SecurityHealth Plan℠
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Provider News

SPRING 2015

Northwood Inc. to manage DMEPOS, home infusion services for Security Health Plan

Security Health Plan has selected Northwood Inc. to manage durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS) and home infusion therapy services for all of its members. Beginning July 1, all requests and authorizations for DMEPOS and home infusion therapy services will go through Northwood and its contracted providers. This change applies to all Security Health Plan products (commercial, BadgerCare and Advocare), Security Administrative Services and Family Health Center.

Established in 1992, Northwood contracts with health plans, self-funded groups, auto carriers and workers' compensation carriers to provide members/claimants with choice, convenience and access to high-quality DMEPOS providers in a cost-effective way.

Security Health Plan's DME providers have received information from Northwood about contracting to become a part of the Northwood network. For more information contact Debra Cutlip, Northwood's provider relations manager, at **debbieac@northwoodinc.com** or call 586-755-3830.

Bariatric policy aligns with evidence-based guidelines

Security Health Plan has revised its bariatric surgery policy to align with evidence-based clinical practice guidelines. A number of criteria must be met related to body mass index, comorbidities (sleep apnea, diabetes and hypertension), prior weight loss efforts and more.

Detailed information on criteria is found in the policy, *Obesity Management, Surgical Approaches,* in the online provider manual at **www.securityhealth.org**. The prior authorization form, Surgical Treatment for Obesity, can be found at **www.securityhealth.org/priorauthorizations**.

Bariatric surgery coverage is based on the member's policy and is not included with all Security Health Plan products. For more information call 1-800-548-1224.

Cologuard™ test covered

Security Health Plan covers Cologuard (CPT code G0464) as a colorectal cancer screening test per a CMS National Coverage Determination for Advocare members. This multitarget stool DNA test is approved for asymptomatic, average-risk beneficiaries from 50 to 85 years old. Effective July 1, Security Health Plan will cover Cologuard for all product lines which meet medical policy criteria.

Prior authorization updates

Security Health Plan will be updating its list of services that require prior authorization. The list will be featured in the May issue of Provider News Hot Topics and online at **www.securityhealth.org/priorauthorizations**.

Reminder: Prior authorization required for office-based procedures in ASC or hospital outpatient setting

CMS has designated a number of procedures as office-based and assigned these with a P2, P3 or R2 Medicare ambulatory surgery center (ASC) payment indicator type. Security Health Plan requires prior authorization to reimburse a facility fee for these procedures when performed in an ASC or hospital outpatient department for members with commercial, Marketplace and self-funded (Security Administrative Services) plans.

When it is medically necessary to perform an office-based procedure in a setting other than the office, or if it is in conjunction with a procedure classified as ambulatory, facilities must contact Security Health Plan to get prior authorization for office-based procedure codes. For example, if a pain block (CPT 64450) is performed in conjunction with a uni-compartmental knee procedure, the facility should contact Security Health Plan to request prior authorization for CPT 64450 as this is normally an office-based procedure. If prior authorization is not requested before the date of the procedure, the office-based codes will be denied as facility responsibility.

NOTE: Office-based procedures requested for patient or provider convenience or due to equipment location issues will not be reviewed for prior authorization for reimbursement in an ambulatory or outpatient hospital setting. The CMS ASC payment indicator types can be found at this website:

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html.

Policy updated regarding expedited carpal tunnel treatment

We have updated our carpal tunnel referral policy and have identified the expediting factors that do **not** require a 6-week trial of conservative management. These factors include:

- Weakness of thenar muscles, including weakness of grip or pinch
- Thenar muscle atrophy
- Impairment of dexterity
- 2-point discrimination >6 mm in median nerve distribution
- Prolonged periods of numbness lasting more than a few minutes and occurring several times during any 24-hour period
- Constant or nearly constant numbness in the median nerve distribution
- Documented symptoms of carpal tunnel syndrome of 6 months or greater duration

Early diagnosis and treatment of carpal tunnel syndrome are important to prevent permanent nerve damage. A doctor diagnoses carpal tunnel syndrome with a physical exam and special nerve tests. Treatment includes resting the hand, splints, pain and anti-inflammatory medicines, and sometimes surgery.

The **referring provider is responsible** for completing the prior authorization form for consultation to an orthopedic surgeon, neurosurgeon, plastic hand surgeon, general surgeon or a physician assistant/nurse practitioner associated with an orthopedic, plastic hand surgeon or neurosurgery specialty. A referring provider may be a physician, chiropractor, physical therapist, occupational therapist, physician assistant or nurse practitioner.

Security Health Plan's *Carpal Tunnel Syndrome Prior Authorization Request* can be found online at **www.securityhealth.org/priorauthorizations**. The updated policy can be found on the Security Health Plan Provider Portal. If you have questions please call us at 1-800-548-1224.

