SecurityHealth Plan℠
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Provider News

JUNE 2017

Proud of it

Medication disposal kiosks arrive at select Marshfield Clinic pharmacies

We've made it a top priority to keep expired and unwanted medications out of the communities we serve. Security Health Plan and Marshfield Clinic are making a collective effort to combat opioid abuse, most recently with the installation of medication disposal kiosks at 14 Marshfield Clinic pharmacy locations.

"Prescription drug abuse, particularly opioid abuse, has a profound effect on communities across Wisconsin. These medication disposal kiosks provide a safe, easy way for people to get rid of unused prescription medications," said Dr. Quivers, chief medical officer at Security Health Plan.

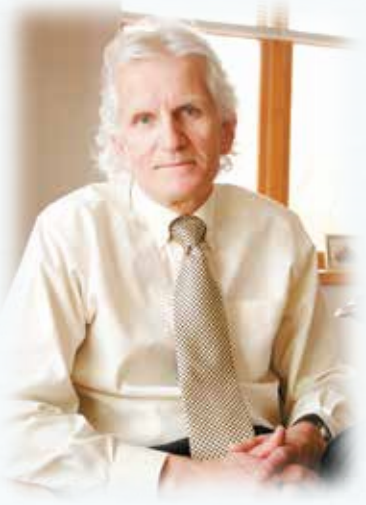
Please let your patients know our medication kiosks are available for use. Read the full article by visiting **www.securityhealth.org**, and entering the key word "collection" in the search bar.

Congratulations to our Healthy Schools Grant partner Eric Hartwig, Ph.D.

Please join us in congratulating our Healthy Schools Grant partner Eric Hartwig, Ph.D., who received the Wisconsin Public Health Association (WPHA) Distinguished Service to Public Health Award.

Security Health Plan's Community Benefits Manager, Allie Machtan, nominated Hartwig after collaborating with him for four years on the implementation of his b.e.s.t. universal screening in Wisconsin schools. The b.e.s.t. universal screening is a tool designed to help educational professionals identify *behavioral, emotional* and *social traits risk factors* in school-aged children and then implement appropriate interventions.

Hartwig worked as a school psychologist and is the former Administrator of Pupil Services for the Marathon County Children with Disabilities Education Board. He applied for Security Health Plan's Healthy Schools Grants in 2013 to pilot the screening he had developed and recently retired from his role on the Marathon County Children with Disabilities Education Board specifically to devote his time to our collaborative b.e.s.t. screening initiative.



Eric Hartwig, Ph.D. and former Administrator of Pupil Services for the Marathon County Children with Disabilities Education Board

Photo: Peter Weinschenk, The Record-Review

Hartwig has brought a much-overlooked aspect of health to the forefront – behavioral health. Like the vision and hearing screenings that have become staples of child health in schools today, Dr. Hartwig has shown the importance of assessing and tracking

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children's behavioral health regularly to ensure the earliest possible intervention for the most long-term student success. He has combined his expertise with his passion for children's health to impact students in more than 20 school districts during the past year through his b.e.s.t. universal screening and teacher training.

"I've watched Eric improve health not only neighborhood by neighborhood, but school by school, teacher by teacher, student by student. He shows his passion for helping students be well in the exhaustive time he spends with each teacher, helping them build the skills and confidence they need to help every child in their classroom," said Machtan.

We look forward to collaborating with Dr. Hartwig to bring the b.e.s.t. screening to even more schools during the 2017-2018 school year.

Tips and tools

Coming in November 2017: new medical pharmacy management service

At Security Health Plan, we want to keep costs as low as possible for our members. Specialty medication costs are skyrocketing. They are projected to represent half of total medication costs within the next two years, with approximately 50 percent of those costs being medications given in a medical setting, drugs now covered under the Security Health Plan category "medical pharmacy benefits" (as opposed to "prescription benefits").

