HEALTH TRADITION

Provider News

September 2019

Pharmacy

Erythopoetin Stimulating Agent (ESA)

Effective September 1, 2019, the only erythopoetin stimulating agent (ESA), covered by Health Tradition will be Retacrit. The following ESAs are excluded: Aranesp, Procrit, Epogen and Mircera. If there are special circumstances in which you have clinical documentation that may support continued use of an excluded agent, please fax it to the Pharmacy Department at 608.276.9119. We thank you for your compliance and support so we can drive to the most affordable healthcare for our mutual clients. ▲

Therapy Modifier Requirements

Health Tradition requires a GP, GO, or GN modifier on Medicare "Always Therapy" and "Sometimes Therapy" codes when billed by any supplier. Use of these modifiers designates the type of therapy (Physical, Occupational or Speech and Language) done for that service. Documentation of theses service(s) should be detailed enough to support:

- Modality performed
- Body areas therapy was performed on
- The service is separate and distinct form other service(s) performed that day
- Time spent on each modality

In addition, these modifiers signify therapy services were done under a plan of care. Generally, the plan of care should be developed prior to initiation of treatment. A plan of care should include:

- Modalities to be performed
- Frequency and duration of services
- Treatment goals
- Objective and measurable criteria to assess treatment goals

Documentation should also support treatment plans are periodically evaluated to assess efficacy of treatment and list any adjustments to the plan.

For a 2019 list of Medicare "always therapy" and "sometimes therapy" see:

https://www.cms.gov/Medicare/Billing/TherapyServices/AnnualTherapyUpdate.html

There may be more specific documentation requirements dependent on the therapy modality or duration of treatment. Please consult medical policies, prior authorization requirements, and other applicable coverage guidelines for additional documentation and billing requirements. ▲

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Preauthorization Updates

Preauthorization Changes

In an effort to ensure our members reach optimal outcomes, Health Tradition is making changes to our preauthorization list. These changes will assist to identify members who may benefit from care management or other services.

Beginning October 1, 2019, Health Tradition will require preauthorization for the following services:

- MRI and CT of Spine
- PET scans

Also beginning October 1, 2019, Health Tradition will no longer require preauthorization for the following service:

- Hospice Care

Reminder: Preauthorization Requirements

When submitting preauthorization requests, all necessary information must be provided with the request or the authorization will be denied. Required information includes procedure and diagnosis codes, clinical documentation, and anticipated dates of service. Thank you for your understanding as we seek to improve member health outcomes by processing authorization requests in a timely and efficient manner. ▲

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Endoscopic Multiple Procedure Reduction

Many medical and surgical services include common pre-procedure, post-procedure work as well as services integral to that procedure. When multiple procedures are performed on the same day, patient encounter, and by the same provider, a reduction in reimbursement is applied to secondary or subsequent procedures. Payment of these secondary or subsequent procedures in full would represent reimbursement for duplicative components reimbursed in the primary procedure. The Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) identifies professional services that are subject to multiple procedure reductions. Health Tradition aligns with CMS for determining which procedures are subject to multiple procedure reductions.

Endoscopic procedures are unique as they have a common root set of tasks required to perform for similar endoscopic procedures. Endoscopic procedures are grouped into categories of procedures based upon shared root tasks. In each category of endoscopic codes there is a base procedure that identifies these common root tasks needed to perform all procedures in that endoscopic category. This base procedure's work or Relative Value Units (RVUs) are included when calculating the work or RVUs of every other endoscopic procedure in that category. Due to this, endoscopic procedures do not follow typical multiple procedure reduction methodology.

To further align with CMS, Health Tradition will be applying CMS' special multiple endoscopic procedure reduction rules methodology to endoscopic procedures. The secondary or subsequent procedures will be reduced by 75% of the allowed amount.

Beginning January 1, 2020, those endoscopic procedures with a Multiple Procedure Indicator of "3" in the NPFS will have this pricing methodology applied to professional claims when multiple endoscopic procedures in the same category of codes are performed on the same day, patient encounter, and by the same provider. ▲

Credentialing

Contracted providers must complete the credentialing process and receive approval for network participation prior to rendering services to Health Tradition members. Services provided before the successful completion of the credentialing process will be denied and may not be billed to the member. ▲

Provider Changes

Network providers are responsible for notifying Health Tradition Health Plan of any updates to their provider organization, business practice, or practitioners. All such changes should be reported to the Provider Network Management department using the Provider Update Form, found on our website at www.healthtradition.com/providers/forms-and-instructions. Please provide at least 30 days prior notice of any changes including, but not limited to:

- Change in ownership, operations, or incorporation status change in Tax ID number or legal business name acquisition of other medical practice or entity
- Change in accreditation, licensure or eligibility status
- Change in billing or other contact information
- Change in service location
- Practitioner joining or leaving your organization
- Change in practitioner name, credentials, or specialty ▲

ICD-10 Diagnosis: Unspecified Laterality (UNSL) Denial

When submitting claims electronically remember to check the status of your inbound claim acknowledgement reports. For each claim file you should receive a 999-report telling you if the file was accepted or rejected. If the file passed and was accepted, you should then receive a 277CA report that will tell you if each claim in the batch was accepted or rejected. These reports are important because if anything rejected on either, it means it was not a clean claim and was not accepted by WEA Trust and Health Tradition under NeuGen. Rejections can include but are not limited to HIPPA compliance errors or member eligibility issues.

Beginning September 3, 2019, claims will be rejected when submitted with an unspecified laterality diagnosis codes in the 277CA report. The following rejection codes will be reported:

A7 - Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected

772 - The greatest level diagnosis code specificity is required.

In order for the claim to be accepted you will need to resubmit the claim with the appropriate specific laterality diagnosis code in the manner in which it was originally submitted. ▲

Find a Doctor

Coming soon, our Find a Doc online provider directory will bring more features to your fingertips! Access to Find a Doc will remain the same yet showcase new search functionality. We hope you find this to be a more innovative resource for you. ▲

Correspondence Mailing Address:
Health Tradition Health Plan
P.O. Box 21171
Eagan, MN 55121

Physical Address:
Health Tradition Health Plan
45 Nob Hill Road
Madison, WI 53713

Claims Mailing Address:
Health Tradition Health Plan
P.O. Box 21191
Eagan, MN 55121

Chiropractic Claims Address:
Magellan Healthcare
7805 Hudson Road, Suite 190
St. Paul, MN 55125

Hours: Monday - Friday: 7:30 a.m. to 5:00 p.m.

Provider Service
Telephone: 844.825.9319 or 608.395.6598
Fax: 608.781.9654

HealthTradition.com

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