Modifiers required on outpatient therapy claims

In 2013 the Centers for Medicare and Medicaid Services (CMS) implemented a new claims-based data collection requirement for outpatient therapy services. As part of the change, CMS requires GP, GO and GN modifiers be reported on claims for physical therapy (PT), occupational therapy (OT) and speech-language pathology (SLP) services. To align with CMS's change, effective January 1, 2016, Security Health Plan will implement this requirement for all product lines (commercial, BadgerCare and Advocare), Security Administrative Services and Family Health Center, to allow for consistency in claims processing.

In line with CMS, all outpatient therapy codes billed must include modifiers to distinguish the discipline of the plan of care under which the service is delivered:

- **GN** services delivered under an **outpatient speech-language pathology** plan of care;
- **GO** services delivered under an **outpatient occupational therapy** plan of care; or,
- **GP** services delivered under an **outpatient physical therapy** plan of care.

Effective January 1, 2016, therapy claims billed without the appropriate therapy modifier (GP, GO, GN) will be denied for a missing modifier.

Modifiers GN, GO and GP refer only to services provided under plans of care for physical therapy, occupational therapy and speech-language pathology services. The modifiers should not be used with codes that are not on the list of applicable therapy services. For example, respiratory therapy services or nutrition therapy are not reported with therapy codes which require GN, GO and GP modifiers.

This instruction is applicable for all claims from physicians, non-physician practitioners (NPPs), PTPPs, OTPPs, SLPPs, CORFs, OPTs, hospitals, SNFs and any others billing for physical therapy, speech-language pathology or occupational therapy services as noted on the applicable code list.

More information and the list of applicable therapy services is available at: **www.cms.gov/Medicare/Billing/TherapyServices/index.html?redirect=/TherapyServices/05_Annual_Therapy_Update.asp**.

Help improve antidepressant and AOD outcomes

Security Health Plan needs your help as we focus in 2015 on improving HEDIS measure results for Antidepressant Medication Management (AMM) and Initiation and Engagement of Alcohol and Other Drug Dependence (IET).

Approximately one-half of patients, either from psychiatric or primary care settings, will fail to maintain correct usage of prescribed antidepressant medication. Also, while identification of people with alcohol and other drug disorders is an important first step in the process of care, it often does not lead to initiation of care.

We have created flyers that detail each of these measures, including coding information, screening tools and tips you can use to help your patients succeed. Find these flyers at **www.securityhealth.org/providerdocuments**.

Two-midnight rule process delayed until October

Security Health Plan will be delaying implementation of the 2-midnight rule process until Oct. 1. This mirrors notification that the Centers for Medicare and Medicaid Service (CMS) has delayed its implementation of the rule until Oct. 1. Security Health Plan will be applying this rule only to its Advocare Medicare Advantage plans.

Security Health plan continues to monitor CMS's progress on this rule and provides up-to-date information on our Provider News and Information web page. Please check this page for updates at **www.securityhealth.org/providernews**.

Appropriate billing required for nurse practitioner behavioral health services under BadgerCare/Medicaid guidelines

Effective June 1 for Security Health Plan's BadgerCare/Medicaid plans only, nurse practitioners without a psychiatric specialty certification and Department of Health Services (DHS) (3,000 hour) certification can provide limited services in a behavioral health setting. Those services are limited to the CPT evaluation and management (E&M) services (procedure codes 99201-99205 and 99211-99215) with an ICD diagnosis code applicable for mental health and/or substance abuse services. Providers may not bill mental health services using an E&M code.

For nurse practitioners to provide mental health services they must have the specialty psychiatric certification and the DHS certification. This is in line with the Wisconsin BadgerCare/Medicaid Physician Handbook, Topic #3451 (2/28/2015).

NOTE: Nurse practitioners without a psychiatric specialty certification and DHS (3,000 hour) certification are not able to provide behavioral health services for Security Health Plan's commercial and Advocare Medicare Advantage plan membership.

We can help you reduce BadgerCare adult no-shows

Security Health Plan has developed a new process to help you reduce the number of BadgerCare patients who fail to show up for appointments. Our goal is to work with you to educate our BadgerCare members about the importance of making and keeping appointments for exams.

When no-shows occur with Security Health Plan BadgerCare members, please submit a BadgerCare Plus HealthCheck and Adult Outreach and Materials Request. This recently updated form is found on our website at **www.securityhealth.org/providerdocuments**.

You'll find the link to the request form at the bottom of the Provider Documents Library page.

With this form you can request us to send a no-show/education letter to our BadgerCare members who do not respond to your outreach efforts or fail to show twice for appointments. Our letter stresses the importance of keeping appointments and reminds members what to do if they need a ride to the clinic. If you would like more information, please call our BadgerCare member advocate at 1-800-548-1224, extension 19596.

ForwardHealth propagation logic results in Medicaid claim reversals and denials

In response to provider inquiries, here is information on Wisconsin ForwardHealth's propagation logic and reversed or denied Medicaid claims.

