MDCP and Youth Empowerment Services members meet the level of care for CFC, so if they need attendant care, they will always get CFC rather than PCS. The correct procedure code and modifier combinations for billing CFC services are listed below.

Service	HCPCS code	Modifier 1	Units	Service description
CFC attendant care only (CFC — PCS)	T1019	UD	15 minutes equals one unit	CFC PCS attendant care only — Agency model
CFC attendant care only (CFC — PCS)	T1019	U1	15 minutes equals one unit	CFC PCS attendant care only — Service Responsibility Option model
CFC attendant care only (CFC — PCS)	T1019	U3	15 minutes equals one unit	CFC PCS attendant care only — CDS model
Attendant care and Hab (CFC — Hab)	T1019	U9	15 minutes equals one unit	CFC attendant care and Hab, Hab — Agency model
Attendant care and Hab (CFC — Hab)	T1019	U2	15 minutes equals one unit	CFC attendant care and Hab, Hab — Service Responsibility Option model
Attendant care and Hab (CFC — Hab)	T1019	U4	15 minutes equals one unit	CFC attendant care and Hab, Hab — CDS model

EVV

Reminder: All providers who provide PCS, in-home respite, flexible family support services and CFC (personal assistance services [PAS]/HAB) must be utilizing EVV effective November 1, 2016. Beginning April 1, 2017, providers required to use EVV are required to meet the minimum EVV compliance score of 90 percent as outlined in the *EVV Provider Compliance Plan*. Providers who do not meet the 90 percent compliance standard could be subject to corrective action including termination. Please view the *EVV Provider Compliance Plan* at:

https://providers.amerigroup.com/Public%20Documents/TXTX_EVVInitiative.pdf.

We have also created an email address specifically for EVV questions. If you have questions or issues, please contact [txevspport@amerigroup.com](mailto:txevsupport@amerigroup.com).

Upcoming training sessions

We have created a section in our website to house all of our upcoming provider trainings. Here is the link to the LTSS WebEx training sessions:

https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_LTSSProvOrientation.pdf.

Payer IDs for electronic claims submission

Amerigroup utilizes four vendors to submit claims electronically. Listed below are the vendors along with the payer IDs and contact telephone numbers:

- Emdeon (payer 27514) — 1-866-858-8938
- Availity (payer 26375) — 1-800-282-4548
- Capario (payer 28804) — 1-800-586-6938
- Smart Data Solutions (payer 81237) — 1-855-650-6590

Electronic payments

Amerigroup utilizes two vendors for electronic payments. The two vendors you can choose from are Emdeon (1-866-506-2830) or Payspan (1-877-331-7154). You can contact them directly to get set up to receive your payments electronically.

Timely filing limits

All claims must be billed within 95 days from the first date of service. All corrected claims and/or provider payment appeals must be submitted within 120 days from the original *Explanation of Payment* date.

What if I need help?

If you have questions about this communication, received this fax in error or need help with any else, contact your local Provider Relations representative or call our Provider Services team toll free at 1-800-454-3730.

Provider Relations representative	Assigned territory	Phone number
Kristal Babino	Jefferson service area	1-877-325-0011, ext. 55684
Judith Mann	Lubbock/Amarillo service areas	1-877-325-0011, ext. 54803
Deidre Haynie	Dallas/Tarrant service areas	1-800-589-5274, ext. 55817
l'Esha Hudson-Buggs	Dallas/Tarrant service areas	1-800-589-5274, ext. 57793
Jennifer Pena	Bexar/Travis service areas	1-800-589-5274, ext. 55381
Maribel Martinez	El Paso service area	1-877-405-9871, ext. 59624
Eric Preston	Harris service area	1-800-325-0011, ext. 55446
Nancy Belcher	Medicaid Rural Service Area West	1-800-589-5274, ext. 52317