HIGHMARK Delaware HEALTH OPTIONS

July 2018

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Provider and Clinical Updates

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.

Important Phone Numbers

National Correct Coding Initiative (NCCI) Edits

The Center for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare Part B and Medicaid claims.

Types of NCCI Edits

The NCCI contains two types of edits:
NCCI procedure-to-procedure (PTP) edits that define pairs of Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons. The purpose of the PTP edits is to prevent improper payments when incorrect coding combinations are reported.
Medically Unlikely Edits (MUEs) define for each HCPCS/CPT code the maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service.

NCCI PTP Edits

PTP Edits consist of Column I and Column II codes. Column II codes are often the component of a more comprehensive Column I code. These codes are typically considered to be mutually exclusive and should not be reported together. However, there are some instances when codes may be billed together when an appropriate modifier is used. The NCCI PTP table will have the following indicators:

Modifier Indicator	Definition
0 (Not Allowed)	There are no modifiers associated with NCCI that are allowed to be used with this PTP code pair; there are no circumstances in which both procedures of the PTP code pair should be paid for the same beneficiary on the same day by the same provider.
1 (Allowed)	The modifiers associated with NCCI are allowed with this PTP code pair when appropriate.
9 (Not Applicable)	This indicator means that an NCCI edit does not apply to this PTP code pair. The edit for this PTP code pair was deleted retroactively.

Modifiers that will bypass a Column I/Column II edit – "1 Allowed"

When clinically appropriate, the following modifiers may be used with PTP pairs with status indicator "1 – Allowed". Documentation in the medical record must support use of these modifiers:

Anatomic Modifiers:

- E1 – E4 – Anatomic modifiers of the eyelid
- FA, F1 – F9 – Anatomic modifiers of the fingers
- TA, T1-T9 – Anatomic modifiers of the toes
- LT – Left side of the body
- RT – Right side of the body
- LC, LD, LM, RC, RI – Anatomic modifiers of the coronary arteries

National Correct Coding Initiative (NCCI) Edits

Global Surgery Modifiers:

- 24 – Unrelated E&M service by the same physician during a postoperative period
- 25 – Significant, separately identifiable E&M service by the same physician on the same day of the procedure or other service
- 57 – Decision for surgery
- 58 – Staged or related procedure or service by the same physician during the postoperative period
- 78 – Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
- 79 – Unrelated procedure or service by the same physician during the postoperative period

Further instructions on the NCCI PTP tables are found in CMS' "How to Use the Medicare National Correct Coding Initiative (NCCI) Tools": https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/How-To-Use-NCCI-Tools.pdf

The NCCI PTP tables are found at this link:
https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html

NCCI edits for Durable Medical Equipment (DME)
NCCI PTP tables for DME can be found on the Medicaid.gov site at this link:
https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html

Asthma / COPD Overlap Syndrome

A study by Respiratory Health in Northern Europe (RHINE) and the Global Allergy and Asthma Network in Europe (GALEN) Swedish surveys discovered a higher incidence of insomnia and breathing problems for patients with asthma-COPD overlap syndrome, known as ACO, when compared to those with only asthma or COPD.

Researchers indicate this is the first study to evaluate the correlation concerning sleep-related indications and ACO.

As sleep disorders have a negative effect on quality of life, researchers point out the likeliness of the diminished quality of life in patients with ACO found in former studies may be explained by poor sleep.

Over 25,000 participants, 40 years old or older, took part in one of two Northern European broad-spectrum population surveys. Questions regarding COPD, asthma, respiratory and sleep-related symptoms (including trouble commencing sleep, difficulty sustaining sleep, early-morning awakening, and disproportionate somnolence during the day), were incorporated in both surveys.

After modification for gender, age, body mass index (BMI), smoking history, and level of education, the group with ACO was found to have a higher prevalence of insomnia and respiratory symptoms compared to patients that have either asthma or COPD. The study also finds ACO patients being two to three times more likely of having sleep-related issues when compared to the group that had neither asthma nor COPD.

The authors said future studies of patients with ACO are needed to identify patient interventions and the best methodology. (Credit: *The American Journal of Managed Care, May 2018*.)

Oral Health Care

Attention: Long Term Services and Supports Providers

Home and Community-Based Services and Nursing Facility Staff are responsible for the care of Highmark Health Options members who cannot adequately care for themselves. This care helps to ensure that patients receive adequate oral health care thereby decreasing serious dental problems and risks to overall health.

According to a collaborative study between the Division of Public Health, Bureau of Oral Health and Dental Services, and the University of Delaware (Center for Disabilities Studies), poor oral health and periodontal disease are correlated to: diabetes, respiratory infections, pneumonia, and cardiovascular disease.

The study determined five key recommendations for oral health practices for long-term care facilities:

1.) Routinely Assess Oral Health Status
- Use a standardized assessment tool.
- Establish a schedule for conducting assessments.

2.) Implement Daily Oral Care Plans
- Personalize the oral health care plan for each resident.

3.) Facilitate Access to Oral Health Services
- Ensure that residents visit a dentist annually for an exam and cleaning.
- Establish a referral arrangement with a community dental professional for assistance in access.

4.) Provide Staff with Training in Oral Health Care
- Ongoing staff training to assess oral health status and to deliver care to residents with functional needs or complex medical conditions.

5.) Actively Manage the Oral Health Program
- Monitor compliance and resolve issues timely.
- Include oral health care management within quality/performance plans.
- Create oral health program policy for staff guidance.

