# PriorityHealth

# Physician and Practice News Digest

## Summer 2013

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# Billing & Payment

## Medicare therapy cap tracking and reviews

Medicare imposes an annual dollar limit, or cap, on therapy services for Medicare beneficiaries. Occupational therapy services cap at $3,700, and physical and speech therapy services combined cap at $3,700.

Providers must track the dollar amount of their therapy claims for Medicare patients. Once a cap is reached, providers must request a prospective review before additional therapy is offered. Learn more at *priorityhealth.com/provider* > keyword = **medicare therapy cap**

## Advance care planning services are billable

Priority Health pays code S0257, counseling and discussion regarding advance directives or end-of-life care planning and decisions, with patient and/or surrogate. It's considered a preventive health service and therefore isn't subject to copays, coinsurance or deductibles. We've added a page in the Provider Manual at *priorityhealth.com* with details on:

- Plans covered
- Eligible providers
- Documentation required
- The advance care planning incentive offered through our PCP Incentive Program

Learn more at *priorityhealth.com/provider* > keyword = **advance care planning**

## DME provider leaves network

BrightSky, formerly known as Great Lakes Diabetic Supply, will no longer be a participating provider effective Sept. 16, 2013. This applies to all plans and all members. Check the *Find a Doctor* tool available in the Provider Center at *priorityhealth.com* to locate alternative providers for durable medical equipment and diabetic supplies.

## Unlisted CPT code billing added to Provider Manual

We pay claims for procedures without an associated CPT code ONLY if you provide enough additional information for us to understand the circumstances and process the claim. Learn more at *priorityhealth.com/provider* > keyword = **unlisted CPT code billing**

## EFT (direct deposit) vs. ERA (electronic 835)

EFT is "electronic funds transfer," the electronic transfer of money from a Priority Health bank account directly to yours. ERA is the electronic transfer of data – claims and payment information, but not money. An ERA is an RA that is sent to you through a HIPAA-compliant electronic data interchange (EDI). To receive ERAs, you must have compatible software. Learn more at *priorityhealth.com/provider* > keyword = **EFT**

## Billing for observation services under Medicare

We have updated our Provider Manual page on billing for observation services with Medicare billing specifics, including scenarios for the correct billing of G0378 and G0379, with two related reminders:

- Medicare Part C (Medicare Advantage plans), unlike Original Medicare, requires providers to give Notices of Non-Coverage to patients.
- Medicare allows members to bring their maintenance medications to the hospital, if allowed by hospital policy.

Learn more at *priorityhealth.com/provider* > keyword = **Observation**

# Billing & Payment

## **Health**byChoice payments

Providers receive payment for submission of online **Health**byChoice[SM] forms. Payment is calculated quarterly and paid on the first of the month following the month at the end of a quarter. The second quarter payment is scheduled to mail in August.

# Pharmacy

## Injectable maximums changed July 1

Effective July 1, 2013, Priority Health began applying a maximum allowed unit edit per dose, or per day where applicable, to units associated with certain injectable drug HCPCS Level I and II codes.  We reviewed the maximum drug dosage recommended by the FDA or medically accepted indications for these drugs to determine criteria for processing these claims. Learn more at *priorityhealth.com/provider >* keyword =  **injection & infusion billing**

## Reclast, Zometa injectable drug billing changes

Effective July 1, 2013, code Q2051- Injection, Zoledronic Acid, Not Otherwise Specified, 1mg, should be billed instead of brand-specific codes for Reclast and Zometa for Medicare members. This does not require prior authorization.

**J-codes for commercial and Medicaid members, not Medicare**

The following J-codes remain valid and must continue to be used for commercial and Medicaid members. They are no longer payable for Medicare.

- J3487 Injection, zoledronic acid (Zometa), 1 mg. Prior authorization is not required.
- J3488 Injection, zoledronic acid (Reclast), 1 mg. Prior authorization is required.

See the injectable drug authorization list in the Provider Manual for more information.

## Drug formulary and pharmacy management procedures

Our formulary is updated up to six times a year and Pharmaceutical Management Procedures are reviewed annually. Both are available at *priorityhealth.com/ medicationcente*r in the Approved Drug List. Here, you will find the most up-to-date and current list of covered medications, prior authorization forms, and Pharmaceutical Management Procedures.

