UCare Health Lines®

Monthly Provider Newsletter

April 2020

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

Message from UCare CEO Mark Traynor

I wanted to reach out, on a personal note, to express our deep gratitude for your partnership during COVID-19. The grace, courage and commitment of your employees on the front lines does not go unnoticed. You are the true heroes of this crisis. Thank you for all you're doing to care for our members and your patients.

We promise to do our part, to stay home for you so you can come to work for us. We are working from home – working hard to serve you and our members. We continue to be at your service – by phone, online, virtual meetings.

Thank you again! Take care, stay safe. Please let us know what else we can do to help your life-saving efforts … in the coming days, weeks, months.

Coronavirus (COVID-19) Information For Providers

UCare is committed to protect our members and the community from the spread of coronavirus (COVID-19). The COVID-19 situation is changing quickly, and we are monitoring changes closely. To assist our provider partners in navigating this changing situation, UCare has created a COVID-19 Frequently Asked Questions (FAQs) for Health Care Providers on our Provider Website.

Topics areas for the FAQs include:

- Billing and Payment
- Credentialing
- Telehealth
- Prior authorizations

Since the original release of the FAQs last month, we have updated the following sections:

- Information about procedure codes was updated to notify providers that both HCPCS and CPT testing codes can coexist for now. At this time, there are no plans at UCare to consolidate the codes.
- A question and answer was added about how UCare is addressing access to medication, drug shortages and formulary status of critical drugs.
- Information about how UCare will handle previously approved prior authorizations for elective surgeries was updated to reflect that UCare is extending prior authorizations received for elective surgeries between Jan. 1, 2020, and March 31, 2020, until Dec. 31, 2020.

UCare has also developed a [COVID-19 Frequently Asked Questions for UCare Members](#).

As this is a very fluid situation, UCare will be updating these sites with additional information as it becomes available. We recommend visiting the sites regularly for the latest information.

Clinical Practice Guidelines Approved

UCare, through its Quality Improvement Advisory and Credentialing Council (QIACC), adopts and disseminates evidence-based clinical practice guidelines from nationally or locally recognized sources to support good decision making by patients and clinicians, improve health care outcomes and meet state and federal regulatory requirements.

At least every two years, QIACC reviews and approves the content of the guidelines. In September 2018, UCare reviewed and approved the following Mental Health and Substance Use Disorder clinical practice guidelines:

[Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder](#)
Primary Source: American Academy of Child and Adolescent Psychiatry

[Assessment and Treatment of Children and Adolescents with Depressive Disorders](#)
Primary Source: American Academy of Child and Adolescent Psychiatry

[Treatment of Patients with Major Depressive Disorder](#)
Primary Source: American Psychiatric Association

[Treatment of Patients with Schizophrenia](#)
Primary Source: American Psychiatric Association

[Treatment of Patients with Substance Use Disorders (SUD)](#)
Primary Source: American Psychiatric Association

To view UCare's most currently adopted clinical practice guidelines, visit Chapter 15 in the [UCare Provider Manual](#) or find them on the [Clinical Practice Guideline page](#) of the provider website.

When to Use Expedited Appeals for Pharmacy and Medical Drugs

UCare is committed to completing prior authorization appeals as accurately and as quickly as possible in order to get our members the medications they need to thrive. As our partners in this endeavor, we would like to remind you about the expedited appeal process. Please share this with any staff involved in the prior authorization process.

- Per CMS guidance, appeals should be expedited only when applying the standard timeframe could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.[1]

- Expedited appeals must be closed within the timeline listed in the following chart. If UCare needs additional information to review a case, expediting reduces the amount of time for the clinic to respond, sometimes leading to denials due to lack of information. This is especially true late in the week or over the weekend when we are generally not able to get in touch with prescribers or their staff.

- Even though longer time frames are allowed for standard requests, we typically complete appeals much quicker than the allowed time frame.

