Partners in Health update℠

Working together for quality health care

August 2015

AmeriHealth®

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► Articles designated with a blue arrow include notice of changes or clarifications to administrative policies and procedures.

*Partners in Health Update*SM is a publication of AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey (AmeriHealth) created to provide valuable information to the AmeriHealth-participating provider community that provides Covered Services to AmeriHealth members. This publication may include notice of changes or clarifications to administrative policies and procedures that are related to the Covered Services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with AmeriHealth. This publication is the primary method for communicating such general changes. Suggestions are welcome.

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AmeriHealth 65® NJ HMO has an accreditation status of *Excellent* from the National Committee for Quality Assurance (NCQA).

AmeriHealth HMO, Inc. has an accreditation status of Accredited from the NCQA.

ANNOUNCEMENTS

PFA

Discontinuation of postcard notification for *Partners in Health Update*

Starting with the August 2015 edition, we will discontinue mailing postcards to notify providers that a new edition of *Partners in Health Update* has been published.

The availability of *Partners in Health Update* is communicated through the following channels:

- **Provider News Center.** Providers can access the latest edition of *Partners in Health Update*, as well as previous editions, at *www.amerihealth.com/pnc*. A PDF version is also available for downloading and printing.
- **NaviNet® web portal.** An announcement is posted on AmeriHealth Plan Central at the beginning of each month, notifying providers that *Partners in Health Update* is available. The current edition and a link to the archive are also available in the Current Publications section.
- **Email.** An email notification is sent directly to your inbox the day that *Partners in Health Update* is published to the Provider News Center. If you do not currently receive our email notifications and wish to sign-up, complete and submit the request form at *www.amerihealth.com/pnc/signup*.

To order paper copies of *Partners in Health Update*, please submit an online request at *www.amerihealth.com/providersupplyline* or call the Provider Supply Line at 1-800-858-4728. ◆

ADMINISTRATIVE

PFA

Reminder: Provider Automated System not available for migrated AmeriHealth New Jersey members

As previously communicated, the Provider Automated System is being retired in stages. Please read this notice carefully if you are still using the Provider Automated System, as your day-to-day operations may be affected. Once an AmeriHealth member is migrated to the new operating platform, you can no longer use the Provider Automated System for that member. Therefore, the Provider Automated System is no longer available for any AmeriHealth Pennsylvania members or AmeriHealth New Jersey Medicare Advantage members, all of whom have been migrated to the new platform.

AmeriHealth New Jersey **commercial** members will be migrated to the new platform between September 1, 2015, and October 1, 2015. While you can currently use the Provider Automated System for these members for functions like eligibility or claims status, once an AmeriHealth New Jersey commercial member is migrated to the new platform, you will no longer be able to use the Provider Automated System for any functionality. You must use the NaviNet® web portal to retrieve this information.

Note: All participating providers are required to register for NaviNet. If you have not yet done so, go to *www.navinet.net* to sign up. If your office is currently NaviNet-enabled but would like training, call our eBusiness Provider Hotline at 215-640-7410 for AmeriHealth Pennsylvania or at 609-662-2565 for AmeriHealth New Jersey. ◆

PFA

Re-issue of member ID cards for AmeriHealth New Jersey commercial members upon migration

As previously communicated, AmeriHealth New Jersey commercial members will be migrated to the new claims processing platform between September 1, 2015, and October 1, 2015.

As these members are migrated to the new platform, they will be issued a new member ID card with a new ID number. For this reason, it is imperative that you obtain a copy of the member's current ID card at every visit to ensure that you submit the most up-to-date information for claims processing. Please be sure to also verify eligibility and benefits using the NaviNet® web portal prior to rendering service.

New ID cards for migrated members

Migrated members will be issued a new ID card prior to their scheduled migration. ID cards for migrated members will differ from ID cards for non-migrated members in the following ways:

- AmeriHealth will assign a new 12-digit member ID number, called a "unique member ID" (UMI).
- The subscriber and all members covered under the subscriber's policy will share the same ID number. Each member ID card will include the member's name and subscriber UMI.
- AmeriHealth New Jersey commercial member ID cards will now indicate in which network the member is enrolled. The AmeriHealth New Jersey network indicator will be located on the top right section of the card, including designations such as Local Value, Regional Preferred, and National Access. If the AmeriHealth New Jersey commercial member is enrolled in the National Access network through Private Healthcare Systems, Inc. (PHCS), the logo will also be included on the bottom right of the ID card.

Look for sample ID cards for migrated AmeriHealth New Jersey commercial members in the September edition of *Partners in Health Update*.

For more information

Visit our System and Process Changes page on our website at *www.amerihealth.com/pnc/changes* to find a communication archive and frequently asked questions (FAQ) document. If you still have questions after reviewing the FAQ, email us at *providercommunications@amerihealth.com*. ◆

PFA

Reminder from AmeriHealth Administrators: Register on NaviNet®

All participating providers are encouraged to use the NaviNet web portal to view patient eligibility, verify high-level benefit information, and check claims status for your patients who carry an AmeriHealth Administrators ID card.

Please note the following:

- If you are already registered with NaviNet, select *AmeriHealth Administrators* from My Health Plans in the Workflows menu.
- If you are registered and cannot access the AmeriHealth Administrators Plan Central page, please contact NaviNet at 1-888-482-8057 for assistance.
- If you are not yet registered, please visit *www.navinet.net* to sign up.