To proactively address rising medication costs, Security Health Plan is partnering with Magellan Rx, a leader in specialty pharmacy management. Magellan Rx will implement a prior authorization service for medical pharmaceuticals, offer other programs that will help to eliminate waste and inappropriate use, and help members make informed decisions about their health.

Full implementation of the program will be effective November 1, 2017. Before then, Security Health Plan will collaborate with Magellan Rx to develop and execute provider-focused communications. Watch for more detailed information during the coming months in *Provider News*, the provider portal at **provider.securityhealth.org** and through onsite trainings.

We ask for your cooperation during the transition. New medical pharmacy management services put in place through Magellan Rx will help you provide our members with quality care, education and guidance.

We can help your patients get moving with free health coaching support

During National Great Outdoors month, we'd like to remind you that Security Health Plan members have access to free telephonic health coaching. We can help members take advantage of the warmer weather to get outside and get moving. Our trained health coaches use motivational interviewing techniques and education to help members take control of their health. Members can start with our free online WebMD health assessment to take stock of their health, then work with one of our health coaches to reach their goals. Learn more at **www.securityhealth.org/wellness**.

Colorectal cancer screening: Address patient barriers

Our records suggest Security Health Plan members need more encouragement and education on why they should receive colorectal cancer screening.

What we're doing:

- We're tracking claims data to understand how many of our members receive recommended screenings (and how many that should, don't).
- We write to members whose claims records indicate they may be due for a colorectal screening to provide basic education about colon cancer and its prevention, encourage members to schedule a screening, and remind them that preventive services like colonoscopies are fully covered when performed by a network provider. (If an office visit is billed in addition to the screening, additional charges may apply, which we note.)
- We're offering providers and medical office staff resources to reach our members. (Read on.)

Respondents to a 2011 National Institute of Health study identified screening cost and lack of health insurance coverage as the fifth most common barrier to screening.[1]

We are committed to improving the colorectal cancer screening rates of our members, but we need your help.

What you can do:

1. Please help **educate our members on the screening options available** to them as outlined below. We realize colonoscopy is the provider-preferred screening method, but we hope providers will consider suggesting alternative accepted testing if members are resistant to colonoscopy. In the words of Director of Security Health Plan Quality Shelley Kress, "Alternative screening is better than no screening."

Member coverage

Product line	Test	Coverage frequency
Medicare Advantage Core-Southern-Eastern / D-SNP *Note: Will follow Local Coverage Determination/National Coverage Determination (LCD/NCD) policies as published by CMS, when applicable.*	Fecal Occult Blood test (guaiac or gFOBT) and immunochemical (FIT)	1 service covered per every 12 months
	Flexible sigmoidoscopy	Limited to 1 every 4 years
	Colonoscopy	– High risk for colorectal cancer: Limited to 1 visit every 24 months – Not at high risk for colorectal cancer: Limited to 1 visit every 10 years

[1] Jones RM, Devers KJ, Kuzel AJ, Woolf SH. Patient-reported Barriers to Colorectal Cancer Screening: A Mixed-Methods Analysis. Am. J. of Preventive Medicine. 2010 May; 38(5): 508-516.

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Product line	Test	Coverage frequency
	FIT-DNA (Cologuard)	Limited to 1 every 3 years for ages 50-85
Medicare Medical Savings Account (MSA) *Note: Will follow LCD/NCD policies as published by CMS, when applicable*	All tests	Services are subject to member deductible
Commercial members *Note: Verify that the facilities and providers you refer EPO and HPPN members to are in-network by using the online find-a-doctor tool at* ***www.securityhealth.org/directory*** *or by calling 1-800-472-2363 (TTY: 711)*	Fecal Occult Blood test (guaiac or gFOBT)	1 service per calendar year covered at 100% then subject to member responsibility
	Immunochemical (FIT)	1 service per calendar year covered at 100% then subject to member responsibility
	Flexible sigmoidoscopy	1 service per calendar year covered at 100% then subject to member responsibility
	Colonoscopy	1 service every 2 years then subject to member responsibility
	FIT-DNA (Cologuard)	Limited to 1 every 3 years for ages 50-85
State of Wisconsin members	Fecal Occult Blood test (guaiac or gFOBT)	Ages 50-75 : covered at 100% with respective diagnosis restrictions (screening diagnosis), diagnostic services are subject to any applicable member responsibility
	Immunochemical (FIT)	Ages 50-75 : covered at 100% with respective diagnosis restrictions (screening diagnosis), diagnostic services are subject to any applicable member responsibility
	Flexible sigmoidoscopy	Ages 50-75: covered at 100% with respective diagnosis restrictions (screening diagnosis), diagnostic services are subject to any applicable member responsibility

