

# Provider Update

Winter 2010



## Inside This Issue

Provider Relations .....	1
Network Management .....	2
Claims News .....	2
Behavioral Health.....	3
Provider Authorization .....	3
Health Services .....	4

**www.MissouriCare.com**

2404 Forum Boulevard  
Columbia, MO 65203  
573-441-2100  
Toll Free 1-800-322-6027

Behavioral Health  
Toll Free: 1-800-889-4073  
Fax: 1-866-543-2385

Behavioral Health Prior Authorization  
Option 2; Option 1  
Fax: 1-866-543-2385

Case Management  
Option 2; Option 4

Claims Research  
Option 2; Option 3

Medical Prior Authorization  
Option 2; Option 2  
Fax: 1-866-946-2052

Member Services  
Option 1; Option 1  
Fax: 573-441-2199

Provider Relations  
Option 2; Option 5  
Fax: 1-866-946-1105

For Rx Information  
1-800-392-2161

## Provider Relations

### Provider survey 2010-your feedback is important

In early 2011 Missouri Care Health Plan will be conducting their annual provider survey.

Understanding how Missouri Care supports your office on a daily basis will greatly assist us in providing the highest level of service to your practice. We ask for your participation and appreciate your input.

We make changes and improvements within our health plan based on this feedback,

so it is extremely important to have full participation from our provider network.

The Myers Group, an independent research firm, will be conducting this study. Please know that your responses are confidential and survey results will be presented in an aggregate form. As always, thank you for partnering with us to improve the health of individuals, families and communities.

### Improvements to provider customer service

With the continued growth to our provider network, Missouri Care has seen significant increase in provider inquires via phone and email. In response to this demand, Missouri Care has increased the availability of our customer service call center and added self-help tools available through our web portal.

***We encourage providers to utilize the Provider Customer Service Department and our secure web portal for faster service with less waiting.***

If you need information on claims, remits or other provider related questions you can reach the Provider Customer Service/Claim Research Center by calling **1-800-322-6027**, selecting option 2 and then option 3 again. Our representatives can perform claims research and initiate reprocessing, as well as provide copies of remits.

Many provider inquires can be answered without calling in. Log into the secure web portal at **www.MissouriCare.com**. Provider offices can look up claims, remits, and member panels, access Pro-PAT (Prior Authorization Tool) and submit prior authorizations instantly. If you do not have a user name and password for the secure website, contact your provider relations representative to obtain one.



## Provider Relations (cont'd)

### Appointment standards - How does your office measure up?

Missouri Care members anticipate a certain level of care and that includes access to physician appointments. Our standards, as outlined in the Provider Manual, include the following:

1. Urgent care for illness or injuries that require care immediately but do not constitute emergencies (e.g. high temperature, persistent vomiting or diarrhea symptoms which are of sudden or severe onset but which do not require emergency room services): appointments must be available within 24 hours.
2. Routine care with symptoms (e.g. persistent rash, recurring high-grade temperature, nonspecific pain, fever): appointments must be available within one week or five business days, whichever is earlier.
3. Routine care without symptoms (e.g. well child exams, routine physical exams): appointments must be available within thirty calendar days.
4. For behavioral health and substance abuse services: aftercare appointments shall be available within seven calendar days after hospital discharge.

### Appointment Standards - Behavioral Health

1. Routine care for behavioral health must be available within 10 business days.
2. Urgent care for behavioral health must be available within 48 hours.
3. Non-life-threatening emergency care must be available within 6 hours.

### Appointment Standards - Maternity Care

Initial prenatal care appointments for enrolled pregnant members shall be available as follows:

1. First trimester: available within seven calendar days of first request.
2. Second trimester: available within seven calendar days of first request.
3. Third trimester: available within three calendar days of first request.
4. High-risk pregnancies: available within three days of identification of high-risk pregnancy to Missouri Care or maternity care provider or immediately if an emergency exists.

## Network Management

### Missouri Care requires use of preferred lab vendors

Missouri Care Health Plan Members requiring outpatient laboratory services are to be sent to LabCorp or Quest Diagnostics. It is our intention that all outpatient laboratory services be provided by LabCorp or Quest where clinically appropriate and access is readily available. Laboratory services should not be provided as an outpatient procedure at a hospital, with the exception of laboratory services that are an integral part of emergency room care or performed in conjunction with an authorized surgical procedure.

#### LabCorp

To establish an account with LabCorp or arrange for courier services to your office, please contact LabCorp's Client Services department at 1-800-457-1177 and press "0" to speak

to a representative (with the exception of physicians located in the St. Louis metropolitan area). If your practice is located in the St. Louis area, please call LabCorp Client Services at 314-506-6600 and press "0" to speak to a representative. The most up-to-date listing of LabCorp Patient Service Centers for specimen collection may be found through the "Find a Lab" feature at [www.LabCorp.com](http://www.LabCorp.com) or by calling 1-888-LabCorp (1-888-522-2677).