Providers who call AmeriHealth Administrators for eligibility, benefits, or claims information on or after October 1, 2015, may be directed to use NaviNet. ◆

Referring members for laboratory services

As a reminder, AmeriHealth requires participating providers to direct members and/or their lab specimens to a participating outpatient laboratory, with the following exceptions:

- in an emergency;
- as otherwise described in the applicable Benefit Program Requirements;
- as otherwise required by law.

Please note the following information specific to benefit plan type:

- **HMO/POS members.*** All routine laboratory services for HMO/POS members must be referred to the primary care physician's (PCP) capitated laboratory site.
- **PPO members.** PPO members should use a participating laboratory, such as Laboratory Corporation of America®, Quest Diagnostics®, or Bio Reference Laboratory (AmeriHealth New Jersey members only) to maximize their benefits and save on out-of-pocket costs. PPO members may use a nonparticipating laboratory, but they will pay the out-of-network level of cost-sharing (i.e., copayment, coinsurance, or deductible) and will be subject to provider balance billing.
- **EPO members (AmeriHealth New Jersey only).** All routine laboratory services for EPO members must be referred to a participating laboratory. EPO members do not have out-of-network benefits.

In the unusual circumstance that a specific laboratory service is not available through a participating or capitated laboratory, providers must call Customer Service to obtain preapproval.

Contractual obligation to use participating providers

In accordance with your AmeriHealth Provider Agreement, except in an emergency, a participating provider should refer members only to participating providers for covered services. This includes, but is not limited to, ancillary services such as laboratory and radiology, unless the provider has obtained preapproval from AmeriHealth for the use of a nonparticipating laboratory.

When applicable under the terms of your AmeriHealth Provider Agreement, if a provider continues to direct members and/or their lab specimens to a nonparticipating laboratory and does not obtain preapproval from AmeriHealth, the ordering provider is required to hold the member harmless.

The ordering provider will be responsible for any and all costs to the member and shall reimburse the member for such costs or be subject to claims offset by AmeriHealth for such costs. In addition, further non-compliance may result in immediate termination of your AmeriHealth Provider Agreement.

Exception to the use of nonparticipating providers permitted under the terms of your agreement

If a provider (1) refers a member to a nonparticipating laboratory for non-emergent services without obtaining preapproval from AmeriHealth to do so; (2) sends a member's lab specimen to a nonparticipating laboratory without preapproval; or (3) provides or orders non-covered services for a member, the provider must inform the member in advance, in writing, of the following:

- a list of the services to be provided;
- that AmeriHealth will not pay for or be liable for the listed services;
- that the member will be financially responsible for such services.

To access the *Member Consent for Financial Responsibility Form*, go to *www.amerihealth.com/providerforms*.

Providers should also be aware of the coverage status of the tests they order and should notify the member in advance if a service is considered experimental/investigational or is otherwise non-covered by AmeriHealth. The member is financially responsible for the entire cost of any service that is non-covered (e.g., experimental/investigational).

If you have any questions related to the referral process for laboratory services, please contact your Network Coordinator or Provider Partnership Associate. ◆

**AmeriHealth New Jersey members may choose to receive routine laboratory services authorized by their PCP from a participating outpatient laboratory provider other than their PCP's capitated laboratory provider. However, please note that this requires the member to have a referral issued by their PCP. Refer to the* Provider Manual for Participating Professional Providers *for more information.*

PFA

Upcoming changes to claims processing requirements and enforcing these changes for AmeriHealth New Jersey members

As you know, all AmeriHealth New Jersey Medicare Advantage members were migrated to the new operating platform on January 1, 2015. AmeriHealth New Jersey commercial members will be migrated to the new platform between September 1, 2015, and October 1, 2015. There are changes to the application of medical and claim payment policies that will apply to migrated members on the new platform.

AmeriHealth policies will be used for adjudication on both the current and new claims processing platforms; however, some differences in claims processing and outcomes between the two systems may occur for AmeriHealth New Jersey members as described below. Please note the required fields that must be completed in order to be processed on the new platform.

The information below highlights some differences in claims processing and outcomes between the two systems, and the results of a recent analysis of rejection rates post migration.

Multiple Surgical Reduction Guidelines

For professional providers, the calculation method used in applying Multiple Surgical Reduction Guidelines for members on the new platform will be based on the procedure reported "Allowed Amount" and not the derived "Surgical Ranking," which is used on the old platform. This may result in a different claim outcome.

To review these policies, which reflect and disclose the different calculations being used with two claims platforms, refer to our Medical Policy Portal at *www.amerihealth.com/medpolicy*. Select *Accept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view. Then type the policy name or number in the Search field:

- **Commercial:** #11.00.10s: Multiple Surgical Reduction Guidelines;
- **Medicare Advantage:** #MA11.032b: Multiple Surgical Reduction Guidelines.

Clinical Relationship Logic

Clinical Relationship Logic, or Code-to-Code Edits (e.g., incidental, integral, component, and mutually exclusive), applied to services reported on a CMS-1500 claim form or electronic equivalent may differ for AmeriHealth New Jersey member claims depending on whether the claim is processing on the old or new platform. The McKesson ClaimCheck® product will not be used on the new platform.

