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Monthly Provider Newsletter

UCare



April 2018

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UCare Provider Website
www.ucare.org/providers
Provider Assistance Center
612-676-3300
1-888-531-1493 toll free

UCare launches new prior authorization forms for Behavioral Health

On May 1, UCare will launch the next phase of enhanced prior authorization forms developed for Behavioral Health. Look for the following new forms:

- Early Intensive Development and Behavioral Intervention (EIDBI)
- Mental Health
- Out-of-Network (OON) (BH specific)
- Substance Use Disorder (SUD)

These enhancements help ensure that UCare's prior authorization forms have a similar look and feel, provide clear instructions for what is needed to efficiently process requests and reduce the amount of administrative time for the provider community.

This is phase three of a multi-phase project to improve our provider-facing forms. Last year, UCare rolled out enhanced prior authorization forms for Elderly Waiver, General Services, Genetic Testing, Pre-Determination (Medicare only) and PCA.

As we transition to the new forms, UCare's Behavioral Health team will reach out to providers who submit requests on the old forms and remind them to use the new forms. Our goal is to have all of the new forms in use after June 1, 2018.

The updated forms will be available on May 1, 2018 on [UCare's provider website](#). Please notify the staff members in your office that the new forms are available so they can begin using them and avoid confusion.

Clinical practice guideline approved

UCare adopts and distributes evidence-based clinical practice guidelines from nationally or locally recognized sources to meet state and federal regulatory requirements. These guidelines can help clinicians make good decisions to improve health care outcomes for patients.

Our Quality Improvement Advisory and Credentialing Council (QIACC) reviews and approves the content of the guidelines every two years, at a minimum. UCare recently reviewed and approved the following clinical practice guideline:

- [Preventive Services for Pediatric and Adolescents](#)
[Source:](#) American Academy of Pediatrics Bright Futures

To view UCare's current adopted clinical practice guidelines, visit Chapter 15 in the [UCare Provider Manual](#).

Mental Health payment policies available in June

We want to bring you up to date on the timing of when UCare's mental health payment policies will be available online. The March 1 UCare Provider [Bulletin](#) stated: "On May 1, 2018, UCare will post mental health payment policies for our State Public Programs." While the changes outlined in the bulletin will be implemented, policies will not be posted until approximately mid-June.

UCare is also updating its previously posted payment policies. The policies listed below have been removed from the website until the review is completed in mid-June.

- 3 Day and 1 Day Payment Window
- Anesthesia (MHCP and Medicare)
- Community and Public Health Clinics (MHCP)
- Community Health Workers (MHCP)
- Doula Services (MHCP)
- Facility Payment at a Single E&M Rate (MHCP and Medicare)
- Family Planning
- Free Standing Birth Centers
- Global Maternity and Enhanced Services
- Primary Care Vaccines for Children Incentive Program
- Professional Modifier Grid

National Government Services reports on CPT codes for the Rezūm® system

National Government Services (NGS) reported an increase in billing for CPT code 53852 (Transurethral destruction of prostate tissue; by radiofrequency thermotherapy) since the Rezūm system gained FDA approval as a treatment for benign prostatic hyperplasia (BPH). The Rezūm system uses radiofrequency to boil water to create the steam that is injected to destroy excess prostate tissue. Because there is no radiofrequency directly passed to the prostate tissue, NGS has directed providers to:

- Indicate "Rezūm procedure" in the Part B claim field (Box 19 or the electronic equivalent).
- Use CPT code 53899 (unlisted procedure, urinary system) to report use of the Rezūm system on a Part B claim.
- Use HCPCS code C9748 to report the Rezūm system for Outpatient Prospective Payment System (OPPS) or Ambulatory Surgery Center (ASC) claims.

CPT code 53852 (transurethral destruction of prostate tissue; by radiofrequency thermotherapy) **should not be used** to report use of the Rezūm system.

NGS posted these observations on their "News and Alerts" page on March 6, 2018. They anticipate the creation of a Category I CPT code for Rezūm system in 2019.

The Health Outcome Survey (HOS) is coming in April to UCare members!

What Is the Health Outcomes Survey?

- The survey monitors the quality of care provided to Medicare beneficiaries by asking question about a member's health status over a period of time.
- Patient reported health status includes a baseline sample and a follow-up survey two years later of the same sampled population.
- Measures how often providers discussed certain preventive health subjects with patients.

