health lines
Monthly Provider Newsletter

UCare

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Update on taxonomy code requirements

On Jan. 6, UCare issued a [Provider Bulletin](#) to remind providers of the requirement to include taxonomy codes on all professional and facility claims and to update providers on the changes we are making to inform them when taxonomy is not properly submitted. Professional and facility claims received by UCare on or after March 1, 2017, will begin to reject when billing and rendering or attending taxonomy is not properly reported. An updated [Frequently Asked Questions](#) document was also shared.

If you have further questions about how to properly submit taxonomy on professional and/or facility claims, please contact your clearinghouse.

Medicare - Assist at Surgery and use of the -AS modifier

As part of an on-going effort to improve claim payment accuracy and to further align with Medicare guidelines UCare reviews historic claim payments. During that review, it has come to our attention that some physicians are appending the -AS modifier on Assist at Surgery claims.

Medicare guidelines indicate that the -AS modifier should be used by physician assistants when submitting Assist at Surgery claims. UCare claim payment systems have been set to adjudicate eligible surgical assist claims at 16% of the allowed amount. In addition, because the -AS modifier is to be used by physician assistants, a 15% reduction is applied to the reduced allowed amount. The 15% non-physician reduction is linked to use of the -AS modifier. It is not appropriate for a physician to submit claims with an -AS modifier. Physicians assisting at surgery should submit eligible services with one of the following modifiers:

- -80 Assistant Surgeon
- -81 Minimal Assistant Surgeon
- -82 Assistant Surgeon (when a qualified resident surgeon is not available)

More detailed information regarding the use of the Assist at Surgery modifiers is outlined in [UCare's Professional Modifier Payment Policy](#) located on the UCare website.

The Medicare Claims Processing Manual, [Chapter 12, Physicians/Non-physician Practitioner](#), sections 20.4.3 and 110.2 also provide information regarding Assist at Surgery.

Health Outcomes Survey (HOS) highlight: falls prevention

In the next few months, many *UCare for Seniors* and Minnesota Senior Health Options (MSHO) members will receive the Health Outcomes Survey (HOS). The HOS measures how often the UCare-contracted providers discuss certain preventive health subjects with patients. We will highlight some of these topics in *health lines* from time to time.

Falls Prevention
The HOS asks members three questions about falls prevention:
1. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?
2. Did you fall in the past 12 months?
3. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include: suggest that you use a cane or walker, check your blood pressure lying or standing, suggest that you do an exercise or physical therapy program, or suggest a vision or hearing test.

The injuries caused by falls can be physically and emotionally devastating to patients. Sharing simple prevention tips during routine visits can help patients prevent falls. When discussing exercise with members, you can remind them about UCare's fitness benefits and, for MSHO members, the Strong & Stable kit. Information is available at www.ucare.org/HealthWellness/FitnessPrograms/Pages/default.aspx.

Documentation improvement: diabetes

Diabetes is a complex chronic disease that requires continual medical management. Medical record documentation should reflect this complexity by including all the known disease details. This will ensure quality and continuity of patient care. ICD-10-CM coding has also expanded the reporting capabilities and offers increased specificity to capture all the details.

The medical record should include:
- Type of diabetes – type 1, type 2 or secondary. If secondary, specify the cause.
- Diabetic complication(s) and the body system(s) affected. Causal relationship should be documented as "due to" or "related to" for clarity.
- Notation of how well the diabetes is being controlled.
- Treatment plan including insulin dependence or long-term use of insulin, if applicable.

Historically, coders have asked providers to document if diabetes is controlled or uncontrolled due to the classification of the code set. The diabetic codes no longer contain this classification. Diabetes with hyperglycemia is coded if the documentation indicates uncontrolled, inadequately controlled or poorly controlled diabetes.

It is common for diabetic patients to have more than one diabetic complication. All complications should be documented and coded to accurately reflect the patient's diabetic health status. Also noting the current status of any amputations will capture all of the disease details. Remember to document any additional co-existing conditions that affected the care and management of the patient.

Examples of clear documentation:
- Stage 3 chronic kidney disease due to type 2 uncontrolled diabetes, long-term use of insulin, HTN stable
- Type 1 diabetic, left heel ulcer due to Diabetic PVD, left great toe amputation well healed, stable right eye diabetic retinopathy
- Pregnancy check, pre-existing type 2 diabetic, 2nd trimester well controlled by diet

Refer to the *ICD-10-CM Official Guidelines for Coding and Reporting* for complete coding information.

Improving patient health through collaboration

Primary care providers can be more effective when they receive complete documentation in a timely manner, especially in the areas of behavioral health and emergency care.

A recent UCare provider survey measured primary care providers' satisfaction with documentation from behavioral health and emergency department providers. Satisfaction with "completeness of documentation" from behavioral health providers was 55%and 63% for emergency departments. Satisfaction levels dropped to 46% and 61% (respectively) when primary care providers were asked how satisfied they were with "the timeliness of receipt of documentation" from behavioral health providers and emergency departments. These results suggest there are opportunities for improving these partnerships.

Behavioral health
The prevalence and cost of mental health disorders continue to rise, and underserved populations often have limited access to traditional sources of mental health care. Collaborating and sharing comprehensive patient information in a timely manner is essential to providing seamless, high quality care to patients.

Emergency department
Coordination between these two health care settings encourages better-informed treatment and health maintenance. It also decreases use of the emergency department for non-emergent conditions.

How to provide primary care providers with complete and timely documentation
- *Be specific.* Consistently add clarity to medical records to support complete coding and quality patient care.
- *Report the appropriate ICD-10 codes.* Use appropriate ICD-10 codes to ensure proper care and quality care management.
- *Be thorough.* Document a patient's complete health profile so it reflects overall health status and management of each condition.

Thank you for the work that you do to provide quality care to UCare members. We look forward to continuing to partner with you in this endeavor.

References
American Academy of Family Physicians (2011). Accessed at:
http://www.aafp.org/about/policies/all/mental-services.html

McDaniel, S., deGruy III, F. An Introduction to Primary Care and Psychology. *American Psychologist. 69*(4).

Agency for Healthcare Research and Quality (2008). Accessed at:
https://innovations.ahrq.gov/perspectives/connecting-underserved-patients-primary-care-after-emergency-department-visits

Majeed, A., Car, J., Sheikh, A. Accuracy and completeness of electronic patient records in primary care. *Family Practice, 25*(4).

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