Clinical Relationship Logic, which is based on national standards, will be applied to claims for AmeriHealth New Jersey members processed on the new platform. Clinical Relationship Logic applied to professional claims will be applied according to the following:

- **On the old platform (i.e., for AmeriHealth New Jersey commercial members who have not yet been migrated).** Clinical Relationship Logic applied to professional claims for members processed on the old platform will continue to be disclosed through the current Clear Claim Connection™ tool, which is available on the NaviNet® web portal within the Claim Inquiry and Maintenance transaction or on the AmeriHealth New Jersey website at *www.amerihealthnj.com/html/providers/claims_billing/clinical_relationship_logic.html.*
- **On the new platform (i.e., for migrated members).** Clinical Relationship Logic applied to professional claims for AmeriHealth New Jersey members processed on the new platform is available on the AmeriHealth New Jersey website at *www.amerihealthnj.com/html/providers/claims_billing/clinical_relationship_logic.html*.

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Correctly submitting UB-04 claim forms with OPL and COB

When a paper claim is submitted and Other Party Liability (OPL) or Coordination of Benefits (COB) is involved, it is imperative that all applicable fields are completed correctly on the UB-04 claim form, including the following:

- **Field Location 54 (FL54).** FL54 is a required field when the indicated payer (other insurance) has paid an amount to the provider towards this bill. Report "0.00" if there is no payment made by the health plan or payment was applied to the member's coinsurance or deductible.
- **Field Locations 39, 40, 41 (FL39, FL40, FL41).** FL39, FL40, and FL41 are required fields when there is a value code and amount that applies to the claim, specifically where Medicare is primary and coinsurance or a deductible applies.
- **Multi-page claims.** Per the National Uniform Billing Committee (NUBC), all claim-level data must be reported on each page of the UB-04 claim form. Line-level data will be unique on each page of the claim, and total charges for the claim (FL47, line 23) should be reported only on the last page.

Common claim rejections on the new platform

The following is a list of reasons why claims are rejected on the new platform.

- **NPI and trading partner are not affiliated.** The provider's National Provider Identifier (NPI) and the trading partner are required to be linked in the new system; otherwise, the trading partner is not authorized to submit electronic claims on the provider's behalf and the claims will reject. Contact your clearinghouse or billing vendor for instructions on how to affiliate. If you are your own trading partner, go to the EDI section of our website at *www.amerihealthnj.com/html/providers/claims_billing/edi.html* for more information.
- **NAIC code – Submit to the correct payer.** Ensure that you submit claims with the appropriate NAIC code, as identified in the Payer Information column on our payer ID grids and in accordance with the member's coverage. Refer to the payer ID grids at *www.amerihealthnj.com/html/providers/claims_billing/edi.html*.
- **Member not found:**
  - **Subscriber ID invalid.** Providers must submit the most current member ID number based on the member's coverage at the time of service. Please refer to the article on new AmeriHealth New Jersey member ID cards in this edition of *Partners in Health Update* for more information on checking ID cards and verifying member eligibility at every visit.
  - **Names misspelled or name variations.** A member's name must be spelled as it appears on the member ID card. Variations in name spellings and punctuation will cause claims to reject (e.g., D'Angelo vs. Dangelo).
- **Claim submitted without taxonomy code.** The provider's taxonomy code must be billed with the corresponding NPI and submitted at the billing provider level. Providers associated with more than one specialty group are required to submit the correct NPI and correlating taxonomy code to ensure correct claims processing. Sending claims with incorrect taxonomy codes could cause payment delays or cause claims to be paid incorrectly. Detailed information and examples on how to correctly submit taxonomy codes can be found in the article, *Guidelines for billing with taxonomy codes and use of NPI on claims* in this edition of *Partners in Health Update*.
- **Missing referring provider.** The referring provider is required on all claims when the place of service is 81, a professional independent clinical lab.
- **Missing procedure description.** A service line description is required for all non-specific procedure codes submitted on a claim. Non-specific procedure codes include not otherwise classified [NOC]; unspecified; other; miscellaneous; prescription drug, generic; or prescription drug, brand name.
- **Code set validations.** Valid codes, including HCPCS, CPT®, diagnosis, and revenue codes and procedure code modifiers, are required for all claims. Submitted claims containing invalid codes or codes with termination dates effective prior to or on the date of service will not be processed.

For the most up-to-date information about our upcoming transition of AmeriHealth New Jersey commercial members to the new platform, we encourage you to visit the System and Process Changes section of the Provider News Center at *www.amerihealth.com/pnc/changes*. ◆

PFA

View up-to-date medical and claim payment policy activity on the Medical Policy Portal

Changes to our medical and claim payment policies for our commercial and Medicare Advantage Benefits Programs occur frequently in response to industry, medical, and regulatory changes. In order to keep you up to date with changes to our policies, we have enhanced the information available in the Site Activity section of our Medical Policy Portal, as previously communicated.

