

# PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

## Provider and Clinical Updates

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If you believe you received patient information from Highmark Health Options in error, please contact the Corporate Compliance and Privacy Team at [privacyteam@gatewayhealthplan.com](mailto:privacyteam@gatewayhealthplan.com).

 [Important Phone Numbers](#)

## Coding Corner: 2019 CPT Changes for Fine Needle Aspiration Biopsy

A **fine needle aspiration (FNA)** biopsy is performed when material is aspirated with a fine needle and the cells are examined cytologically.

Prior to 2019, there were two CPT codes for FNA: One without image guidance (10021) and one with image guidance (10022).

The 2019 AMA CPT Manual has deleted the code for FNA with image guidance (10022) and introduced eight new codes to replace it. FNA will now be coded by type of image guidance and number of lesions. Each FNA has a primary code for the first lesion and a corresponding add-on code for each additional lesion:

- **10021** - Fine needle aspiration biopsy, without image guidance; first lesion
  - **10004** - each additional lesion (List separately in addition to code for primary procedure)
- **10005** - Fine needle aspiration biopsy, including ultrasound guidance; first lesion
  - **10006** - each additional lesion (List separately in addition to the code for primary procedure)
- **10007** - Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
  - **10008** - each additional lesion (List separately in addition to the code for primary procedure)
- **10009** - Fine needle aspiration biopsy, including CT guidance; first lesion
  - **10010** - each additional lesion (List separately in addition to the code for primary procedure)
- **10011** - Fine needle aspiration biopsy, including MR guidance; first lesion
  - **10012** - each additional lesion (List separately in addition to the code for primary procedure)

Evaluation of fine needle aspirate codes have not changed:

- **88172** - Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site
- **88173** - Cytopathology, evaluation of fine needle aspirate; interpretation and report
- **88177** - Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)

### REFERENCE

American Medical Association, *Current Procedural Terminology (CPT)*

## New Permanent Procedure Code Effective Jan. 1, 2019

### RITUXAN

The procedure code for Rituxan, J9310, has been discontinued. As of 01/01/2019, the effective procedure code is J9312. This code should be utilized for all dates of service after 01/01/2019.

Procedure Code	Description
J9312	Rituxan (rituximab)

Authorizations previously obtained under the discontinued Jcode will be honored through the original authorization end date. All future authorization requests (initial and reauthorization) for Rituxan should be requested with the effective procedure code, J9312. When submitting a request for reauthorization, please reference original authorization number.

### FASENRA, LUXTURNA, BRINEURA

As of 01/01/2019, permanent procedure codes have been assigned for Fasenra, Luxturna, and Brineura. These codes should be utilized for all dates of service after 01/01/2019.

Procedure Code	Description	Procedure Code	Description
J0517	Fasenra (benralizumab)	J3398	Luxturna (voretigene neparvovec-rzyl)
J0567	Brineura (cerliponase Alfa)		

### ADDITIONAL INFORMATION

- Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
- NaviNet is the most efficient means to request authorization. A new NaviNet form with autofill functionality will be added to the Authorization Request Forms to make completing and submitting your online requests easier and faster.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Health Options only if it is medically necessary, a covered service, and provided to an eligible member.
- Non-covered benefits will not be paid unless special circumstances exists. Always review member benefits to determine covered and non-covered services.

## Correct Coding for BMI

### **You're Already Doing it – Get Credit For It!**

Did you know that many practitioners are providing services that never get billed to insurance companies? While many codes may not be necessary for reimbursement, they can help justify medical necessity should the need arise. Insurance companies can also compile this data to better evaluate the needs of their respective populations and adjust resources accordingly.

Highmark Health Options has identified a decline in the number of provider offices submitting claims containing codes for evaluation of body mass index (BMI). Most offices measure a patient's height, weight, and BMI at every visit. However, they often forget to bill for the service.

An increased BMI is a contributing factor to a wide range of medical conditions. Highmark Health Options needs your help to identify patients that need assistance with improving their health. When you see a patient, ask your staff to bill the applicable ICD-10 codes for BMI. They range from Z68.1 – Z68.45. Doing so will help us better serve the population and care for our members.

## The Healthcare Effectiveness Data and Information Set (HEDIS) Medical Record Review Season is Approaching

Highmark Health Options will be performing medical record reviews for HEDIS in 2019. We appreciate your cooperation with this matter and are happy to assist you with fulfilling this request in any way possible. Some options for submitting medical records include via secure fax, secure messaging through NaviNet, or an on-site review. A member of our retrieval staff will be contacting you to discuss your preference.