ForwardHealth policy dictates that each provider service location is assigned a billing status. There are three values for billing status: Biller and Performer, Biller Only, and Performer Only. Certain providers are designated to be both billing and performing providers. In some cases, these providers are treated as the performing provider even when a performing provider ID is submitted on the encounter.

When the provider billing status is both billing and performing, and the billing provider's type and primary specialty are in the group that is designated to always use the billing provider as performing, the encounter is processed using the rule that the billing provider is processed as both the billing and performing provider.

If providers are receiving denials on Medicaid claims due to propagation logic, please resubmit the claims to Security Health Plan with the correct billing status. For more information about the state's propagation logic used with Medicaid encounters, please check our website at **www.securityhealth.org/providernews**.

Advocare plan ambulance coverage explained

Security Health Plan will cover ground or air ambulance services for Advocare Medicare Advantage plan members to the nearest appropriate medical facility able to provide care.

For non-emergent ambulance transportation, the following conditions must be met for Security Health Plan to make payment for ambulance services under an Advocare member's Part B Medicare benefit:

- Actual transportation of a beneficiary occurs
- Beneficiary is transported to nearest appropriate destination
    - Costs for transport beyond the nearest facility able to treat the patient may result in member responsibility
- Transportation by ambulance is medically necessary
    - For example, the beneficiary is bed bound and/or needs oxygen
- The ambulance provider is enrolled with Medicare and meets all applicable vehicle, staffing, billing and reporting requirements

For transportation from the hospital back to a skilled nursing facility, Security Health Plan will review for medical necessity. Plan members may be held liable by the ambulance service for ambulance transport that is not deemed medically necessary.

Please notify residents/patients and consider other means of transport for those who do not meet medical necessity for ambulance transportation. Refer to the Medicare Benefit Policy Manual Chapter 10 – Ambulance Services for more information on coverage guidelines.

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf

Provider phone line available 8 a.m. to 4 p.m.

Security Health Plan has staff available to take your calls during business hours, 8 a.m. to 4 p.m. Please call our provider assistance line at 1-800-548-1224.

There are busy times when leaving a voicemail may be necessary. We will return your call within 24 hours; please allow 24 hours before calling Security Health Plan again. Multiple phone calls for the same issue will delay the process for all.

To make your phone call most efficient, please provide the following information:

- Your name
- The name of the office or clinic, including location, if more than one exists
- Reason for the call: member benefits, member eligibility, claim status, etc.
- Member name or ID number, if in regard to benefits or eligibility
- Claim number, if in regard to a claim

ICSI guideline on hypertension revised

Security Health Plan's clinical practice guidelines are the foundation of our disease management programs and clinical quality outcome measures. We have adopted evidence-based guidelines developed by the Institute for Clinical Systems Improvement (ICSI). Clinical practice guidelines are available for the chronic conditions of diabetes, asthma, depression, ADHD, cardiovascular conditions, COPD and nicotine dependence. Health care guidelines are also available for preventive services for adults and for children and adolescents, as well as prenatal and postpartum care.

Recently revised guidelines include:

- Hypertension Diagnosis and Treatment Guideline

All guidelines may be accessed from our website at **www.securityhealth.org**. From our home page, scroll to the bottom and click on *Provider Tools and Resources*. Find the paragraph, *Stay Current with Clinical Practice Guidelines,* and click on Learn More. You can request a paper copy of any of these health care guidelines by calling 1-800-548-1224.

Check website for monthly formulary updates

Security Health Plan updates its interactive formulary to reflect both positive and negative changes prior to the 5th business day of each month. The Security Health Plan website also contains important information regarding covered medications, tier levels, prior authorization, quantity limits, generic substitution and step therapy.

Providers are encouraged to review the Security Health Plan website on a regular basis for the most recent updates. To learn more visit **www.securityhealth.org/prescriptiontools**.

Heart failure and hierarchical condition category coding

The multiple types of heart failure need to be considered for accurate coding. While heart failure often occurs slowly and is chronic in nature, some patients experience acute exacerbations of the condition.

Documentation that is as specific as possible about the patient's condition is key to accurately coding the diagnosis of heart failure. When possible, document the following characteristics about heart failure:

- Is the heart failure:
  - Congestive
  - Left
  - Systolic
  - Diastolic
  - Combined systolic and diastolic
- Is the condition:
  - Acute
  - Chronic
  - Acute on chronic

If the patient's heart failure is due to hypertension, document the causal relationship. For example, state "CHF due to hypertension" or "Hypertensive CHF." Documentation should also include any association with other conditions, such as chronic kidney or rheumatic heart disease.

Additional information about risk adjustment and hierarchical condition category coding is available on Security Health Plan's website. Go to **www.securityhealth.org/providernews** and select the Quick Link for Risk Adjustment – HCC Coding.

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Provider News: Security health Plan's Provider News is intended to keep providers in our network current with the latest developments in 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**. If there is a topic you would like addressed in Provider News, please contact Dave Mueller, editor, at 715-221-9817.

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