

Behavioral Health

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Our approach

At Amerigroup Community Care, our approach to treatment and services for all members is planned in collaboration with the family and organizations involved in the member's life. We work within a comprehensive system of care that is community-based and promotes positive, healthy outcomes for adults, children, adolescents and their families. We embrace the practice of member-centric, family driven, culturally and linguistically competent care. We recommend the use of evidence-based or best practice-subscribed services and supports. Amerigroup always strives to use the least restrictive/intrusive services appropriate to the member's condition.

Key contact information

Provider Services	1-800-454-3730
Case Management	678-587-4758
24-hour Nurse HelpLine	1-800-600-4441
Pharmacy services	1-800-364-6331
Georgia Families 360 SM Member Services	1-855-661-2021
Georgia Families 360 SM member treatment/medical record fax	1-888-375-5064

How to contact your care coordinator:

Go to <https://www.myamerigroup.com/ga/your-plan/georgia-families-360-stakeholder-information.html> and look under the *Contact Information Tab*, then look under *Care Coordination Team Contacts*.

Member eligibility

Providers may check member eligibility by:

- Accessing <https://providers.amerigroup.com/GA>.
- Contacting Provider Services at 1-800-454-3730.

Precertification and notification requirements summary

To find out if a service requires precertification, please visit our provider self-service site at <https://providers.amerigroup.com/GA> and use the Precertification Lookup Tool. The following is a list of services that require precertification:

- Acute psychiatric and substance abuse inpatient admissions
- Crisis stabilization unit (CSU) services
- Psychiatric residential treatment facility (PRTF)
- Partial hospitalization program (PHP)
- Intensive outpatient program (IOP)
- Intensive family intervention (IFI)
- Community support individuals (CSI)
- Individual and family therapy (precertification required after initial 20 sessions are exhausted)
- Psychological testing

Prior authorization forms can be found at: <https://providers.amerigroup.com/GA> under Provider Resources & Documents > Forms.

Emergency services

Behavioral health emergency services are recommended for members experiencing acute crises resulting from a mental illness. An acute crisis is an incident at a level of severity that meets the requirement for involuntary examination which, in the absence of a suitable alternative or psychiatric medication, would require the hospitalization of the member pursuant to *2010 Georgia Code Title 37, Chapter 3*.

In the event of a behavioral health or substance abuse emergency, the safety of the member and other people is paramount. A behavioral health crisis plan should be used. Instruct the member to seek immediate attention at a behavioral health crisis service facility. In the event of a medical concern in conjunction with the behavioral health and/or substance abuse emergency, advise the member to seek treatment at the nearest emergency room.

Care coordination and case management

Our mission

To coordinate and assist in the navigation of the health care system for complex service requirements, offering a continuum of targeted interventions, education and enhanced access to care, ensuring improved outcomes and quality of life for eligible members

The goal of the case management program is to provide high-quality, integrated, culturally competent case management services to members assessed as having high medical and/or nonmedical case management needs. The case management program meets this goal by:

- Using qualified staff to collaboratively identify and assess the physical, behavioral, cognitive, functional and social needs of members for case management services.
- Developing a comprehensive care plan with input from the member.
- Working with the member and their providers to complete a planned and prioritized set of interventions tailored to the individual needs of the member and their support system.

Program staff encourage members to take action to improve their overall quality of life, functional status, health outcomes, and self-management — while striving to ensure the delivery of services in the most cost-effective manner. Case management is designed to proactively respond to a member's needs when conditions or diagnoses require care and treatment for long periods of time. When a member is identified for case management (usually through precertification, admission review, and/or provider or member request), the Amerigroup nurse or behavioral health clinician helps to determine medically appropriate alternative methods or settings in which care may be delivered.

We encourage our providers to refer members to our programs. When we receive the referral, our Case Management Care Coordination staff will call the member to discuss available programs. A provider, on behalf of the member, may request participation in the program. The Amerigroup staff will work with the member, provider and/or the hospital to identify the following:

- Intensity level of case management services
- Appropriate alternate settings where care may be delivered
- Health care services
- Equipment and/or supplies
- Community-based services
- Communication (e.g., between member and PCP)

Amerigroup care managers are licensed nurses/social workers/professional counselors and are available from 8:30 a.m.-5:30 p.m. Eastern time, Monday-Friday. The 24-hour Nurse Helpline can be reached at 1-800-600-4441. Please call 1-800-454-3730 to reach an Amerigroup case manager. Your patients can get information about case management services by visiting www.myamerigroup.com/GA or calling 1-800-600-4441.

About Georgia Families 360°SM

The Georgia Families 360°SM program serves youth involved in the child welfare system, including children who have been adopted, children who are currently in foster care and children who were formerly in foster care.

Georgia Families 360°SM also serves select youth involved in the juvenile justice system who have special care needs requiring regular, ongoing therapeutic intervention and evaluation by Medicaid-enrolled health care professionals

Georgia Families 360°SM care coordination services

A key element of The Georgia Families 360°SM program is the care coordination model in which all members in care are assigned to a designated care coordinator. The goal is to support The Georgia Families 360°SM population through coordination with state agencies, primary care physicians and associated providers, wrap-around services, and other community-based programs to improve a member's health outcomes.