## Mail order prescriptions

Priority Health members have the option of obtaining their prescriptions from Express Scripts. The mail service pharmacy will dispense the prescription exactly as you write it. If you write for a 30-day supply, they'll dispense a 30-day supply. So it's important to write for a 90-day supply of medication when

your patient requests a prescription that will be filled by a mail order pharmacy.

**Sending prescriptions to Express Scripts**

- Electronic prescribing: Express Scripts has a dedicated e-prescribing fax number – 866.825.6605. Use this number for e-prescribing transactions. Remember to set up Express Scripts as the mail service pharmacy for Priority Health members.
- Fax: 800.875.6356 (physician use only)
- Phone: 800.553.3750 (physician use only)

## Adverse drug event? Call MedWatch

If a patient experiences an adverse drug event, product problems or product use errors, we encourage you to report it to MedWatch by:

- Calling 1.800.FDA.1088; or
- Submitting the MedWatch Consumer Voluntary Reporting form (form FDA 3500B) by fax or mail; or
- Going online to the FDA website at *www.fda.gov/ medwatch*

## Online resources for physicians

Generic drugs: To help people understand the actual costs of prescription drugs, Priority Health has an online tool called Generic Drugs: A "Class" Act. One key feature is the Generic Drug Savings Calculator, which includes a list of the 200 most prescribed drugs for Priority Health members. With two quick steps, the price comparison between the generic alternatives within the same therapeutic class and brand-name drugs is displayed. This is an easy way to see the real savings. We encourage you to visit the site and recommend it to your patients. By working together, we can help control the rising cost of health care.

Visit *priorityhealth.com/provider* > keyword = **generic calculator**.

## Medicare formulary exception process

For drugs that are not on our formulary or require utilization management (e.g., prior authorization, step therapy, quantity limits), providers can request an exception to coverage if the covered alternatives won't work or have not worked as well for the member.

All Medicare PA forms request providers to supply supporting evidence/documentation when requesting an exception. When evidence/documentation is provided we will use this information in determining if the request is medically necessary.  If the evidence/documentation is not received, requests will not be approved.

# Responsibilities & Standards

## Patient discharge and reassignment process changes

After researching processes in place at other health plans, we have updated our process for discharging a patient from a PCP practice. We have also updated the process for notifying us when a member has notified you that they are seeing another provider as their PCP. Both changes went into effect July 7, 2013. Learn more at *priorityhealth.com/provider >* keyword = **patient discharge**

## Need help accessing online tools?

Need a provider account? No problem. Just go to *priorityhealth.com/provider* and select "Register Now." **Questions?** Contact the Provider Helpline at 800.942.4765.

## Behavioral health standards reviewed

**Behavioral health utilization decision process reviewed**

In order to serve the best interests of our members, we make utilization decisions that are fair and consistent by:

- Basing utilization decisions only on appropriateness of care and service as well as existence of coverage
- Not compensating or rewarding practitioners or other reviewers for denial of coverage or service
- Not offering financial incentives for utilization decision-makers to encourage denial of coverage or service
- Deciding on coverage of new technology after comprehensive research and careful review by our board-certified psychiatrists
- Providing information about the utilization management process and the authorization of care

If you have a question regarding general or specific utilization management decisions or processes, contact the Behavioral Health department at 800.673.8043. Complete details are available in the Behavioral Health section of the Provider Manual under Authorizations > keyword = **Behavioral Health.**

**Medical necessity and level of care determination criteria reviewed**

The Behavioral Health Medical Necessity Criteria and Level of Care Standards are reviewed annually by the Priority Health Medical Affairs Committee. This is a multidisciplinary group of mental health and substance abuse disorder treatment providers. The Behavioral Health Medical Necessity Criteria and Standards were last reviewed in October 2012.

You may request a copy or receive answers to specific questions about behavioral health utilization by contacting the Behavioral Health department at 800.673.8043 or 616.464.8500.

## Behavioral health staff available 24/7 for emergencies

Call us at 616.464.8500 or 800.673.8043. Our business hours are 8:00 a.m. – 5:00 p.m. Monday through Friday. After hours, choose option #1 when prompted and your call will be routed to our emergency answering service.

