❊ UCare℠ Health Lines®

Monthly Provider Newsletter

April 2019

UCare Provider Website
www.ucare.org/providers

Provider Assistance Center
612-676-3300

1-888-531-1493 toll free

Retired Medical Policies

UCare retired the medical policies listed below on Tuesday, March 26, 2019.

This means the medical policies will no longer be references for medical necessity determination. They will be removed from the external website, and available upon request.

The policies being retired and archived include:
- Electrostimulation and Electromagnetic Therapy for Wounds
- Extracorporeal Magnetic Stimulation for Urinary Incontinence
- Extracorporeal Shock Wave Therapy Indications
- Phototherapy for Dermatologic Conditions
- Quantitative Sensory Testing
- Spinal Unloading Devices for Low Back Pain

Find active Medical Policies on the UCare Provider Website.

UCare Contributes to Health Equity in Communities Across Minnesota

UCare has awarded grants totaling more than $1.5 million for health improvement initiatives benefitting underserved populations across the state. Contributions were made to organizations advancing health equity for diverse communities in greater Minnesota.

Here are several examples of UCare-sponsored programs in different regions of the state:

Northern Minnesota
- Chronic Opioid Management Program at CentraCare Health and detoxification programming in Wright County
- Food Insecurity Screening and Referral programs at Essentia Health and Lakewood Health System

- Expansion of integrated behavioral health in St. Luke's Hospital of Duluth
- Monthly dental access in Itasca County for Medical Assistance patients

Southern Minnesota
- Sustainable opioid management program at Olmsted Medical Center
- Somali family engagement and health education at Faribault Families First Alliance and Somali Community Resettlement Program
- Integrated behavioral health implementations at Mankato Clinic, Mayo Clinic and Olmsted County Public Health
- Dental equipment in Nicollet County for low-income residents
- Allina Health clinic-community connections in Rice County and Winona Health Wellbeing Collaborative Pathways Community HUB

Statewide
- Minnesota Community Health Worker Alliance
- Supportive housing programs from Hearth Connection
- North Memorial community paramedic program expansion to metro and rural counties to cover gaps in care with home health checkups

Reminder: Home and Community-Based Services Billing Changes

UCare uses the Minnesota Health Care Programs (MHCP) claims processing for Home and Community-Based Services (HCBS) claims. This applies to our Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus products. UCare first announced these changes in June 29, 2018.

When billing for HCBS with a date of service Aug. 1, 2018, or later, providers must bill each date of service on a separate line. If you submit a claim with a date span, that is not a monthly code, the claim will deny.

There is an exception to the single-date billing requirement for the following codes:

- T1016 – case management
- T2028 – consumer-directed community supports (CDCS)
- T2041 – CDCS mandatory case management (alternative care and elderly waiver)

UCare will be implementing the single-date billing requirement for these three HCPCS at a later date and will notify you prior to that change. Please continue billing these codes as you currently do.

Provider FAQs - New UCare Claims System

UCare is implementing a new claims system platform over the next few years. The transition began in January 2019 when UCare moved claims for Individual & Family Plans (IFP) members to the new system.

UCare has created a list of frequently asked questions (FAQs) regarding the transition to the new claims system. The document will be updated periodically, with new questions and answers being added as needed.

You can access the FAQs through the "Newsletters & Alerts" rotating news banners on UCare's home page and Provider News page. It is also listed in the News Archive (search for Claims FAQs, select bulletin published 2-12-19).

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 Model of Care (MOC) describes the population and describes UCare's approach to caring for our population. It also details how UCare provides and coordinates benefits and services for these members.

The Centers for Medicare and Medicaid Services (CMS) requires training on the Model of Care for providers on 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 training completion.

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. You 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.

Oral Health and the Dental Connection

Poor dental health can lead to serious health consequences resulting in pain, difficulty with eating or sleeping and medical costs. During your next visit with a UCare member, help us engage our members by letting them know:

- Practicing good oral health care can increase overall health.
- Brushing and flossing every day helps protect gums, teeth and the mouth.
- Scheduling regular dental cleanings and checkups can detect problems early.

UCare offers great dental benefits to our members! Please refer them to our Dental Connection team.

1-855-648-1415 toll free for members in a Medicaid plan who would like care coordination.

1-855-648-1416 toll free for members enrolled in our UCare Medicare Plans.

1-855-648-1417 toll free for members enrolled in our Marketplace UCare Individual & Family Plans.

The UCare Mobile Dental Clinic may be an option for your patients. For full schedule visit: www.ucare.org/mdc. Patients can visit dentalcareforu.org to learn more!

Remarks Needed When Billing for Replacement Brakes for Walkers

Effective May 6, 2019, code E0159 (Brake attachment for wheeled walker, replacement, each) requires a remark indicating the type of brake (glide type or hand brake).

Including a remark enables faster processing and improved accuracy. Claims submitted for code E0159 without remarks may be denied for invalid/incomplete description.

Providers may add remarks to submissions through the following loops:

- Claim Level
  Professional – CMS1500 - Loop 2300 NTE01 and NTE02
- Service Line Level
  Professional – CMS1500 - Loop 2400 SV101-07

For additional information, see the MHCP Provider Manual - Equipment and Supplies - Ambulatory Assist Equipment.

Documentation Improvement: Compression Fractures

Compression fractures are a type of fracture occurring in the vertebrae. The most common cause for a compression fracture is osteoporosis. As the bones become brittle and weak, the vertebrae isn't strong enough to support the spine which results in a fracture. These fractures can also be caused by trauma or metastatic tumors.

Documentation for compression fracture should include the following: [1]

- Pathologic or traumatic:
  - Pathologic fracture is cause by an underlying disease such as osteoporosis or cancer.
  - Traumatic fracture is caused by accidents or injury.
- Location: which section of the spine is affected?
- Laterality: is it on the left or right side?
- Status of healing: routine or delayed healing?
- Episode of care:
  - Document if it's the initial care that the patient is receiving active treatment.
  - Document if the patient is receiving routine care during recovery phase.
  - Document any complications that occur as a direct result of the fracture.

When documenting for compression fracture, it is important to include the above elements in order to capture the most specified diagnosis. This will result in the appropriate diagnosis and ICD-10-CM code assignment.

1. Anthem. Risk Adjustment Coding Academy – Coding Focus, Coding Compression Fractures (April 2018); providers.amerigroup.com/Documents/ALL_CARE_CF_V3I6CompressionFractures.pdf.

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UCare
P.O. Box 52
Minneapolis, MN
55440-0052

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Contact the newsletter staff: providernews@ucare.org