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Product line	Test	Coverage frequency
	Colonoscopy	Ages 50-75: covered at 100% with respective diagnosis restrictions (screening diagnosis), diagnostic services are subject to any applicable member responsibility
	FIT-DNA (Cologuard)	Limited to 1 every 3 years for ages 50-85

2. **Help address patient barriers to colorectal cancer screening.** The 2011 National Institute of Health study identified the top two patient barriers to screening as fear and the bowel preparation.[2] Take the time to address patient barriers and educate patients on their screening options and what to expect from them. You can help increase patient motivation, confidence and likelihood to obtain a screening. We know that time is limited during an office visit; therefore, many offices have a nurse or medical assistant talk to patients about these barriers.

Resources for increasing preventive screening rates:

- The National Colorectal Cancer Roundtable's Tools & Resources – 80% by 2018, available at **nccrt.org/tools/80-percent-by-2018/**
- Dr. Mona Sarfary and Dr. Richard Wender's "How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide" (2008), available here: **http://onlinelibrary.wiley.com/doi/10.3322/CA.57.6.354/full**

We appreciate your help educating patients on the importance of this preventive screening.

[2] Jones RM, Devers KJ, Kuzel AJ, Woolf SH. Patient-reported Barriers to Colorectal Cancer Screening: A Mixed-Methods Analysis. Am. J. of Preventive Medicine. 2010 May; 38(5): 508-516.

FAQs: changes to approved prior authorizations for High-End Imaging (HEI) procedures

eviCore has released its 2017 Cardiology and Radiology Clinical Guidelines, effective May 22, 2017. Search for plan-specific guidelines at **www.securityhealth.org/medsolutions**. Scroll down to "Resources," then click "eviCore Cardiology & Radiology Clinical Guidelines."

We'll highlight the two most commonly asked questions below:

1. **Are eviCore's authorizations specific, or do they allow grouping such as "with contrast," "without and with contrast," and "without contrast?"**

   eviCore considers the individual needs and clinical indications of the patient. This approach ensures authorization of the most appropriate Current Procedural Terminology (CPT) per requested study within a given CPT contrast family. Providers are not required to contact eviCore to downcode contrast. However, all other changes require notification to eviCore within 72 hours of the change.

2. **What happens if a patient is authorized for a Computed Tomography (CT) of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?**

   Providers must notify eviCore within 72 hours of the procedure to request an update to an approved prior authorization. eviCore will evaluate the request against medical necessity.

Still have questions? Find more FAQs here: **https://www.securityhealth.org/medsolutions**.

Coding corner

Brenda Anderson, RN, CPC, CRC

Get good results from your good intentions: Coding accuracy is essential to convey your patient's conditions and to mitigate risk associated with inaccurate reporting of codes to CMS. Learn from our coding corner tips to improve your accuracy and avoid penalties from the Centers for Medicare and Medicare Services (CMS).

Coding Arthritis, Polyarthritis and Inflammatory Arthritis

While providers sometimes use the terms inflammatory arthritis, polyarthritis or more specific diagnoses interchangeably, these conditions have different International Classification of Diseases, 10th Revision, Clinical Modification (ICD 10 CM) and Hierarchical Condition Category (HCC) codes.