Objectives for care coordination include:

- Ensuring that members receive medical, trauma, dental and other associated follow-up care within contractual guidelines.
- Meeting required timelines for treatment. For example, youth must complete preventive health and dental checks within 10 days of enrollment or notification of the youth's enrollment into foster care. The trauma assessment should be completed within 15 days of a member being newly enrolled to foster care in order for CCFA providers to submit as required.
- Using a system of care approach to assist with gaps in care outreach, transportation, social work services, provider appointment, health education, assessments, and community collaboration.
- Identifying and referring services that a youth may need. Assisting with identifying treatment gaps, working with treatment teams to fill the gaps and assisting with the holistic treatment of the youth.
- Encouraging collaboration between physical and behavioral health providers.
- Enhancing medical and behavioral health services and reducing unnecessary institutionalizations, hospitalizations and emergency room visits by providing:
 - Comprehensive case management.
 - Care coordination.
 - Health promotion.
 - Disease management.
 - Comprehensive transitional care/follow-up.
 - Patient and family support.
 - Referral to community and social support services.

We encourage placement providers, guardians, parents, DFCS, adoption assistance oversight teams and other community stakeholders to actively assist in getting the child all needed services. We are all working together to meet the needs of the youth.

Trauma assessments

Trauma assessments are required by the Division of Family and Children Services (DFCS) to take place as quickly as possible for all newly enrolled members ages 5 years and older who are entering or reentering foster care as part of the Comprehensive Child and Family Assessment (CCFA). Members 4 and younger should receive a developmental evaluation.

Please note: The correct code for initial trauma assessments completed on youth entering or re-entering foster care is H0031 TJ.

Improving quality in your practice

Amerigroup is committed to improving the clinical quality of behavioral health services. The National Committee for Quality Assurance (NCQA) rates health plan performance against key measures. Our performance as a health plan is a direct reflection of your performance as a provider. Below are tips to help improve rates:

- Follow up after discharge from a behavioral health inpatient facility (e.g., acute, CSU, PRTF).
- Ensure your patients have a scheduled appointment within seven days of discharging from a behavioral health inpatient facility.
- If you are referred to a new patient, please secure an appointment before they leave the hospital.

Code correctly — The following codes are acceptable when billing the postdischarge visit. The follow-up visits identified by the codes below must be with a mental health care practitioner.

CPT	HCPS
90791, 90792, 90832, 90834, 90837, 90846, 90847, 90853, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350	H0004, H0031, H0038, H0039, H2010, H2014, H2015, H2017

Appropriate follow-up for children prescribed ADHD medications

It is important to follow up with children prescribed ADHD medication. Please keep in mind the following tips:

- Ensure that children are appropriately diagnosed. Rating scales such as the *Vanderbilt ADHD Diagnostic Rating Scale* are available at no cost online and should be used as collaborative and supplementary tools to verify the diagnosis.
- If you are the prescriber of an ADHD medication for a first-time user, see the child at least once within the first month and twice more during the next nine months.

Antidepressant medication management

Help your patients manage their antidepressant medications by following these tips:

- If you are a prescriber of an antidepressant for a first-time user, encourage members to follow up with you for refills as needed.
- Patients should understand that some people need to remain on medication for several months or years (i.e., maintenance therapy).

Initiation and engagement of alcohol and other drug dependence

There are important steps to take to help your patients who are experiencing alcohol or drug abuse.

- Every time a patient receives a primary or secondary diagnosis indicating abuse of alcohol or other drugs, schedule a follow-up visit within 14 days.
- During the second visit, schedule two additional visits within the identified time frame.

Claim submission guidelines

The following guidelines apply to claims submissions:

- Correct and current practitioner information, including your NPI, should be entered on all claims.
- Correct and current member information, including the Amerigroup member ID, must be entered on all claims.
- Original claims must be submitted to Amerigroup within 180 calendar days from the date services were rendered.
- Claims with corrections must be submitted within 90 calendar days from the date services were rendered.

Behavioral health claims

Paper claims should be submitted on original claim forms (*CMS-1500* or *CMS-1450*) printed with red ink or typed (not handwritten) in large, dark font. AMA- and CMS-approved modifiers must be used appropriately based on the type of service and procedure code.

Paper behavioral health claims can be submitted to the following address:

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

Electronic claims can be submitted using electronic data interchange (EDI). Amerigroup encourages electronic claims submission through the following:

- Emdeon — Payer ID 27514
- Capario — Payer ID 28804
- Availity — Payer ID 26375

Pharmacy services

Amerigroup works with a pharmacy benefits manager to provide members' pharmacy benefits. Here are some important things to know about member's pharmacy benefits:

- Pharmacy benefits pay for medically necessary prescription and over-the-counter drugs prescribed by a plan provider.
- To find out which drugs are included in their pharmacy benefits, members and providers should refer to our *Preferred Drug List (PDL)* at www.myamerigroup.com/Documents/GAGA_CAID_PDL_ENG.pdf.
- To ask for preapproval, doctors should call Provider Services at 1-800-454-3730.