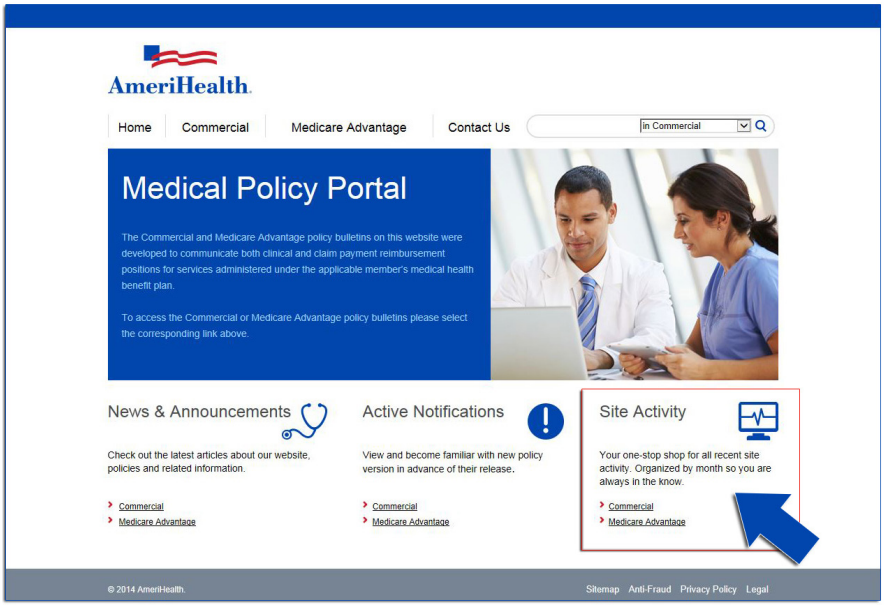
Site Activity section

The Site Activity section includes a snapshot of all activity that occurred within a given month, including:

- Notifications
- New Policies
- Updated Policies
- Reissued Policies
- Coding Updates
- Archived Policies

The Site Activity section is updated in real time as changes are made to the Medical Policy Portal.

For your convenience, the information provided in Site Activity can be printed to keep a copy on hand as a reference.



Accessing policy information

To access the updated Site Activity section, go to our Medical Policy Portal at *www.amerihealth.com/medpolicy* and select *Accept and Go to Medical Policy Online*. From here you can select *Commercial* or *Medicare Advantage* under Site Activity to view the monthly changes. To search for active policies, select either the *Commercial* or *Medicare Advantage* tab from the top of the page. You can also get to our Medical Policy Portal through the NaviNet® web portal by selecting the *Reference Tools* transaction, then *Medical Policy*.

We hope these changes allow you to stay better informed of our medical and claim payment policy activity. ◆

P F

Select standard fee schedules available on NaviNet®

For your convenience, we recently published the following standard fee schedules (effective September 1, 2015, unless otherwise noted) on AmeriHealth NaviNet Plan Central for covered services provided to AmeriHealth Pennsylvania members:

- Ambulatory Surgical Center (effective July 1, 2015)
- Capitation – Certified Registered Nurse Practitioner
- Capitation – Primary Care Physician
- Chiropractic
- Drug (effective July 1, 2015)
- Podiatrist
- Registered Dietitian
- Retail-Based Clinic
- Standard Physician Fee Schedule

To access these documents, select *AmeriHealth* from the Workflows menu, and then go to the Fee Schedules section.

Allowance Inquiry transaction

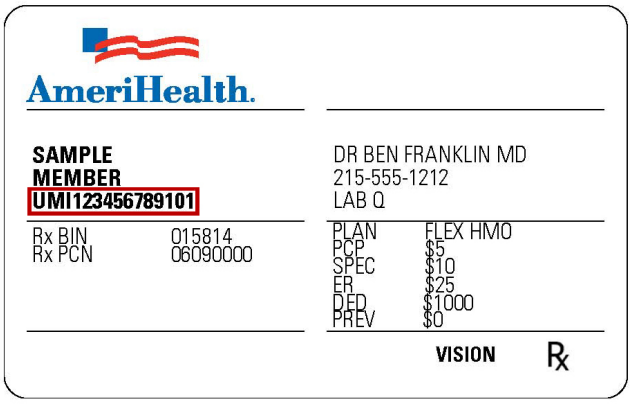
To look up the rate for a specific code, use the Allowance Inquiry transaction on the NaviNet web portal. To do so, go to AmeriHealth NaviNet Plan Central, select *Claim Inquiry and Maintenance* from the AmeriHealth Workflows menu, and then select *Allowance Inquiry*. For step-by-step instructions on how to use this transaction, refer to the user guide available in the NaviNet Resources section of our Provider News Center at *www.amerihealth.com/pnc/navinet*.

Note: The Allowance Inquiry transaction returns current rates for professional providers only. The reimbursement rates that go into effect September 1, 2015, will be available through this transaction on or after this effective date. Provider payment allowances are for informational purposes only and are not a guarantee of payment. ◆

P F A

Use the full member ID number when billing for service

When billing for local and out-of-area claims, please remember to include both the alpha prefix and complete member ID number as it appears on the member's ID card. AmeriHealth rejects claims not billed with the complete member ID number and date of birth. For timely and accurate claim payment, the full member ID must be billed as it appears on the member ID card. Also, be sure that you are using the most recent ID card for the member, as the number may change during our transition to a new operating platform. ◆



Reminder: Important billing information for modifier 25 and modifiers –X{EPSU} and 59

This is a reminder that as of January 1, 2015, the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) edits are applicable to claims submitted on the CMS-1500 claim form or through the 837P transaction. Please refer to our Commercial and Medicare Advantage claim payment policies on NCCI edits, which are available at *www.amerihealth.com/medpolicy*. Select *Accept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view:

- **Commercial:** #00.01.56a: National Correct Coding Initiative (NCCI) Code Pair Edits;
- **Medicare Advantage:** #MA00.041: National Correct Coding Initiative (NCCI) Code Pair Edits.

The CMS NCCI tables (Column 1/Column 2) are composed of code pair edits. These code pair edits identify services that are a component of a more comprehensive code or two codes that should not be reported together. Procedure code pairs designated by CMS with an NCCI modifier indicator of 0 (zero) are not eligible to be reimbursed separately when reported on the same date of service for the same member when performed by the same provider. The NCCI edit identified in the CMS NCCI file for these procedure code pairs will be applied by AmeriHealth regardless of the presence of a modifier.

