

# Mental Health Rehabilitative Services and Mental Health Targeted Case Management

# Agenda

- Key contacts
- Eligibility
- Mental Health Rehabilitative services (MHR) and Mental Health Targeted (TCM) services
- Referral and precertification
- Precertification and notification definitions
- Authorization criteria
- Claims submission
- Electronic funds transfer (EFT) and electronic remittance advices (ERA)
- Check status on eligibility, precertifications and claims
- Appeals procedures
- Website – [providers.amerigroup.com](http://providers.amerigroup.com)
- Questions and answers

# Key Contact Numbers

- **Website and online tools** **providers.amerigroup.com**
  - Check eligibility, claims status and precertifications
- **Provider Inquiry Line (IVR)** **1-800-454-3730**
- **Provider Services** **1-800-454-3730**
  - Available Monday through Friday from 7 a.m. to 7 p.m. local time
- **Precertification fax number** **1-800-964-3627**
  - (For Inpatient/Outpatient Surgeries and General Requests)
  - (For Behavioral Health, see below. For LTSS, Durable Medical Equipment, Therapy, Home Health Nursing, and Pain Management, see Provider Manual)
- **Case Management** **1-800-454-3730**
- **Nurse HelpLine** **1-866-864-2544**
- Clinical services for members available 24 hours a day, 7 days a week **1-866-864-2545 (Spanish)**
- **Member Services** **1-800-600-4441**
- **AT&T Relay Service** **1-800-855-2880**
- **Behavioral Health Services** **1-800-454-3730**
- **Behavioral Health Services (Dallas NorthSTAR program)** **1-800-428-8789**
- **Behavioral Health fax** **1-877-434-7578 (Inpatient)**  
**1-800-505-1193 (Outpatient)**

*\* In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.*

# Effective September 1, 2014

- Targeted case management and mental health rehabilitative services will be available through managed care to eligible STAR, STAR+PLUS and STAR Health Members
- Prior to September 1, 2014, these services were provided via Medicaid fee-for-service
- Members receiving services through the **NorthSTAR** program are not eligible for these services; the **NorthSTAR** program in the Dallas service area will not be affected

# Who is eligible?

Members with severe and persistent mental illness (SPMI) or severe emotional disturbance (SED)

# Eligibility: What is SPMI?

- Affects adults 18 years of age or older
- Is a diagnosable mental, behavioral, or emotional disorder that:
  - Meets the criteria of DSM-IV-TR
  - Has resulted in functional impairment that substantially interferes with or limits one or more major life activities

# What is SED?

- Affects children up to age 18 either currently or at any time during the past year
- A diagnosable mental, behavioral, or emotional disorder of sufficient duration that:
  - Meets diagnostic criteria specified within DSM-IV-TR
  - Has resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities

# MHR services provided

MHR services include training and services that help the member maintain independence in the home and community, such as:

- Medication training and support – curriculum-based training and guidance that serve as an initial orientation for the member in understanding the nature of his or her mental illnesses or emotional disturbances and the role of medications in ensuring symptom reduction and the increased tenure in the community

# MHR services, cont'd.

- Psychosocial rehabilitative services – social, educational, vocational, behavioral, or cognitive interventions to improve the member's potential for social relationships, occupational or educational achievement, and living skills development

# MHR services, cont'd.

- Skills training and development – skills training or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers, and teachers.

# MHR services, cont'd.

- Crisis intervention –  
intensive community-based one-to-one service provided to members who require services in order to control acute symptoms that place the member at immediate risk of hospitalization, incarceration, or placement in a more restrictive treatment setting.

# MHR services, cont'd.

- Adult day program for acute needs – short-term, intensive, site-based treatment in a group modality to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting or reduce the amount of time spent in the more restrictive setting.

# TCM services

- Case management for members who have SED (children ages 3 to 17 years), which includes routine and intensive case management services
- Case management for members who have SPMI (adults ages 18 and older)

# Precertification and Notification Definitions

- **Precertification:** The **prospective** process whereby licensed clinical associates apply designated criteria sets against the intensity of services to be rendered, a member's severity of illness, medical history, and previous treatment to determine the medical necessity and appropriateness of a given coverage request. Prospective means the coverage request occurred prior to the service being provided.
- **Notification:** Telephonic, facsimile, or electronic communication received from a provider informing Amerigroup that a referral has been made to a physician, facility or vendor and of the intent to render covered medical services to a member prior to the rendering of such services. There is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.