Please recall that, as outlined in your Participating Provider Agreement with Highmark Health Options, you are required to respond to requests for medical records in support of all state and regulatory-required activities, including the annual HEDIS medical record review project, within the requested timeframe and at no cost to Highmark Health Options and its members.

If you have questions or concerns about any portion of this process, please email the [ClinicalQualitySupportTeamDE@Highmarkhealthoptions.com](mailto:ClinicalQualitySupportTeamDE@Highmarkhealthoptions.com) or call 412-420-6428. We appreciate your assistance in this effort and thank you for partnering with us to improve the health of individuals, families, and communities.

## Complex Case Management

Highmark Health Options provides a Complex Case Management Program for eligible members. Complex Case Management can help members to better understand their health condition and benefits. Complex Case Management can coordinate health care services and community resource referrals. Eligible members may include:

- Members who are taking Makena (17-P) for prevention of premature delivery
- Members who are diagnosed with Crohn's/Colitis who have not seen a gastroenterologist (GI) Provider
- Babies born weighing *less than or equal to* 1500 grams
- Member(s) with length-of-stay *greater than or equal to* twenty days in specified inpatient hospital setting
- Members who report they believe to be in poor health and have not seen their primary care physician (PCP) in more than twelve months (as self-reported via their Health Risk Inventory {HRI} survey)

### Referrals

Please call the Care Management Department at 1-844-325-6251 to make a referral to the Complex Case Management Program. Highmark Health Options reviews each request for enrollment and makes the referral to Care Coordination for inclusion in our Complex Case Management Program.

## PCP Portfolio Report

Beginning in 2019, Highmark Health Options will send providers their Physician Portfolio Report via the provider portal in NaviNet. The purpose of this Portfolio is to partner with you to improve the quality of care of our members through the sharing of information.

The Physician Portfolio Report consists of key utilization, pharmacy, and quality measures evaluating the quality of care and services provided to Highmark Health Options members. The Portfolio compares you to your peer group and identifies opportunities where Highmark Health Options and your practice can work together to improve the health care of our members. The Portfolio packet will contain a report of these key measures and a letter explaining any outlier findings.

**Please note:** The Physician Portfolio Report is not tied to any reimbursement or incentive and is designed exclusively to improve the quality and safety of care for our members.

Your Clinical Transformation Consultant (CTC) will be available to answer any questions you may have about your Portfolio. The email address for your CTC is:

[DEProviderEngagement@highmarkhealthoptions.com](mailto:DEProviderEngagement@highmarkhealthoptions.com)

## Lifestyle Management Programs

Highmark Health Options’ Lifestyle Management/Wellness Programs include population-based disease management/lifestyle/wellness programs that focus on improving the health status of Highmark Health Options members with potential for and/or members with chronic conditions.

Our Lifestyle Management/Wellness Programs provide member education and self-empowerment regarding medication, healthy nutrition, preventive health screenings, and lab adherence to reduce inpatient and emergency room utilization.

	Asthma	Cardiac	COPD	Diabetes	Maternal Outreach Management and MOM Options
<b>Eligibility</b>	Ages 2 and older with a diagnosis of asthma	Ages 21 and older with AMI, A-Fib, CHF, HF, IVD, MI and/or stroke	Ages 21 and older with COPD	All ages with Type 1 or Type 2 diabetes	Pregnant women
<b>Contact Referrals and Information</b>	Highmark Health Options Care Coordination 1-844-325-6251				
<b>Description</b>	<ul style="list-style-type: none"> <li>The programs provide patient education and self-empowerment for treatment plan adherence, as well as tools to reduce inpatient utilization and emergency room utilization</li> <li>Education is aimed at delaying or preventing the onset of disease specific complications</li> <li>The programs support the provider’s plan of care</li> </ul>				This prenatal program offers care coordination to reduce low birth weight, pre-term deliveries, and NICU admissions
<b>Provider Benefits and Support</b>	<p>Highmark Health Options Lifestyle Management Programs aim to:</p> <ul style="list-style-type: none"> <li>Enhance patient-provider communication</li> <li>Decrease inpatient and emergency room utilization</li> <li>Increase treatment plan adherence including immunizations such as flu and pneumonia</li> <li>Improve patient satisfaction</li> </ul> <p>The 24/7 Nurse Line can help your patients achieve better outcomes and decrease ED visits</p>				