#### Quest Diagnostics

Quest Diagnostics is a national, preferred laboratory that provides tests and services to all Missouri Care members. The most up-to-date listing of Quest Patient Service Centers for specimen collection may be found at [www.questdiagnostics.com/](http://www.questdiagnostics.com/) appointment or by calling 1-888-277-8772.

## Claims News

### Key points in billing anesthesia

When billing anesthesia claims, please remember the following:

- Anesthesia must be billed in unit increments instead of minute increments. **One unit is equal to 15 minutes, i.e. 60 minutes = 4 units**
- Do **NOT** add additional units to cover the base rate. Payment is based on a formula which includes payment for the base rate.

- If billing 10 or more units (2.5 hours), the start and stop time of the procedure must be included on the claim form.
- Always round up. For example, if procedure was 17 minutes, bill 2 units.

### Professional fees being billed on a HCFA 1500.

**All Anesthesia claims should include a modifier.**

- AA - Performed by Anesthesiologist
- QK - Medical direction of 2-4 concurrent procedures involving qualified professionals
- QX - CRNA service with medical direction
- QZ - CRNA service without medical direction

*Continued on page 3*



## Claims News (cont'd)

### Facility fees being billed on a UB 04

**When billing Rev Code 0370 Anesthesia, a CPT code MUST be included.**

- **Anesthesia** CPT code.
- **Surgery** CPT code.

If using Surgery CPT Code this **MUST** be the same Surgery Code that has a **Prior Auth** attached to it.

### Hospital observation room billing

Hospital observation room services should be billed using the appropriate revenue codes and units, when submitted separately on an outpatient claim, in accordance with the following schedule.

Observation Room	Revenue Code	Units
1 -5 hours	0760, 0761, 0762, 0769*	1
6 – 11 hours	0760, 0761, 0762, 0769*	2
12 – 17 hours	0760, 0761, 0762, 0769*	3
18 – 24 hours	0760, 0761, 0762, 0769*	4

\* **0769 is utilized for OB observations.**

- No more than 4 units of observation should be submitted on a claim - for the same date of service.
- If the hospital has a patient in an observation room more than 24 hours, the charges beyond that time are not to be billed to Missouri Care or the patient. Only one observation code is billed per stay. If the stay spans past midnight, only one date of service is billed, which is the date the patient came into the hospital. This is consistent with the MO HealthNet Policy regarding the billing of observation codes.

**Example:** A patient is admitted for observation at 11:00 p.m. and is released from observation and the hospital at 3:00 a.m. the following day. Since the patient was in observation for a total of four hours which included the three hours past midnight, the hospital would bill revenue code 760, 761, 762 or 769 with a unit quantity of one (1) and the date of service being the date patient was admitted for observation.

There are circumstances in which a facility charge may be shown on a claim in addition to the observation room charge. An example is emergency room services or operating room services provided prior to observation status.

## Provider Authorization

### Provider Authorization tool

Missouri Care is working to reduce the number of requests that do not require authorization.

Provider can now more clearly determine what requires authorization through our new online tool Provider Authorization Requirement Search Tool (Pro-PAT) available on the secure provider web portal. This tool allows providers to:

- Search PA requirements by individual or multiple CPT/HCPCS codes simultaneously
- Review PA requirements by specific procedures or service groups
- Receive immediate, detailed Yes/No information regarding PA requirements

### Provider web access

The Prior Authorization requirement search tool can only be accessed via Missouri Care's

## Behavioral Health

### Behavioral Health billing updates

#### Effective 12/01/10 Modifier 59 Requirement:

Missouri Care will require the use of a 59 modifier in box 24d when billing separate services on the same date. This modifier is only to be used on one line for each date of service and can be used in addition to other required modifiers, but listing the 59 modifier last. **Failure to use this modifier will result in the denial of the second service billed for that date. Using this modifier on each line billed for a date of service will result in denial of both lines.**

**Example:** A Licensed Clinical Social Worker submitting a claim for family therapy (90847) and individual therapy (90806) on the same date of service would bill using "AJ 59" in box 24d for one of the services.

**PLACE OF SERVICE 99:** When billing with POS 99, it is required that Box 32 be completed. Failure to complete Box 32 will result in the denial of your claim.

**CPT 90870:** CPT 90870 requires prior authorization and may only be completed in POS 21, 22, 23, 51, 61 and 56.

secure provider portal. By registering for the web portal, not only will you have access to the search tool, but also to the most current plan information, forms and resources.