Modifier 25 and modifiers –X{EPSU} and 59

Procedure code pairs designated by CMS with an NCCI modifier indicator of 1, when clinically appropriate, are eligible to be reported with an appropriate modifier for separate reimbursement. The most frequently used modifiers are 25 and –X{EPSU} and 59.

- **Modifier 25:** Modifier 25 is required when a significant, separately identifiable Evaluation and Management (E&M) service is performed by the same physician on the same day of a procedure or other service. For example, if an E&M service was also performed on the same day as an administration of an immunization, the E&M service should be billed with the modifier 25.
- **Modifiers –X{EPSU} and 59:** Modifiers –X{EPSU} and 59 are required to indicate that a procedure or service is separate, distinct, or independent from other non-E&M services performed on the same day by the same individual.

Appropriate use of modifiers

For more detailed information regarding the appropriate use of these modifiers, please visit our Medical Policy Portal at *www.amerihealth.com/medpolicy.* Select A*ccept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view:

- Modifier 25:
  - **Commercial:** #03.00.06l: Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service;
  - **Medicare Advantage:** #MA03.003a: Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service.
- Modifiers –X{EPSU} and 59:
  - **Commercial:** #03.00.08d: Modifiers XE, XS, XP, XU, 59;
  - **Medicare Advantage:** #MA03.005a: Modifiers XE, XS, XP, XU, 59.

  Note: As communicated in the July 2015 edition of *Partners in Health Update*, providers should use the more specific –X{EPSU} modifiers to accurately represent the circumstances that render non-E&M services as separate, distinct, or independent. However, modifier 59 can still be reported if the service cannot be more accurately reported with one of the four specific modifiers. Providers cannot append more than one of these modifiers (i.e., XE, XP, XS, XU, or 59) to a single procedure code. Claims submitted with any of these modifiers may be subject to retrospective review and audit if it is determined that providers are not using them in accordance with the billing requirements in our claim payment policies.

Please refer to the CMS NCCI file for procedure code pair edits and the associated modifier indicators: *www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html*. ◆

PFA

Guidelines for billing with taxonomy codes and use of NPI on claims

As previously communicated, AmeriHealth New Jersey commercial members will be migrated to the new operating platform between September 1, 2015, and October 1, 2015. Until the migration is completed, we will be working with you in a dual claims-processing environment. As part of this transition and thereafter, the use of taxonomy codes and a valid National Provider Identifier (NPI) are required to ensure proper claims processing.

Using taxonomy codes

If your group NPI is associated with more than one AmeriHealth specialty, you must include the appropriate provider taxonomy code *in addition* to the NPI on all claims. This allows the accurate application of the provider's contractual business arrangements with AmeriHealth. Failure to submit claims with the applicable NPI and correct correlating taxonomy code may result in incorrect claims processing and/or payment delays.

The examples below illustrate how to correctly submit your taxonomy code:

Example 1

Incorrect billing practice			
Billing NPI	**Specialty description**	**Taxonomy code**	**Taxonomy description**
12345XXXXX	Durable medical equipment	332B00000X	Durable medical equipment
Rendering NPI	**Specialty description**	**Taxonomy code**	**Taxonomy description**
11223XXXXX	Durable medical equipment	333600000X	Pharmacy

Correct billing practice			
Billing NPI	**Specialty description**	**Taxonomy code**	**Taxonomy description**
12345XXXXX	Durable medical equipment	332B00000X	Durable medical equipment
Rendering NPI	**Specialty description**	**Taxonomy code**	**Taxonomy description**
11223XXXXX	Durable medical equipment	332B00000X	Durable medical equipment

Example 2

Incorrect billing practice			
Billing NPI	**Specialty description**	**Taxonomy code**	**Taxonomy description**
12345XXXXX	Home infusion/Durable medical equipment	3336H0001X	Home infusion/Durable medical equipment
Rendering NPI	**Specialty description**	**Taxonomy code**	**Taxonomy description**
11223XXXXX	Home infusion/Durable medical equipment	333600000X	Pharmacy

Correct billing practice			
Billing NPI	**Specialty description**	**Taxonomy code**	**Taxonomy description**
12345XXXXX	Home infusion/Durable medical equipment	3336H0001X	Home infusion/Durable medical equipment
Rendering NPI	**Specialty description**	**Taxonomy code**	**Taxonomy description**
11223XXXXX	Home infusion/Durable medical equipment	3336H0001X	Home infusion/Durable medical equipment

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Use a valid NPI for all claims

When submitting claims please be sure to use a valid NPI. This requirement applies to all claims.

It is critical that you submit claims with a valid NPI, as the claims processing system reviews each claim for this data. Providers should work with their clearinghouse/trading partner to ensure accurate claims submission.

The most common reasons that an NPI would be considered invalid are:

- The NPI is terminated.
- The NPI is entered incorrectly.
- The number is invalid.

Using an invalid NPI could delay processing and payment. For additional information about NPI regulations, implementations, reports, and resources, go to *www.amerihealthnj.com/html/providers/claims_billing/npi*.

For the most up-to-date information about our upcoming transition of AmeriHealth New Jersey commercial members to the new platform, we encourage you to visit the System and Process Changes section of the Provider News Center at *www.amerihealth.com/pnc/changes*. ◆

PA

Updated CMS-1500 claim form resources now available

As previously communicated, AmeriHealth only accepts the updated version of the 1500 Health Insurance Claim Form (CMS-1500 claim form). The current version (02/12), which went into effect in January 2014, accommodates reporting needs for ICD-10 and aligns with data captured on electronic 837 transactions.