Polyarthritis refers to arthritis that affects multiple joints. Inflammatory arthritis causes joint inflammation due to an overactive immune system, usually in several joints simultaneously. Rheumatoid or psoriatic arthritis, ankylosing spondylitis, gout and polymyalgia rheumatica are some of the diseases included in the inflammatory arthritis category.

When evaluating and managing patients with these conditions, it is important to document and code as specifically as possible. Keep in mind, if a definitive diagnosis has not been determined, the 2017 ICD

10 CM Coding Guidelines instruct, "Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider."

In the table below, diagnoses associated with an HCC have a ✓ mark.

Diagnosis	HCC
Arthritis	
Osteoarthritis	
Inflammatory Arthritis	
Inflammatory Polyarthritis	✓
Ankylosing Spondylitis	✓
Rheumatoid Arthritis	✓
Polymyalgia Rheumatica	✓
Psoriatic Arthritis	✓
Systemic Lupus Erythematosis	✓

As you can see, including the term "poly" in inflammatory polyarthritis changes the diagnosis code associated with the condition and has an impact on the HCC coding of your patient.

When known, include the following details in your documentation and consider them when coding these conditions:

- Current signs and symptoms – specify site(s) and laterality
- Diagnostic findings – especially when confirming the patient's diagnosis
- Treatment/response to treatment

Reimbursement for Medicare Advantage and Medicaid claims submitted with global modifier 55

Effective for claims processed on or after August 1, 2017, Security Health Plan will implement the Centers for Medicare and Medicaid Services (CMS) payment reduction rule for claims submitted with global modifier 55. Modifier 55 is used to indicate post-operative management only.

For all Medicare Advantage plans (including Secure Saver [MSA] and Ally Rx [SNP-HMO]), the payment reduction will impact all claims submitted with modifier 55 for global services.

For Medicaid members, the payment reduction will impact claims submitted for cataract surgery with modifier 55 (procedure codes 66820-66821 and 66830-66984).

Calculating payment

Security Health Plan reimbursement is based on the Medicare- or Medicaid-allowed amount for eligible services. To establish a daily rate, the total allowed amount is divided by the number of global days for post-operative care. The daily rate is multiplied by the number of days each provider provided care. Providers are required to include dates of "Assumed Care" and "Relinquished Care" in the total of days provided care. If claims are not submitted with these dates, the claim will be denied.

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Example: The total allowed amount for service is $120 and the global period is 10 days. Each provider provided care for 5 days. $120/10 days = $12 per day. Each provider receives $60 ($12 per day for 5 days).

For detailed Medicare information and an example of payment, reference Chapter 40.4 – *Adjudication of Claims for Global Surgeries, Section B - Claims From Physicians Who Furnish Less Than the Global Package (Split Global Care)* in the following CMS document:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3721CP.pdf

For Medicaid-specific information, please see the ForwardHealth Handbook Topic #572, Cataract Surgery: **https://www.forwardhealth.wi.gov/WIPortal/**

- Click on "Online Handbooks" in the left-hand sidebar.
- Click "I Accept" and "Submit Agreement."
- Under "Choose a user Type," select "Provider."
- Under "Choose a program," select "BadgerCare Plus & Medicaid."
- Under "Choose a service area," select "Physician."
- Select the "Covered and Noncovered Services" chapter.
- Select "Surgery Services."
- Select "Cataract Surgery."

Medical policies and criteria, April–May 2017: new, updated and reviewed

As Security Health Plan reviews and develops clinical criteria on Medical and Interpretation Policies, we ask providers with particular professional knowledge or clinical expertise on certain subjects for their input and opinions.

Requests from providers must be documented on the *Provider Input Form*. Please download the form from **www.securityhealth.org/medicalpolicies**. Then, email the completed form to **shp.health.services@securityhealth.org**. We appreciate your input.

To receive payment, providers must meet all policy criteria outlined for the specific service provided. Please review the below list of medical policies and request a copy of the policies for any procedures you perform in your office.