## Lifestyle Management Program

	Asthma	Cardiac	COPD	Diabetes	Maternal Outreach Management and MOM Options
<b>Enrollment</b>	<p>Members are identified through claims: Highmark Health Options utilization management, pharmacy and member services departments, member self-referrals, and provider referrals.</p> <p>Your referrals are welcome.</p>				<p>Provider submission of the ONAF helps identify high-risk women in need of interventions.</p>
<b>Coordination of Care</b>	<p>Care Coordinators assist you and your patients with coordination of care for specialist visits, home health, behavioral health, and DME and community referral needs.</p>				
<b>Web-Based Tools</b>	<p>Go to the provider pages at <a href="http://www.highmarkhealthoptions.com">www.highmarkhealthoptions.com</a> and choose <i>Providers</i> and select the <i>Training</i> tab.</p>				
<b>Referral Source to Help Members Quit Tobacco</b>	<p>Refer patients to the toll-free Delaware Tobacco Quitline at 1-866-409-1858.</p>				

## Lifestyle Management Program's Cardiac Program

### Overview

Highmark Health Options helps members with certain chronic diseases by providing additional educational benefits and health support for their condition through the Lifestyle Management Program.

Cardiac conditions is one of the chronic health disorders included in the Lifestyle Management Program. The Cardiac Program emphasizes patient education and support to help members with cardiac conditions take an active role in their well-being by adopting a heart healthy lifestyle, by taking medications as prescribed, and by understanding how to avoid sudden flare-ups of their condition.

### Eligibility

All adult Highmark Health Options members, age 21 or older, with observation medical claims having a cardiac condition as the primary diagnosis (HEDIS value set name: AMI, Atrial Fibrillation, Chronic Heart Failure, Heart Failure Diagnosis, IVD, MI, and Stroke) are eligible for the program. Members are automatically enrolled once they are identified with one of these cardiac conditions; however, they are able to opt out if they choose.

### Program Benefits

The program will help your patient:

- Learn the meaning of specific cardiac symptoms to prevent further cardiac damage
- Understand the importance of lab tests for lipid testing and medications
- Understand how other conditions play a part in worsening a cardiac condition
- Understand when to call the physician and the key words to tell the office

For more information on the Lifestyle Management Program, including inquiring about the other chronic conditions included in the program, or to refer a patient to the Cardiac Program, call Highmark Health Options at 1-844-325-6251.

## Affirmative Statement About Incentives

Highmark Heath Options utilization management (UM) decisions are based only on the appropriateness of care and services and the member's existence of coverage. Highmark Heath Options does not specifically reward practitioners or other individuals for issuing denials of coverage or service. Financial incentives for UM decision makers do not encourage decisions that result in under-utilization. Highmark Heath Options monitors for both over and under utilization of care to prevent inappropriate decision making, identify causes and corrective action, and to indicate inadequate coordination of care or inappropriate use of services. Highmark Heath Options is particularly concerned about underutilization and monitors utilization activities to assure members receive all appropriate and necessary care.



## Provider Network Contacts

### Provider Relations:

**Desiree Charest** - Sussex County  
Provider Account Liaison  
*\*includes servicing of LTSS Providers*  
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**Cory Chisolm** - All Counties  
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**Nikki Cleary**- All Counties  
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**Chandra Freeman** – Kent County and City of Newark  
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302-502-4067

**Felicia Herron**– New Castle County  
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302-217-7973

**Tracy Sprague**  
Provider Account Liaison/Provider Complaints  
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**Paula Victoria**  
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### Provider Contracting:

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**Andrea Thompson**  
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302-502-4024

## Important Addresses and Phone Numbers

Addresses	
Office Location	Highmark Health Options 800 Delaware Avenue Wilmington, DE 19801
Member Correspondence	Highmark Health Options – Member Mail P.O. Box 22188 Pittsburgh, PA 15222-0188
Provider Correspondence	Highmark Health Options – Provider Mail P.O. Box 22218 Pittsburgh, PA 15222-0188

NaviNet	
NaviNet Access 24/7	Click <a href="#">here</a> to enter the NaviNet Portal

Department	Contact Number	Hours
Provider Services	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m.
Member Services	1-844-325-6251	Mon. – Fri. 8 a.m. to 8 p.m.
Member Services (DSHP Plus)	1-855-401-8251	Mon. – Fri. 8 a.m. to 8 p.m.
Authorizations	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m. (24/7 secure voicemail for inpatient admissions notification)
Care Management/Long Term Services and Supports (LTSS)	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m. (after hours support accessible through the Nurse Line)
Member Eligibility Check (IVR)	1-844-325-6161	24/7
Behavioral Health	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m.
Opioid Management Program	855-845-6213	Mon.- Fri. 8 a.m. to 5 p.m.