Updates were recently made to our *Claims Submission Toolkit for Proper Electronic and Paper Claims Submissions*, which is available at *www.amerihealth.com/providers/claims_and_billing/claims_resources_guides.html* for AmeriHealth Pennsylvania and at *www.amerihealthnj.com/html/providers/claims_billing/requirements.html* for AmeriHealth New Jersey. This toolkit was created to assist you in submitting claims using the CMS-1500 (02/12) claim form and contains the latest information on electronic and paper claims submissions, a sample CMS-1500 (02/12) claim form, key fields, loop and data elements, and resources for finding additional information.

In addition, the National Uniform Claim Committee (NUCC) recently released an updated *1500 Health Insurance Claim Form Reference Instruction Manual*. To request more information, send an email to *info@nucc.org*.

Note: CMS-1500 (02/12) claim forms can be purchased through office supply stores, local printing companies, or by calling the U.S. Government Printing Office at 1-866-512-1800. ◆

PFA

ICD-10 is fast approaching – Are you ready?

The **October 1, 2015, ICD-10 compliance date** is only two months away. Now is the time to make sure your office is ICD-10 ready. The transition will go much more smoothly for organizations that plan ahead. A successful transition to ICD-10 will be vital to transforming our nation's health care system and ensuring uninterrupted operations.

As previously communicated, for referrals, authorizations, or claims with a date of service on or after October 1, 2015, AmeriHealth will only accept ICD-10 codes. We will not accept ICD-9 codes on claims with a date of service on or after October 1, 2015.

Understanding claims that span the compliance date

Depending on the type of claim, there are different rules for how to code a claim with dates of service that span the ICD-10 compliance date. Please refer to MLN Matters® Number: SE1408, a news flash published by the Centers for Medicare & Medicaid Services (CMS) with detailed information based on facility type/service, at *www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf*.

Facility/Institutional inpatient claims

Facility/Institutional inpatient claims with a ***date of discharge*** on or before September 30, 2015, must be billed with ICD-9 codes. Facility/Institutional inpatient claims with a ***date of discharge*** on or after October 1, 2015, must be billed with ICD-10 codes. Do not split inpatient claims by date of service, and do not include both ICD-9 and ICD-10 codes on a single claim.

Billing tip

When claims span the compliance date:

- Use the date of *discharge* for facility/institutional inpatient claims.
- Use the date of *service* for professional and oupatient claims.

Professional and outpatient claims

Professional and outpatient claims with a ***date of service*** on or before September 30, 2015, must be billed using ICD-9 codes. Professional and outpatient claims with a ***date of service*** on or after October 1, 2015, must be billed using ICD-10 codes. We will not accept claims containing both ICD-9 and ICD-10 codes – as is consistent with CMS billing guidelines.

AmeriHealth is ready for ICD-10

AmeriHealth has conducted thorough testing of our system both internally and externally. Our testing efforts focused on minimizing potential business disruptions for our providers, aligning medical policies to ensure no changes in current policy-based outcomes, and verifying that services covered under ICD-9 will be covered under ICD-10.

AmeriHealth is confident with the outcome of our testing results so far, which show that both internal and external validation has been successful. We continue to encourage our providers to take time to train coders and concentrate on clean coding practices to make the transition to ICD-10 as succesful as possible.

ICD-10 resources

For the most up-to-date information on ICD-10 rules and guidelines, including updated frequently asked questions, go to *www.amerihealth.com/icd10* for AmeriHealth Pennsylvania or *www.amerihealthnj.com/html/providers/claims_billing/coding.html* for AmeriHealth New Jersey.

The CMS ICD-10 web page at *www.cms.gov/Medicare/Coding/ICD10* offers numerous resources, including the following:

- Latest News
- Road to 10 (an online resource built for small practices)
- CMS ICD-10 Quick Start Guide

We encourage you to use these resources as you prepare for the upcoming compliance date. ◆

Highlighting HEDIS®: Weight assessment and counseling for nutrition and physical activity for children/adolescents

This article series is a monthly tool to help physicians maximize patient health outcomes in accordance with NCQA's* HEDIS®† measurements for high quality care on important dimensions of services.

Go to ***www.amerihealthnj.com/html/providers/tools_resources/index.html*** to view previously published topics. If you have feedback or would like to request a topic, email us at ***providercommunications@amerihealth.com***.

HEDIS® definition

Weight assessment and counseling for nutrition and physical activity for children/adolescents: The percentage of members ages 3-17 who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of the following during the measurement year:

- Body Mass Index (BMI) percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Why this measure is important