# Referral and Precertification

- Referral and precertification forms are located at [providers.amerigroup.com](http://providers.amerigroup.com)
- **Behavioral Health Services:** **1-800-454-3730**
- **Behavioral Health Services:** (Dallas NorthSTAR program)  
**1-800-428-8789**
- **Behavioral Health fax** **1-877-434-7578 (Inpatient)**  
**1-800-505-1193 (Outpatient)**

# CANS and ANSA

- Tools for assessing a member's needs for services:
  - Adult Needs and Strengths Assessment (ANSA)
  - Child and Adolescent Needs and Strengths (CANS)
- It is our responsibility to ensure that providers complete the Mental Health Rehabilitative and Mental Health Targeted Case Management Services Request Forms and submit to us.
- We will collect the ANSA or CANS forms from Providers in an electronic format and submit to HHSC, per the frequency and format prescribed in the Joint Interface Plan (JIP).

# Service Codes and Modifiers

| Modifier | Modifier Description     |
|----------|--------------------------|
| ET       | Emergency Treatment      |
| HA       | Child/Adolescent Program |
| HQ       | Group Setting            |
| TD       | RN                       |

**Modifiers Accepted by Amerigroup:**

HZ: MCOs will not be responsible for services that use Modifier HZ (Funded by criminal justice).

# Service Codes and Modifiers

## Adult Day Program:

| Procedure Code | Description                       | Mod 1 | Mod 2 |
|----------------|-----------------------------------|-------|-------|
| G0177          | Adult Day Program for Acute needs |       |       |

## Medication Training and Support:

| Procedure Code | Description   | Mod 1 | Mod 2 |
|----------------|---|-------|-------|
| H0034          | Individual services for the adult   |       |       |
| H0034          | Group services for the adult  | HQ    |       |
| H0034          | Individual services for the child and adolescent (with or without other individual) | HA    |       |
| H0034          | Group services for the child and adolescent (with or without other group)           | HA    | HQ    |

# Service Codes and Modifiers

## Crisis Intervention:

| Procedure Code | Description                   | Mod 1 | Mod 2 |
|----------------|-------------------------------|-------|-------|
| H2011          | Adult Services                |       |       |
| H2011          | Child and Adolescent Services | HA    |       |

## Skills Training and Development:

| Procedure Code | Description   | Mod 1 | Mod 2 |
|----------------|---|-------|-------|
| H2014          | Individual services for the adult   |       |       |
| H2014          | Group services for the adult  | HQ    |       |
| H2014          | Individual services for the child and adolescent (with or without other individual) | HA    |       |
| H2014          | Group services for the child and adolescent (with or without other group)           | HA    | HQ    |

# Service Codes and Modifiers

## Psychosocial Rehabilitative Services:

| Procedure Code | Description                           | Mod 1 | Mod 2 |
|----------------|---------------------------------------|-------|-------|
| H2017          | Individual services                   |       |       |
| H2017          | Individual services rendered by an RN | TD    |       |
| H2017          | Group services                        | HQ    |       |
| H2017          | Group services rendered by an RN      | HQ    | TD    |
| H2017          | Individual Crisis Services            | ET    |       |

## Targeted Case Management:

| Procedure Code | Mod 1 | Mod 2 |
|----------------|-------|-------|
| T1017          | TF    |       |
| T1017          | TF    | HA    |
| T1017          | TG    | HA    |

# Claims Submission - EDI

## Clearinghouse Contact Numbers

- |                                      |                          |
|--------------------------------------|--------------------------|
| ▪ Capario                            | 1-800-792-5256           |
| ▪ Availity                           | 1-877-334-8446           |
| ▪ Emdeon (previously known as WebMD) | 1-877-469-3263, option 3 |

For assistance with the electronic transmission of claims to Amerigroup from a clearinghouse, call our EDI Hotline at 1-800-590-5745.

## Electronic Claims Payer IDs – All SDAs

- |            |       |
|------------|-------|
| • Capario  | 28804 |
| • Availity | 26375 |
| • Emdeon   | 27514 |

# Claims Submission - Paper

- Submit paper claims to:

**Amerigroup**  
**ATTN: Texas Claims**  
**P.O. Box 61010**  
**Virginia Beach, VA 23466-1010**

- Paper claims should be submitted on CMS-1500 forms.
- Timely filing is within 95 days of the date of service.
- Providers must include on all claims their National Provider Identifier in box 33a and state-issued Taxonomy code in box 33b on the CMS-1500 form.
- Claims without a verifiable ID number will be denied or rejected.
- Claims related to other health insurance (OHI) should be accompanied with primary EOBs.
- All OHI updates need to be mailed to:

**Amerigroup**  
**Coordination of Benefits**  
**P.O. Box 62509**  
**Virginia Beach, VA 23466**



# Electronic Funds Transfer and Remittance Advices (EFT/ERA)

- **Providers receive information on how to enroll for EFT/ERA in a separate mailing.**
- **EFT/ERA services are offered through Amerigroup and include:**
  - Free service
  - The ability to receive ERAs and import the information directly into your practice management or patient accounting system using an 835 HIPAA file format
  - The ability to route EFTs to the bank account(s) of your choice
  - Email notification of funds transfer
  - An option to create your own custom reports within your office
  - The ability to access reports 24 hours a day, 7 days a week

# Check Status on Eligibility, Authorizations and Claims Status

- **Amerigroup offers both online and telephonic options for checking the status of eligibility, authorizations, and claims.**
  - Online access is available through **Real Solutions** and can be accessed via the website at **providers.amerigroup.com**.
  - Telephonic access is available through the Provider Inquiry Line (IVR) by calling 1-800-454-3730.
  - Both online and telephonic features are available 24 hours a day, 7 days a week.

# Appeals Procedures

## Types of Denials

### ■ Administrative

- Improper coding or wrong CPT code; may be resubmitted correctly
- No authorization is on file for dates of service
- Number of services billed exceeds number of services authorized

### ■ Medical

- A licensed physician authorized by Amerigroup is the only one who can deny reimbursement or coverage of services and/or procedures related to medical necessity.
- A medical director is available for peer-to-peer discussion before issuing a decision.
- Additional information may be requested to further understand the medical necessity.

# Appeals Procedures - Administrative Denials

## ■ Resolving Administrative Denials

- Providers may make the initial attempt to resolve a claims issue by calling Provider Services at the National Customer Care at 1-800-454-3730.
- Providers may resubmit a corrected claim and attach a copy of the EOP showing the denial.
- Appeals must contain all appropriate supporting documents, including, but not limited to, the EOP, medical records, etc.
- Changes and/or errors in CPT codes should be resubmitted notating **corrected claim** to:

**Amerigroup**  
**P. O. Box 61010**  
**Virginia Beach, VA 23466-1010**

# Appeals Procedures - Administrative Denials Cont'd

## ■ Filing an Administrative Denial Appeal

- Send all appeals in **writing** within 120 business days of the printed “run date” of the Explanation of Payment (EOP) to:

**Amerigroup  
Payment Dispute Unit  
P.O. Box 61599  
Virginia Beach, VA 23466-1599**

- Resolution should be received within 30 days of our receipt of the written appeal.
- If the provider continues to disagree with our determination, the provider may appeal the first-level resolution within 30 days of receipt of the written response from Amerigroup.
- Further disagreement must be resolved through the terms of the Provider’s Participation Agreement.