For more information on the study including statistics on oral health care in long-term care facilities within Delaware, sample care plans for oral health care, and tips for overcoming obstacles to oral health care within facilities, please access the article Oral Health Care Management: Recommendations for Long-Term Care Facilities.

Highmark Health Options is committed to providing the best possible care to your patients, our members. During 2018, we will continue to educate our providers on the importance of oral care and its benefits. Informational provider forums will be scheduled in the fall to discuss more about this initiative. We encourage you to attend one of these important sessions.

Partnering in Care Management

Did you know we are here to partner with you to provide comprehensive Case Management Services for all eligible members? Our goal is to work with you to assist our members, your patients, achieve optimal health care outcomes. Our multidisciplinary team is available to address member issues in specialty areas such as women's health, chronic conditions, i.e., asthma, congestive heart failure, diabetes, Crohn's Disease, COPD, hypertension, etc., as well as mental health and substance abuse.

We utilize a team of non-clinical and clinical staff to address our member's issues, whether it is linkage to services, community resources, ongoing disease education and/or management. Our clinicians provide Lifestyle Management/Disease/Condition specific education, address preventative health issues, and complete medication reconciliations. Our Care Management Team can partner with you to reduce Emergency Department usage, impact re-hospitalizations, improve adherence with medication compliance, and support a plan of care for your patients, bridging them to healthy outcomes.

The Care Coordinators and members communicate and work in partnership toward achieving the member's heath care goals via the Highmark Health Options *Patient Self-Management Guide*. This guide promotes Care Coordinator/member discussion and helps establish a collaborative relationship.

Your role as a provider in the Care Management Program is *imperative*. If you identify a member that may benefit from this program, you may make a referral by contacting our Care Coordination Department at : **1-844-325-6251**

Highmark Health Options welcomes all referrals to this program; we will stratify each member based on the member's unique needs. Your patient will be assigned to our designated staff who will follow-up in an effort to impact the member's health and well-being as proactively as possible.

Thank you in advance for your collaboration and participation.

Reportable Conditions

The State of Delaware requires Providers to report certain diseases, infections, conditions, and outbreaks such as, but not limited to, chicken pox, lead poisoning, Lyme disease, and mumps[1]. A full listing of notifiable diseases can be found at http://dhss.delaware.gov/dph/dpc/rptdisease.html, along with, how to report and identify rapidly reportable conditions that require immediate contact to the Delaware Division of Public Health.

1. Delaware Administrative Code 16 DE Admin Code 4202 Control of Communicable and Other Disease Conditions, Section 2.0

Filing a Grievance on Behalf of a Member

A grievance is a statement of unhappiness, like a complaint, and can either be filed in writing or verbally. A grievance can be about any service that a member received from a provider or by Highmark Health Options. A grievance does not include a denial of benefits for health care services (those matters are handled as appeals).

You may file a grievance on behalf of a member. There is no repercussion against a member or provider who files a grievance.

Some examples of a non-medical grievance are:
- If we did not grant a "fast decision" for an appeal
- If a provider or our employee was rude
- Is the member feels a provider or the plan did not respect their rights as a member

Some examples of medical grievances are:
- If member has a concern with the quality of care or services they have received
- If the member has trouble finding or getting services from a provider
- If a provider or our employee was verbally abusive to the member

To file a grievance on behalf of a member, you can call Member Services at 1-844-325-6251. However, we will need to get the member's consent in writing prior to processing the grievance. If a provider files a grievance on behalf of a member, the member cannot file a separate grievance. A grievance can also be filed in writing or by filling out a Member Grievance Form. You can find this form on our website at www.highmarkhealthoptions.com/providers/forms.

During the grievance process, the member can get assistance by being assigned to one of our plan's Member Advocates. The Member Advocate can assist the member with the grievance process and any questions they may have.

After you file a grievance and we receive all information needed for the review process, a decision will be made within 30 days. You will receive a letter explaining the decision and the rationale.

LabCorp is Preferred Provider for Outpatient Laboratory Testing

Effective Immediately, Highmark Health Option members are required to have all of their outpatient laboratory work completed through LabCorp. Failure to do so could result in non-payment of services.

Highmark Health Options requires participating practitioners to utilize LabCorp for any and all studies that are ordered for Highmark Health Options members. All outpatient laboratory testing should be ordered with a prescription. Practitioners are encouraged to perform venipuncture in their office and arrange for the specimens to be picked up by LabCorp. Participating providers who do not perform venipuncture in their office should send members to LabCorp.

Please contact Provider Services at 1-844-325-6251 if you have any additional questions.

Provider Network Contacts

Provider Relations:

Paula Victoria
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302-502-4083

Felicia Herron– New Castle County
Provider Account Liaison
**includes servicing of LTSS Providers*
Fherron@Highmarkhealthoptions.com
302-502-4024

Chandra Freeman – Kent County and City of Newark
Provider Account Liaison
**includes servicing of LTSS Providers*
CFreeman@Highmarkhealthoptions.com
302-502-4067

Sussex County
Provider Account Liaison
**includes servicing of LTSS Providers*
New Rep starting July 23

Tracy Sprague
Provider Account Liaison/Provider Complaints
**includes servicing of LTSS Providers*
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Provider Contracting, continued

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Julia Donohue
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Elaine Yakich
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Shawn Smith
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412-255-1195

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 here 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.