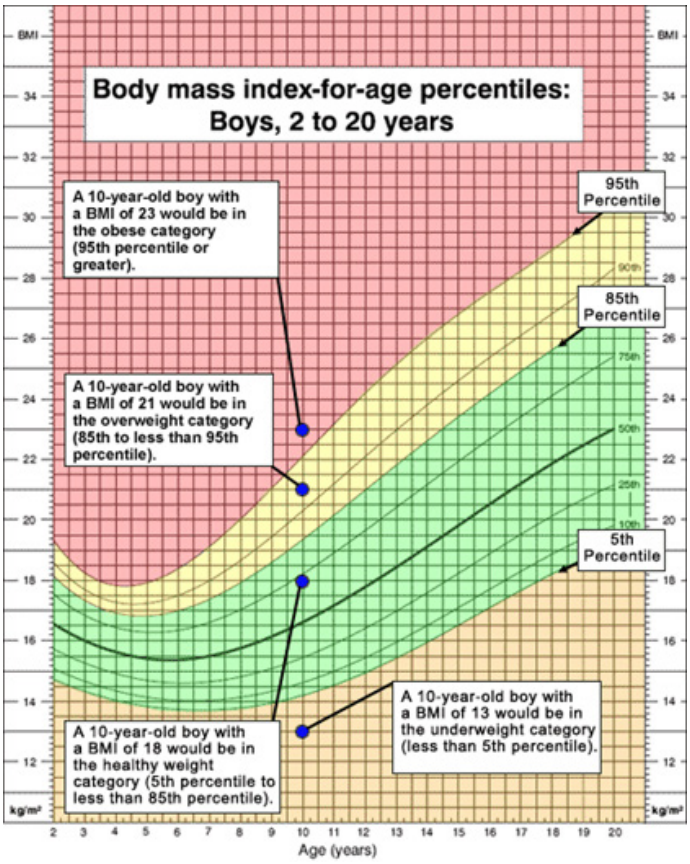
One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity in childhood and adolescence. The rapidly increasing prevalence of obesity among children is one of the most challenging dilemmas currently facing pediatricians. The Centers for Disease Control and Prevention (CDC) states that overweight children and adolescents are more likely to become obese adults. For example, one study found that approximately 80 percent of children who were overweight at 10-15 years of age were obese adults at age 25. Another study found that 25 percent of obese adults were overweight as children and that if overweight begins before age 8, obesity in adulthood is likely to be more severe.

– NCQA, HEDIS 2015 V1

**The National Committee for Quality Assurance (NCQA) is the most widely recognized accreditation program in the U.S.*

†The Healthcare Effectiveness Data and Information Set (HEDIS) is an NCQA tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care.

Body mass index-for-age percentiles



The chart above, which was developed by the CDC, shows an example for a 10-year-old boy. BMI Percentile is the percentile ranking based on the CDC's BMI-for-age growth charts, which indicate the relative position of the patients BMI number among others of the same gender and age.

The boys and girls growth charts from the CDC can be found at *www.cdc.gov/growthcharts/clinical_charts.htm.*

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New behavioral health resources for collaboration and care

To facilitate communication between primary care physicians (PCP) and behavioral health care providers, AmeriHealth and Magellan Healthcare, Inc. are working together to provide resources for physicians when assessing and managing behavioral health conditions.

We recently replaced the current *PCP to Behavioral Health Provider Communication Form* and the *Clinician Communication Form* with a new *Clinician Collaboration Form*. The new form can be completed and sent electronically or printed and mailed to the provider. In addition, a link to the *Magellan Healthcare Medical Providers' Behavioral Health Toolkit* has been added as a resource for patient management. This toolkit contains descriptions of common behavioral health concerns (including substance use), user-friendly screening tools, patient handouts, provider tip sheets, informational materials, and more.

Both the *Clinician Collaboration Form* and *Behavioral Health Toolkit* can be downloaded from our website at *www.amerihealth.com/resources* in the Worksheets, Forms, and Guides section or from the NaviNet® web portal under Health and Wellness in the Administrative Tools & Resources section of AmeriHealth Plan Central. ◆

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Health Coaches: Supporting your patients, our members

Health Coaches are available 24/7/365 through the following programs to enhance your ability to provide coordinated care for your patients and promote integration of care among Pennsylvania commercial HMO and New Jersey Medicare Advantage HMO members and their families, physicians, and community resources:

- **Condition management.** Condition management is available to eligible members for common chronic conditions such as asthma, diabetes, COPD, and hypertension.
- **Case management.** Case management provides support to members who are experiencing complex health issues or challenges in meeting their health care goals.

For additional information about our condition management and case management programs, visit our website at *www.amerihealth.com/providers/resources*. Pennsylvania members can reach their Health Coach by calling 1-800-275-2583. New Jersey Medicare Advantage HMO members can reach their Health Coach by calling 1-888-YOUR-AH1 (1-888-968-7241). ◆

Refer a patient to an AmeriHealth Health Coach today by completing the online physician referral form at **https://ecom.amerihealth.com/ah/htdocs/email_forms/case_management_referral_form.html** or by calling **1-800-275-2583** for AmeriHealth Pennsylvania or **1-888-YOUR-AH1** (**1-888-968-7241**) for AmeriHealth New Jersey.

Encourage pregnant AmeriHealth members to register for Baby FootSteps®

The Baby FootSteps program supports expectant mothers and promotes a healthy pregnancy throughout each trimester. We ask that you inform pregnant AmeriHealth members about the Baby FootSteps program at their first prenatal visit and encourage them to self-enroll as outlined below:

- **AmeriHealth Pennsylvania members:** Please encourage these members to self-enroll by calling our toll-free number, 1-800-598-BABY. Upon calling, a Health Coach will explain the program to the member and ask her a series of questions to complete the enrollment process.
- **AmeriHealth New Jersey members:** Please encourage these members to self-enroll by calling 1-800-313-8628, selecting prompt 3, and leaving a message. Members can also log on to our secure member website, *amerihealthexpress.com*, to complete an online form to contact a case manager.

Once enrolled in the program, Pennsylvania members will receive a welcome letter that includes information on how to access educational materials on our secure member website, *amerihealthexpress.com*, and the 1-800-598-BABY phone number for questions and support during pregnancy. In addition, high-risk members will be given the name and contact information for their Health Coach. New Jersey members will continue to receive the same information they do today.