# Appeals Procedures – Medical Denials

## ■ Resolving Medical Denials

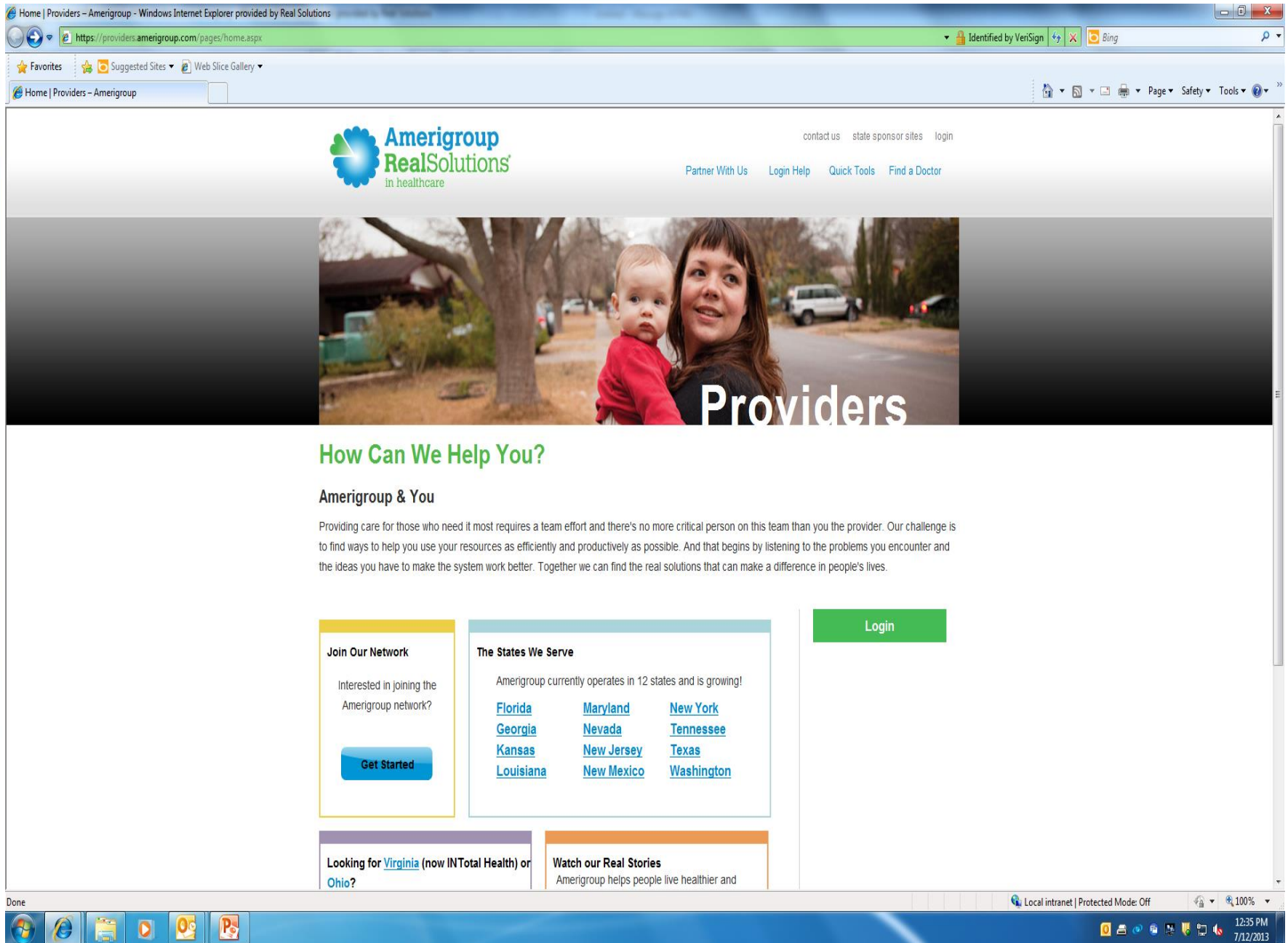
- Medical appeals should be filed for resolution of a denial or limitation of health care coverage filed by a member or on behalf of member by the provider
- Send a copy of the EOP, medical records, and letter of explanation within 30 days of the receipt date of the denial of services or approval of partial coverage of services to:

**Amerigroup Appeals**  
**2505 N. Highway 360, Suite 300**  
**Grand Prairie, TX 75050**

- A provider may appeal the decision with supporting medical information in writing within 30 days of receipt of the written response
- A signed consent from the member is required with the exception of CHIP members

[providers.amerigroup.com](http://providers.amerigroup.com)

Tech Support:  
1-800-454-3730,  
ext. 35846





To register for  
Provider Self-Service  
you'll need:

Your Tax Identification Number

Your Amerigroup Provider ID

A valid email address

## Quick Tools

Why Join  
Amerigroup?

Application  
Request

### Precertification and Notification Requirements for Participating Providers

**Non-participating providers must call 1-800-454-3730 for precertification (prior authorization).**

Inpatient services always require precertification.

**Certain services may not be covered.** Please refer to the state specific benefit coverage and limitations, including behavioral health and long term care services, age/diagnosis-specific authorization requirements, and self-referral services.



[CLICK HERE to see our Precertification User Guide >>](#)

To determine if a precertification or notification is required, complete the form below, then click FIND A CODE

\* - Required Field

Market \*

Select Market

Medical Policies | Providers – Amerigroup – Windows Internet Explorer provided by Real Solutions

https://providers.amerigroup.com/QuickTools/Pages/MedicalPolicies.aspx

Identified by VeriSign

Bing

Favorites

stefgarcia84 - Yahoo! Mail

TEXAS LIBRARY

Suggested Sites

Web Slice Gallery

Medical Policies | Providers – Amerigroup

Page

Safety

## Quick Tools

- Precertification Lookup
- Reimbursement Policies
- Medical Policies**
- Pharmacy Tools

### Medical Policies

As a wholly owned subsidiary of WellPoint, Inc. (WellPoint), Amerigroup adopted UniCare's nationally recognized, evidence-based medical policies and clinical utilization management guidelines effective May 1, 2013.\*

These policies are publicly available at [WellPoint's UniCare subsidiary website](#) — their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

[McKesson InterQual criteria](#) will continue to be used when no specific UniCare medical policies exist. In all cases, Medicaid contracts or Centers for Medicare & Medicaid Services requirements supersede both McKesson InterQual and UniCare medical policy criteria.

*\*These policies took effect on April 1, 2013, for HealthPlus, an Amerigroup Company.*

### Clinical Utilization Management Guidelines

# Questions and Answers

In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.