How Can You Impact Members' Health Outcomes?

The information below highlights survey sections that are directly related to the service you provide, along with best practices for you and your colleagues. The following items should be discussed with all patients over the age of 65:

- **Improving/Maintaining and Monitoring Physical Health:** Incorporate conversations on physical activity into members' annual visits. When discussing exercise with members, be sure to share information about UCare's fitness benefits. Learn more [here](#).
- **Improving or Maintaining Mental Health:** According to the CDC, providers may mistake an older adult's symptoms of depression as a natural reaction to illness or the aging process. During medical visits, be sure to discuss mental health with members and look for signs of depression. There are many resources to assist you in caring for members with depression.
 - MSHO and MSC+ members are assigned health plan care coordinators who can assist with locating and arranging needed services. Call 612-676-6622 for MSHO and MSC+ care coordination.
 - Mental Health Minnesota has a page on [services for seniors](#).
 - The health plan collaborative [provider toolkit](#) includes numerous resources on depression care.
- **Improving Bladder Control:** Be sure to ask about urinary incontinence and discuss treatment options with all Medicare members, as this can be a sensitive topic for patients. However, it's important for improving their quality of life and identifying other health concerns.
- **Reducing the Risk of Falling:** 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 [here](#).

We look forward to a continued partnership to improve the experience our members have across the health care system. Thank you for all that you do for your patients and our members!

Dental highlight

UCare offers great dental benefits to members enrolled in State Public Programs (MinnesotaCare, Minnesota Senior Care Plus, Minnesota Senior Health Options, Prepaid Medical Assistance, *UCare Connect* and *UCare Connect + Medicare*). During your next visit with a UCare member in one of these plans, please refer them to our **Dental Connection team at 1-855-648-1415**, where they can receive assistance locating a dental provider and scheduling a dental appointment.

Good oral hygiene results in better overall health. Early detection is key for reducing the amount of pain, difficulty and cost when it comes to dental problems. Help us empower our members to take charge of their health!

Model of Care (MOC) Training for Providers - UCare's MSHO and UCare Connect + Medicare

UCare's Minnesota Senior Health Options (MSHO) and *UCare Connect + Medicare* members face a host of unique challenges and barriers to getting the care they need. These products are designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

Both plans are Dual Eligible Special Needs Plans, meaning that the member's Medicare and Medicaid benefits and services are integrated into one benefit package.

The Centers for Medicare and Medicaid Services (CMS) requires training be provided to participating providers on the Model of Care. The training promotes understanding of the management and procedures necessary to provide services and coordination of care to members.

All providers are required by CMS to complete one training option annually. Two options are available:

- Review the MSHO and *UCare Connect + Medicare* Model of Care description posted on UCare's [website](#) and maintain a signed attestation of completion within your site.

OR

- Attend in-person presentations, which are available upon request.

Following the training, share or review the information with all appropriate staff and partners at your clinic. Providers must document and maintain training completion records and provide such records to UCare upon request to confirm that the training has been completed.

Providers may also contact us at clinicalliaison@ucare.org for information about our MSHO and *UCare Connect + Medicare* Model of Care training.

Documentation Improvement: Focus on Chronic Respiratory Disease

Chronic respiratory diseases (CRD) are chronic conditions of the airways and other parts of the lung. The most common disorders are pulmonary fibrosis and chronic obstructive pulmonary disease (COPD), which includes emphysema, chronic bronchitis and chronic asthma. With many chronic CRD conditions, it's important to clearly define the patient's condition.

Keep these items in mind when documenting and reporting:

- Unknown cause of pulmonary fibrosis is idiopathic pulmonary fibrosis, which is reported with ICD-10 J84.112
- J84.10 is used for unspecified pulmonary fibrosis
- Specify any acute exacerbation
- Note long-term oxygen use
- Document specific type of COPD when known
- Document type of asthma if applicable
- Smoker's cough should be documented when valid
- Exposure to external agents should be captured, this includes tobacco, radiation therapy or other toxins

Chronic respiratory disease documentation should be clear, concise, consistent and complete to accurately reflect the patient's condition and their medical management plan. Taking the time to fully document the condition, associated conditions and the treatment plan will improve clinical communication, support medical necessity and improve patient care.

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