If you are not already registered for Missouri Care's secure provider web portal, download an application on the Providers section of [www.MissouriCare.com](http://www.MissouriCare.com).

# Health Services

## Changes to therapy request

Therapy utilization is an important part of the care received by Missouri Care members. Our challenge is to determine what therapy services, if any, are truly needed and whether the frequency and duration is appropriate based on the members condition. Missouri Care follows national, evidence-based clinical guidelines and also looks at regional therapy utilization compared to national utilization patterns.

Historically, the quality and quantity of information we get from therapists in a prior authorization is inadequate. Often diagnoses are missing, or key objective assessment of progress (or lack thereof) is not submitted. Importantly CPT codes are often not included. Since there is a close integration of school based therapy with any private therapy offered, it is important for us to get a copy of the IFSP or IEP plan, which previously we have not required.

To address these issues, we have significantly modified our PA therapy request form to include the following:

- Information requested be specific and detailed
- For members with an IEP or IFSP, we require that a copy be submitted with the request. This allows us to better understand and coordinate (as required by our state contract) the services offered by you that may be medically necessary outside of the school-based programs
- CPT codes and ICD-9 diagnosis codes are required
- Objective testing results (e.g. PDMS-2) allow Missouri Care to see how different the patient is from the defined normal and whether progress in therapy is being made (for renewals)

Missouri Care allows 12 visits without authorization per calendar year. Included in these visits are appropriate codes that are billable on the Medicaid fee schedule. Any therapy service considered beyond the initial 12 visits must receive a prior authorization. Requests for prior authorization should be submitted on the Authorization Request for Therapy Services form with the supporting documentation.

## Infection prevention and control in pediatric ambulatory settings

It's that time of year again where lots of people begin coughing and sneezing. Doctor's offices can get very crowded with patients experiencing a variety of upper respiratory infections. The office environment is of concern to both patients and healthcare personnel alike since nobody wants to get sick. Medical offices can minimize the risk of spreading respiratory and other infections among staff and patients.

It is important for the office to have internal written policies and procedures for infection prevention and control. The procedures should be reviewed at least every other year to assure that they are in line with the most current recommendations from national sources. The office staff should be educated using credible information sources to assure a uniform practice. Also the staff should be encouraged to get influenza immunizations annually.

For daily office routine, all health care personnel should perform hand hygiene by using an alcohol-based hand rub or hand washing with soap, before and after patient contact. Patients with potentially contagious diseases and immunocompromised children should be promptly triaged.

Lastly, antibiotics should be used judiciously to avoid contributing to antibiotic-resistant bacteria. Patients need to understand that antibiotics will not treat most upper respiratory infections or febrile illnesses because they are due to viruses. There are a few antiviral medications for influenza, but these should be reserved for severely ill or compromised patients who have been shown to be influenza positive by testing. Most people should be encouraged to get a flu shot as the best way to avoid getting the flu.

*Source: Committee on Infectious Diseases, "Infection Prevention and Control in Pediatric Ambulatory Settings", Peds 120 (3) 650-65, Sept. 2007.*

## Diagnosis and treatment of Acute Pharyngitis in children and adolescents

Sore throat is a common presenting complaint in kids. For the clinician it is important to diagnose and treat throat infections due to Group A Streptococcus because of the potential risk of rheumatic fever and acute post streptococcal glomerulonephritis. However, overuse of antibiotics is also a concern because of the emergence in the last decade or so of antibiotic resistant bacteria. An appropriate approach to both diagnosis and treatment of sore throat in children is needed.

Distinguishing a bacteria sore throat infection from a viral infection can be difficult or impossible. Clinicians rely upon diagnostic testing in cases where the clinical situation suggests the possibility of a Strep infection. In the Red Book<sup>1</sup>, the recommendation for diagnosing Strep throat infection prior to starting antibiotics is:

*Several rapid diagnostic tests for GAS pharyngitis are available. The specificities of these tests generally are high, but the reported sensitivities vary considerably. As with throat cultures, the sensitivity of these tests is highly dependent on the quality of the throat swab specimen, the experience of the person performing the test, and the rigor of the culture method used for comparison. Therefore, when a child or adolescent suspected of having GAS pharyngitis has a negative rapid streptococcal test result, a throat culture should be obtained to ensure that the patient does not have GAS infection. Because of the high specificity of these rapid tests, a positive test result does not require throat culture confirmation.*

All clinicians treating sore throats in pediatric patients are encouraged to follow national guidelines to reduce unnecessary antibiotic use and to decrease the incidence of antibiotic resistant infections.