Resources available

A flyer is available upon request to place in the member's chart and distribute at the first prenatal visit to encourage her to enroll in Baby FootSteps. To order flyers, please submit an online request at *www.amerihealth.com/providersupplyline* or call the Provider Supply Line at 1-800-858-4728. If you have any questions, please call Customer Service at 1-800-275-2583 for AmeriHealth Pennsylvania or 1-888-YOUR-AH1 (1-888-968-7241) for AmeriHealth New Jersey. ◆

Postpartum office visits

As a reminder, postpartum visits should be scheduled 21 to 56 days after delivery, or earlier if medically necessary. Adhering to this time frame provides the best opportunity to assess the physical healing for new mothers and to prescribe contraception, if necessary. These visits should be scheduled before members are discharged from the hospital.

Help your patients get healthy this summer with SilverSneakers®

Summer is upon us, and with warm, sunny weather comes longer days, vacations, and visits from friends and family. For your older patients, keeping up with this increased activity can be a challenge. Because the heat of summer can make it difficult to continue some types of exercise programs, swimming and water-based exercises are great ways to keep active throughout the hotter months.

Healthways SilverSneakers Fitness Program offers AmeriHealth 65® NJ HMO and AmeriHealth 65® Preferred HMO members the opportunity to incorporate water-based activities into their summer routines and build the strength and endurance they'll need to enjoy the many picnics, family outings, and social events that go hand-in-hand with summer.

SilverSneakers is a fitness benefit included with many Medicare plans, and your AmeriHealth 65® Medicare Advantage patients may be eligible, but not yet taking advantage of their SilverSneakers benefit. SilverSneakers includes a fitness membership with access to more than 13,000 locations nationwide. Members have access to exercise equipment, swimming pools, and fitness classes* designed specifically for older adults. SilverSneakers Splash is taught by a certified teacher and designed to help members improve agility, range of movement, cardiovascular health, balance and coordination, and to build strength. This class is taught in shallow water so both swimmers and non-swimmers are able to participate.

Share the benefits of participating in water-based exercises with your AmeriHealth Medicare Advantage patients:

- It can decrease the risk of chronic illnesses like diabetes and heart disease.
- It helps reduce the symptoms of arthritis and osteoarthritis.
- It can lessen disabilities, relieve pain and fight depression.[1]
- It's easier on bones and joints than other forms of exercise.
- It can make them feel better, inside and out.

SilverSneakers is a great resource to help your patients keep active this summer and lead healthier lives all year round. In fact, 62 percent of SilverSneakers members in 2014 reported their health as "excellent" or "very good" compared to only 32 percent of older adults nationally, and 63 percent of members reported having "a lot of energy" most or all of the time.[2]

So whether they splash around in the pool with their grandchildren, or during a SilverSneakers Splash class, please encourage your patients to take a swim, be active, and stay cool this summer.

Refer your patients to *www.silversneakers.com* or 1-888-423-4632 (TTY: 711) for more information. ◆

**Amenities vary by location.*

[1]Centers for Disease Control, *www.cdc.gov/healthywater/swimming/health_benefits_water_exercise.html*

[2]Healthways® SilverSneakers Annual Participation Survey, 2014

Important Resources

Anti-Fraud and Corporate Compliance		
Hotline		www.amerihealth.com/antifraud | 1-866-282-2707
Care Management and Coordination		
Baby FootSteps®	1-800-313-8628, prompt 3 (NJ only)	1-800-598-BABY (2229) (PA only)
Case Management		1-800-313-8628
Connections℠ Health Management Program (for commercial NJ members only)	1-888-YOUR-AH1 (968-7241)	N/A
Condition Management (for commercial PA members and Medicare Advantage NJ members)	N/A	1-800-313-8628
Credentialing		
Credentialing Violation Hotline		www.amerihealth.com/credentials | 215-988-1413
Credentialing and recredentialing inquiries	1-866-227-2186 (NJ only)	N/A
Customer Service/Provider Services		
Provider Automated System* (eligibility/claims status/precertification)	1-888-YOUR-AH1 (968-7241) (NJ only)	1-800-275-2583 (PA only)
Provider Services user guide		www.amerihealth.com/providerautomatedsystem
Electronic Data Interchange (EDI)		
Highmark EDI Operations		1-800-992-0246
FutureScripts® (commercial pharmacy benefits)		
Pharmacy benefits		1-888-678-7012
Pharmacy website (formulary updates, prior authorization)		www.amerihealth.com/rx
FutureScripts® Secure (Medicare Part D pharmacy benefits)		
FutureScripts Secure Customer Service		1-888-678-7015
Formulary updates		www.amerihealthmedicare.com
Imaging services		
CT, MRI/MRA, PET, and nuclear cardiology	1-800-859-5288 (NJ only)	1-800-275-2583 (PA only)
NaviNet® web portal		
AmeriHealth eBusiness Hotline	609-662-2565 (NJ only)	215-640-7410 (PA only)
Registration		www.navinet.net
Other frequently used websites and phone numbers		
AmeriHealth Direct Ship Drug Program (medical benefits)		www.amerihealth.com/directship
Medical Policy		www.amerihealth.com/medpolicy
Provider Supply Line		www.amerihealth.com/providersupplyline | 1-800-858-4728

**The Provider Automated System is available only for those members who have not yet been migrated to our new operating platform. Go to www.amerihealth.com/pnc/changes for more information.*

AmeriHealth®

Visit our Provider News Center: www.amerihealth.com/pnc