## Behavioral health/PCP coordination survey results

In 2012, we surveyed PCPs and behavioral health specialists to promote coordination of care and support quality improvement. Survey results show that there is still a gap regarding exchange of information and care coordination. We encourage you to make coordination of care a routine part of your treatment plan for all treatments including behavioral health. HIPAA Code of Federal Regulations, Section 45 CFR 164.506, allows for the sharing of protected health information to enable such coordination of care.

See more details on coordination of care in the Provider Manual. The behavioral health coordination of care form is in the Provider Forms section. If you have questions about behavioral health coordination of care, contact our Behavioral Health department at 800.673.8043.

# Authorizations

## Medicare authorization process changes

Priority Health is amending its Medicare authorization procedure in an effort to better meet the needs of patients and our provider community.

We know that there are circumstances when the provider may not be able to submit an authorization request before providing a service, item or supply, such as providing a wheelchair at a weekend hospital discharge when the patient presented at 4 p.m. on Friday.  Therefore, we now allow providers five calendar days to submit retrospective authorization requests for Medicare patients.

See the updated authorization information in the Provider Manual at *priorityhealth.com/provider/manual*

# Performance Programs

## Congratulations Quality Award recipients!

Congratulations to this year's Quality Award recipients. Priority Health Quality Awards honor the top primary care practice groups within our provider network. Recipients are largely determined by the weighted composite score of 2012 PCP Incentive Program measures.

We find that top performing practices – like the Quality Award recipients:
- Have a commitment to optimizing the health of their patients, ensuring the best care experience and eliminating avoidable treatment.
- Have a staff that truly works as a team.
- Use Priority Health reports and online tools that provide detailed information on a patient history, medications and related information.

View the complete list of recipients at *priorityhealth.com >* keyword = **quality award**

## Incentive measure targets released

Two PCP Incentive Program measure targets are based on past year plan performance. Targets are established using the plan's 75th percentile performance. The recently released measure targets for the 2013 program year are:
- Chronic Kidney Disease: 91%
- Diabetes Care: Hypertension ACE/ARB Adherence:  88%
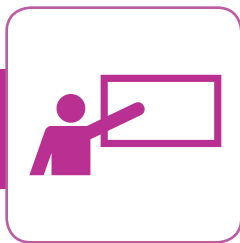
## Save the date:
## Priority Health Academy

The Priority Health Academy will be held in Grand Rapids and Traverse City. Class offerings will include Coding with Judy B. Breuker, healthcare reform, incentive programs and more. Mark your calendar. Complete details are coming soon.

- Grand Rapids  Nov. 18
- Traverse City   Nov. 20

## Guidelines and Principles of ICD-10-CM for Coders

Mark your calendars: Registration begins October 1, 2013, for this two–day ICD-10-CM workshop for coders.

- March 5 and 6, 2014
- Priority Health Conference Center,
  3111 Leonard Street, Grand Rapids, MI

- Presented by Judy B. Breuker, CPC, CPMA, CCS-P, CDIP, CHC, CHCA, CEMC, AHIMA-Approved ICD-10-CM/PCS Trainer
- Approved for AAPC and AHIMA CEUs

More information is available at *judybreuker.com*

## Download CME activities for free to your mobile device

If you're short on time, you'll appreciate the convenience of MobileCME solutions from Epocrates. The MobileCME is a free service that enables you to earn continuing medical education (CME) credits on your mobile device. This unique product, specifically designed for on-the-go clinicians, makes it easy to stay abreast of important medical developments in your field and satisfy your CME requirements in your down-time.
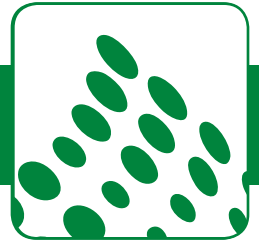
**How does it work?**

1. Receive CME programs in your chosen specialties when you AutoUpdate (sync while connected to the Internet).
2. View credit statement, faculty information and learning objectives for a program before you start.
3. Read articles formatted for the mobile screen and then answer multiple-choice questions.
4. AutoUpdate to send your completed program information to Epocrates.
5. A certificate will be emailed to you.

Be sure you download the updated version of the Priority Health formulary for easy access too.