New Policies:

- Bone Growth Stimulator for Fifth Metatarsal
- Total Ankle Replacement
- Drug-Eluting Peripheral Stent (Zilver)
- Implantable Loop Recorder

Existing policies with new medical criteria:

- Telehealth

Annual policy for the month of April – May 2017:

(Reviewed, with no changes made to medical criteria.)

- 72-Hour Subcutaneous Continuous Glucose Monitoring
- Breast Reduction Mammoplasty
- Oral Appliance for the Treatment of Sleep Apnea

- Radiofrequency Ablation Pulmonary Tumor Debulking

Experimental and Investigational Policy changes for March - May 2017:

Added:

- Cartiform
- High Speed Video Laryngoscopy
- Prometheus Anser IFX Lab Tech
- Viable Bone Cell Matrix/Enhanced Allograft
- Intense Pulsed Light (IPL) for Keloid Scar

Remaining:

- Arthrex Biocartilage
- Microsurgery for Lymphedema
- Patent Foramen Ovale (PFO) Closure Devices
- Autologus Fat transplant with the Use of Adipose-derived Stem Cells
- Transrectal Ultrasound for a screening test
- Magnetic Resonance Guided Focused Ultrasound (MRgfus)
- Patellofemoral Arthroplasty/Glenoid Resurfacing
- Dry Needling
- Pulse Radiofrequency Ablation
- LINX Procedure for GERD Diagnosis
- ELUVIA Paclitaxel-Eluting All LAA Devices
- Dual X-ray for Preventive Screen of Vertebral Fracture

Removed:

- Zilver® PTX®

Learn more

View recent months' medical policies and criteria notices at **www.securityhealth.org/medicalpolicies**.

If you would like to make a Medical Interpretation Policy request, please contact the Health Services Department Administrative Secretary at 715-221-9640 or **shp.health.services@securityhealth.org**.

The Health Services Department Administrative Secretary can also direct you to the appropriate CMS web site(s) if you would like a copy of the Medicare criteria used for a *Medicare Advantage coverage determination*.

Copies of the Wisconsin Medicaid program policy used for a *BadgerCare Plus coverage determination* can be obtained from the Wisconsin Medicaid program. The BadgerCare Plus contract does not allow Security Health Plan to distribute the policy.

Reminders

Coming soon: HHS-RADV audit

Every year, the Department of Health & Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS) require Security Health Plan to participate in a risk adjustment data validation (RADV) audit. This year's audit will be starting in June 2017.

CMS conducts risk adjustment data validation activities to ensure the accuracy and integrity of risk adjustment data and risk adjusted payments. The HHS-RADV is the process of verifying that diagnoses codes submitted for payment by an organization are supported by the provider's medical record documentation for an enrollee.

Security Health Plan is responsible for providing CMS with source medical record documentation to validate health plan-submitted medical claims and supplemental diagnoses for each chosen enrollee.

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In the near future, we may contact you to request medical records for Security Health Plan members enrolled in an Affordable Care Act plan. Please notify your medical records department to watch for a kick-off memo from CMS and Security Health Plan.

We appreciate your cooperation with this project. A timely response will benefit our members and your patients. Thank you in advance for your assistance.

Coordination of benefits claim denials

If a primary payer of a claim with multiple payers denies a charge with Claim Adjustment Group Code "CO," financial responsibility for the unpaid charge is assigned to the provider as a contractual obligation. As a secondary or tertiary payer, Security Health Plan will also deny these charges using Claim Adjustment Reason Code (CARC) 276: "Services denied by the prior payer are not covered by this payer." Previously, these types of secondary or tertiary charges were denied by Security Health Plan with the CARC used by the primary payer, which sometimes caused confusion. We have adjusted our CARC to clarify.

Please also note that members may not be balance billed for CARC 276 denials.

Decimal billing required on time-based occupational and speech therapy codes for BadgerCare members

In accordance with Forward Health guidelines, Security Health Plan requires decimal billing on time-based codes for occupational and speech therapy received by BadgerCare members.

