



		Reimbursement Policy
Subject: Reimbursement of Sanctioned and Opt-Out Providers		
Effective Date: 11/06/20	Committee Approval Obtained: 11/06/20	Section: Administration
<p>*****The most current version of our 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.*****</p> <p>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 STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. 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.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup STAR+PLUS MMP may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup STAR+PLUS MMP reimbursement policies for Amerigroup STAR+PLUS MMP 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 STAR+PLUS MMP strives to minimize these variations.</p> <p>Amerigroup STAR+PLUS MMP 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.</p>		
Policy	<p>Amerigroup STAR+PLUS MMP does not allow reimbursement to providers who are excluded or debarred from participation in state and federal healthcare programs. Amerigroup STAR+PLUS MMP also does not allow reimbursement to providers who have rendered services to members enrolled in any Medicare program if such provider has opted out of participation in Medicare. Services that are rendered by such a provider that is sanctioned or has opted out of participation in Medicare may only</p>	

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	<p>be reimbursed in urgent or emergent situations. Claims received for services other than emergency services submitted by sanctioned or opt-out providers as provided herein will be denied.</p> <p>Amerigroup STAR+PLUS MMP will allow reimbursement to a sanctioned or opt-out 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>Modifier GJ is required on claims for emergency or urgent care services when rendered by an opt-out provider.</p> <p>Note: Payment may not be made for services furnished by an opt-out physician or practitioner who has signed a private contract with a Medicare beneficiary for emergency or urgent care items.</p> <p>Amerigroup STAR+PLUS MMP screens providers through all applicable state and federal exclusion lists.</p>
Exemptions	<ul style="list-style-type: none"> • Amerigroup Texas, Inc. and Amerigroup Insurance Company, in compliance with the Amerigroup STAR+PLUS MMP and Healthcare Partnership, allow reimbursement to providers that have opted out from participation in Medicare and does not require Modifier GJ on claims for emergency or urgent care services.
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: Texas Medicaid exemption updated • Initial approval 04/03/17 and effective 10/01/17
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • Texas Health and Human Services Commission (HHSC) • Amerigroup STAR+PLUS MMP contract with HHSC
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: Nonparticipating Providers and Facilities
Related Materials	<ul style="list-style-type: none"> • None