# Priority Health News

## Priority health joins state initiative transforming primary care

As of July 1, 2013, Priority Health joined the Michigan Primary Care Transformation (MiPCT) project. The project is aimed at reforming primary care payment models and expanding the capabilities of patient-centered medical homes (PCMHs) throughout the state. As a participant, Priority Health will use its extensive experience with physician quality and incentive programs to further support primary care in Michigan and improve health care coordination and management, practice transformation and performance outcomes.

"For years, primary care practices have asked for incentive programs and insurers to be aligned," said Dr. Burt VanderLaan, medical director for Priority Health. "Participating in the Michigan project allows us to further explore how physicians, insurers and government programs can work together to transform the delivery of health care. We see strong alignment between the MiPCT project goals and the work Priority Health has already done to support primary care and ensure the best health care outcomes for patients."

### A history of rewarding providers for quality care

For more than 20 years, Priority Health has been a leader in patient-centered care and has a proven record of working with physicians to improve health outcomes. Through its Partners in Performance program, Priority Health encourages and rewards the quality care of primary care physicians. We have paid $200 million in support of primary care over and above standard payment since the program launched in 1996.

### About MiPCT

MiPCT is a three-year project aimed at improving health in the state, making health care more affordable and enhancing the patient experience. It is the largest PCMH project in the nation with 38 Physician/Physician Hospital Organizations representing nearly 400 primary care practices and 1,800 primary care physicians.

### Goals of MiPCT

In its attempt to support primary care, the MiPCT project seeks to:

- Align incentives for physicians
- Improve management of chronic conditions, reduce emergency department visits for routine care that could be supported in a doctor's office, and reduce hospital readmissions
- Address end-of-life issues through consistent training of primary care physicians around advance directives and palliative care
- Ensure all participating physician organizations have common training, expectations and reporting mechanisms

See more at *priorityhealth.com* > about us > press room > news releases

## Provider news changes

Maybe you've noticed some changes in how we are bringing you the news from Priority Health these days.

### Getting you your news faster

All news articles are immediately added to the Physician and Practice News area at *priorityhealth.com*, instead of saving them for inclusion in a bi-monthly issue of the newsletter.

### Highlighting "Recent news"

Each time we add a news article or make a change to the Provider Manual, we add a headline to the "Recent news" area to alert you.  "Recent news" shows up in three places:

- Your logged-out home page
- Your logged-in home page
- The main provider news page

### Now you can search by category and topic

Are you only interested in certain kinds of news items? Each news item is now tagged with a category, such as "Authorizations" or "Billing and Payment." It can also have several "topic" tags, like "Medicare" or "Preventive health".
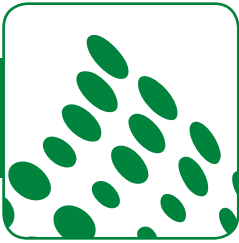
# Priority Health News

Click any news tag and all articles that share the same tag will appear in a list.  For example, clicking the "Medicare" tag on a news item will bring up all other items related to Medicare from the last few months of news.

To see all the category and topic tags, scroll all the way down the left-hand column of any news item.

**In case you miss a news item or two**
We know you don't have time to check the news every time you visit *priorityhealth.com*. We'll be collecting the news items into a digest like this and sending it out to physician practices. We plan to send the digest out quarterly – spring, summer, fall and winter.

## Questions?

Contact your provider account representative (PAR) with questions related to information in this newsletter. Need to find your PAR? When you are logged in to your *priorityhealth.com* account, your PAR's name appears in your *Find a Doctor* tool listing details.

# Plans & Benefits

## June medical policy updates published

The Priority Health Medical Affairs Committee met on June 12 to review our medical policies.

**Five policies were updated:**
- Autologous Chondrocyte Implant/Meniscal Allograft – 91443 (Effective 08/01/2013)
- Breast Related Procedures – 91545 (Effective 08/01/2013)
- Cranial Helmets – 91504 (Effective 08/01/2013)
- Durable Medical Equipment – 91110 (Effective 07/01/2013)
- Transplantation of Solid Organs – 91272 (Effective 07/01/2013)

Medical policies can be found at *priorityhealth.com>*

keyword = **medical policy**

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Grand Rapids, MI 49525

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