Time allowed for the review of prior authorization appeals for pharmacy and medical benefit drugs

Type of Appeal	Medicare	Medicaid	Health Exchange
Standard	7 days	30 days	30 days (72 hours for formulary exceptions)
Expedited	72 hours	72 hours	72 hours (24 hours for formulary exceptions)

[1] Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance. (2020, January 1). Retrieved from https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf.

UCare Behavioral Health Team Changes Name to Mental Health and Substance Use Disorder Team

UCare has changed the name of its Behavioral Health Department/Services/Team to UCare's Mental Health and Substance Use Disorder Department/Services/Team.
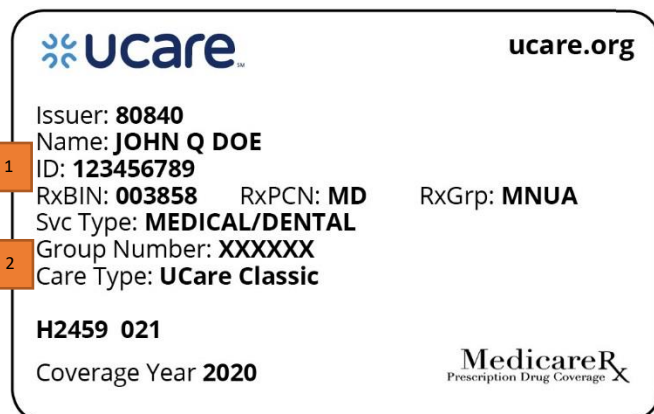
UCare decided to change the name after hearing concerns from advocacy groups, members and others about people being described as having behavioral problems or challenges. It is preferred to refer to this type of situation by the category of diagnosis. Thank you for supporting us and the organization in this transition.

Accurate Member Information Is Key To Smoother Claim Submissions

Providers should ask for a current member insurance card each time a member presents for services. This lets you update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing.

The UCare member ID number (1) listed on the card or returned on the electronic eligibility and benefit transaction should be submitted on the claim exactly as provided. No digits should be added or excluded.

Please note that all UCare members have their own unique member ID numbers. Do not submit claims using the subscriber ID number with a dependent code.

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Issuer: **80840**
Name: **JOHN Q DOE**
1   ID: **123456789**
RxBIN: **003858**   RxPCN: **MD**   RxGrp: **MNUA**
Svc Type: **MEDICAL/DENTAL**
2   Group Number: **XXXXXX**
Care Type: **UCare Classic**

H2459 021

Coverage Year **2020**   *MedicareRx* Prescription Drug Coverage

Maintaining current insurance information (2) for members is imperative to successful and timely claims processing. Wrong member information can cause suspected fraudulent claims investigations and HIPAA violations, so please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID#, birth date, address, etc.).

Documentation Improvement: Dementia

Dementia is caused by damage to or loss of nerve cells and their connections in the brain. Depending on the area of the brain that's affected by the damage, dementia can affect people differently and cause different symptoms.[1] Dementia is always going to affect the health of a patient, so it is important to clearly document medical records to the highest degree of specificity, as it will impact quality of care.

When documenting dementia be sure to document any known etiology with language such as "due to," for example dementia due to Alzheimer's disease. Dementia etiology:

- Alzheimer's
- Lewy body disease
- Parkinson's disease
- Vascular dementia
- Frontotemporal disease
- Huntington's disease
- Epilepsy
- Multiple sclerosis
- Alcoholic dementia

The presence or absence of behavioral disturbance should also be documented. In almost all circumstances, dementia with a behavioral disturbance contributes to the severity of illness in contrast to no behavioral disturbance.[2]

Clear and precise medical record documentation of dementia is essential for accurate classification of severity of illness and quality of care measurement. Taking the time to accurately document the patient's condition will improve clinical communication and patient care.

1. Mayo Clinic Staff. *Dementia Diagnosis & Treatment*. May 2019. Retrieved from https://www.mayoclinic.org/diseases-conditions/dementia/diagnosis-treatment/drc-20352019.
2. Pinson, RD. Coding Corner: *Dementia*. July 2018. Retrieved from https://acphospitalist.org/archives/2018/07/coding-corner-dementia.htm

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