*Source: Report of the Committee on Infectious Disease, American Academy of Pediatrics, 2009*

## Health Services (cont'd)

### Avoidance of antibiotics in uncomplicated adult bronchiti

Excessive use of antibiotics in the past has led to the emergence of drug resistant bacteria. This is particularly concerning for resistance to *S. pneumoniae*, the most common bacterial cause of community-acquired pneumonia. Importantly, studies have shown that there is a strong association between prior antibiotic use and the risk of carrying invasive infection with resistant *S. pneumoniae*. In the United States, upper respiratory infections are the indications for up to 75 percent of all antibiotics prescribed in the outpatient setting each year. And up to 80 percent of all office visits for bronchitis are treated with antibiotics.

A study done by Gonzales, et.al.<sup>1</sup>, used household and office-based patient educational materials, and a clinician intervention consisting of education, practice-profiling, and academic detailing to show that unnecessary antibiotic use for acute bronchitis in adults can be reduced significantly.

The study showed:

- Many doctors use the diagnosis of "bronchitis" as an indication to start antibiotic therapy
- Patient expectations of treatment with antibiotics are strongly associated with previous antibiotic treatment for that condition,
- Recent antibiotic exposure places patients and families at increased risk for carriage and infection with antibiotic-resistant bacteria. It was learned that if clinicians refer to a cough illness as a "chest cold" the patient demand for antibiotics was reduced.

Source: Gonzales, R., et. al. "Decreasing Antibiotic Use in Ambulatory Practice..." *JAMA*, April 28, 1999-Vol 281, No. 16.

### Missouri Care has two new incentive reward programs for the following members:

1. Members who were recently hospitalized for a behavioral health diagnosis
2. Members who recently gave birth and are due for a postpartum exam.

#### Member information for providers:

When a Missouri Care eligible member keeps either their follow-up behavioral health outpatient visit within 1 week of discharge; or when an eligible member keeps their postpartum exam visit within 3 to 8 weeks post delivery they are eligible to receive a \$25 gift card to Dollar General.

The member is only eligible for the incentive if:

- Their follow-up visit is with a licensed behavioral health provider and occurs within **seven days** of discharge (day of discharge is day one) or
- The postpartum visit is **21 to 56** days after the delivery

How the program works:

1. Missouri Care member brings their card (located within the incentive brochure) to their visit
2. Your office signs or stamps the card
3. The member mails the card back to Missouri Care
4. Missouri Care sends the member a gift card to Dollar General

If you have any questions, please contact Missouri Care's Quality Management Department at 573-441-2145.

### Missouri Care members should not be balance billed

In accordance with Missouri State Code of Regulations, providers are prohibited from billing Medicaid members for covered services.

Missouri Code of State Regulations Title 13 CSR 70-4.030 states in part, "When an enrolled Medicaid provider provides an item or service to a Medicaid recipient eligible for the item or service on the date provided, there shall be a presumption that the provider accepts the recipient's Medicaid benefits and seeks reimbursement from the Medicaid agency in accordance with all the applicable Medicaid rules."

Missouri Care members should not be billed, or reported to a collection agency for any **covered services** your office provides.

Claims should be submitted directly to:

Missouri Care Health Plan attention  
Claims Department  
PO Box 61625 Phoenix, AZ 85082-1625.

Submissions must include the appropriate claim form (CMS1500/UB04). Providers must comply with the timely filing requirements of Missouri Revised Statute or any applicable contract.



**Missouri Care**<sup>SM</sup>  
AN AETNA HEALTH PLAN

2404 Forum Boulevard  
Columbia, MO 65203

## Provider Relations welcomes a new member to the team

Provider Relations welcomes Jamie Logan as our newest representative working internally. She will be serving primarily our non-participating and out of state providers. We are excited have Jamie at Missouri Care.

### Provider Relations Team:

#### Department Manager

**Stacy Meyr**

573-441-2131 • MeyrS@aetna.com

#### East Region

**Kathleen McGuire**

573-441-2147 • McguireK2@aetna.com

*Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis, St. Louis City, Warren and Washington Counties.*

#### Central Region-East

**Lisa Jones**

573-441-2115 • Jones.L@aetna.com

*Audrain, Calloway, Gasconade, Laclede, Macon, Maries, Marion, Monroe, Montgomery, Osage, Phelps, Pulaski, Ralls, and Shelby Counties.*

#### Central Region-West

**Angeline Sullivan**

573-441-2163 • SullivanA@aetna.com

*Benton, Boone, Camden, Chariton, Cole, Cooper, Howard, Linn, Miller, Moniteau, Morgan, Pettis, Randolph and Saline Counties.*

#### West Region

**Cindy Walters**

573-441-2178 • WaltersC@aetna.com

*Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair and Vernon Counties.*

#### Behavioral Health-Statewide

**Rebecca Bradshaw**

573-441-2122 • BradshawR@aetna.com

#### Jamie Logon-Internal Representative

573-441-2190