Procedure codes for many occupational therapy (OT) and some speech therapy (ST) services specify a unit of time. When an amount of time is specified, that amount of time equals one unit. For example, procedure code 97032 for OT indicates, "Each 15 minutes," while procedure code 92627 for ST indicates, "Each additional 15 minutes." This means that for these particular procedure codes, one unit is equal to 15 minutes.

If you provide a patient with less than one unit of therapy, you must bill the units in decimals. For example, if you want to bill for 7.5 minutes of OT or ST, you would bill .5 units (7.5/15 minutes).

Decimal billing is not required for physical therapy codes with dates of service after January 1, 2017.

Security Health Plan will review BadgerCare therapy claims for accurate billing on time-based codes.

For more information, please review the following Provider Handbook topics on the Forward Health Portal at **https://www.forwardhealth.wi.gov/WIPortal/**:

1. Select "Online Handbooks" from the left-hand "Providers" menu.
2. Review License terms, click "I Accept" and then "Submit Agreement."
3. Click "Advanced Search," enter the below topic number you wish to review and click "Search."

   Topic 2751 Unit of Service

   Topic 2792 Physical Therapy Procedure Codes

   Topic 2793 Occupational Therapy Procedure Codes

   Topic 2794 Speech and Language Pathology Procedure Codes

Facilities to deliver Organization Determination and Standard Determination Approval Notices

When a Security Health Plan member is in a hospital – under either inpatient or observation status – the facility is required to provide the member with notice of

approvals and denials for services members request as part of these processes:

- Organization Determination process - Medicare Advantage and Medicaid members
- Standard Determination process - commercial members

We outline the notification process here to help your staff deliver approvals and denials:

Notice of approved benefit determination

- The notice includes a reference identifier and indicates the service to which the coverage has been applied.
- When the notice is required to be provided to the member by law or per account contract, it may be provided verbally, via secure internet portal or in writing.
- The ordering and/or rendering provider or facility requesting the benefit on behalf of the member will be required to notify the member of approval and deliver a faxed copy of the approval.
- Typically, the requestor is an ordering and/or rendering provider acting on behalf of the member. When verbal notice of an approval is given to the ordering and/or rendering provider, the provider must inform the member the benefit has been approved by delivering the copy of the approval Security Health Plan has faxed to the requestor. Security Health Plan will then document the faxed approval in its system.

Notice of adverse (not approved/not certified) benefit determination

- Security Health Plan may initially provide verbal notice of an adverse benefit determination to a member and ordering and/or rendering provider.
- Security Health Plan staff will call members in the hospital to communicate the denial of service and then follows up with written notice provided directly to the member and the ordering and/or rendering provider:
    - Security Health Plan faxes the denial letter to the hospital and instructs hospital staff to provide the paper copy of denial to the member.
    - Security Health Plan mails the denial letter to the member.

Help patients find you

- Has your practice relocated?
- Is your practice still accepting new patients?
- Has your facility changed its business name?
- Has your practice experienced staffing changes?

Help patients find you by keeping information about your practice current with Security Health Plan.

Security Health Plan's online provider directory is the primary provider search tool we offer our members. Members use the "Find a Doctor" directory to search for providers who can fill their specific care needs, whether they're looking for a primary care provider who sees children, a specialist with privileges at a specific hospital, or an affiliated nursing home near their aging parents.

To help patients find you, visit **www.securityhealth.org/directory**. Whether you're a provider, a practice or a facility, please review the directory information for accuracy.

Be sure to contact us right away with any needed updates: You can report a change to Provider Relations staff at 715-221-9640, fax changes to us at 715-221-9699 or email us at **shpprd@securityhealth.org**.

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Provider *News*

FEATURED INSIDE

Provider News: Security Health Plan's *Provider News* is intended to keep providers in our network current with the latest developments in employer group and direct pay, Medicare, Medicaid and other managed care programs. You can view an electronic version of the newsletter at **www.securityhealth.org/providernews**.