UCare is Preparing for ICD-10! Here’s What You’ll Need to Know...

ICD-10 is the tenth revision of the International Classification of Diseases. Its implementation is federally mandated to replace ICD-9 on October 1, 2015 for all HIPAA-covered entities.

Why the Change?
Due to the evolving nature of medicine and medical practice, much of the terminology used in ICD-9 is outdated and fields are not as expansive as current medicine warrants. ICD-10 will more precisely reflect medical diagnoses and procedures by expanding the number of characters in the coding structure. Overall, it will allow for more descriptive coding and is an opportunity for us to better serve our members!

How Can Providers be Ready?
To help assess what you might need, visit the Centers for Medicare and Medicaid (CMS) website for ICD-10. CMS provides a wealth of reliable knowledge and resources that can help providers, payers, and vendors prepare for ICD-10 implementation. For small practices, “Road to 10” is a no-cost tool that provides specialty references and allows one to build their own action plan.

What are the Codes?
The tenth revision has two parts, ICD-10-CM and ICD-10-PCS.

- **ICD-10-CM** is the clinical modification of WHO standards for diagnoses and is maintained by NCHS. This one volume will replace both ICD-9-CM Volumes 1 and 2. The U.S. Department of Health and Human Services (HHS) has mandated that ICD-10-CM codes will be used in standard electronic transactions for dates of service on or after the October 1, 2015 implementation date. The 2015 ICD-10-CM codes and GEMs can be found [here](#).

- **ICD-10-PCS** is the procedure classification system developed by CMS that will be used for hospital inpatient settings. This will replace ICD-9-CM Volume 3. The 2015 ICD-10-PCS codes and GEMs can be found [here](#).

If interests are more specialty-specific, consider visiting [this page](#) to find subsets of codes and clinical documentation information relevant to the fields of Family Practice, Pediatrics, OB/GYN, Cardiology, Orthopedics, Internal Medicine, and others.

Interested in Testing with UCare?
UCare is conducting ICD-10 electronic claims testing with providers. To test with UCare, please email icd10@ucare.org expressing your interest and the following information:

1. Contact information
2. Your specialty
3. If applicable, a short range of ICD-9 codes you would typically bill

Someone from UCare’s ICD-10 team will then reach out to you with further instruction. Should you have questions regarding UCare’s implementation of ICD-10, please email icd10@ucare.org.
Attention All Prescribers: Provider Enrollment Requirements for Writing Medicare Prescriptions

Earlier this year, the Centers for Medicare & Medicaid Services (CMS) finalized a new rule requiring prescribers to enroll with Medicare.

The new policy is effective June 1, 2015 but CMS has delayed enforcement until December 1, 2015.

Action Advised by June 1, 2015: Prescribers who are not currently enrolled in Medicare are advised to submit an enrollment application to their Part-B Medicare Administrative Contractor (MACS) by June 1, 2015 or earlier. This will ensure that CMS has enough time to process the paperwork to avoid patients’ Part-D prescription drug claims from being denied by their Part D Plans beginning December 1, 2015.

Provider Types Affected: All prescribers

For more information about this requirement, please visit the CMS website here. You may submit your enrollment application electronically using the Internet-based Medicare Provider Enrollment page or by completing the paper CMS-855I or CMS-855O application, which are available online under the CMS Forms List for Medicare.

Clinical Practice Guidelines

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.

UCare recently reviewed and approved the following Institute for Clinical Systems Improvement (ICSI) guidelines:
- Diabetes Mellitus (last ICSI update was July 2014, UCare reviewed in August 2014)
- Routine Prenatal Care (last ICSI update was July 2012, UCare reviewed in October 2014)

UCare continues to maintain the following medical clinical practice guidelines:
- Asthma, Diagnosis and Management
- Diabetes Mellitus in Adults, Type 2; Diagnosis and Management
- Heart Failure in Adults
- Obesity for Children and Adults, Prevention and Management
- Prenatal Care
- Preventive Services for Adults
- Preventive Services for Children and Adolescents

UCare continues to maintain the following behavioral health clinical practice guidelines:
- Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder
- Assessment and Treatment of Children and Adolescents with Depressive Disorders
- Treatment of Patients with Major Depressive Disorder
- Treatment of Patients with Schizophrenia
- Treatment of Patients with Substance Use Disorders

UCare posts clinical practice guidelines on our website for providers to access. Find the full UCare guidelines here: UCare | 24. Clinical Practice Guidelines.

UCare also provides a hard copy of the guidelines in new provider orientation packets and notifies providers of updates in our provider bulletin. Guidelines are also provided to providers upon request.
UCare Payment Policy Update

UCare’s Payment Policies are based on available regulatory and coding guidance and, where applicable, community standards. Payment Policies help clarify how UCare will pay for certain healthcare services and are intended to serve only as a general reference resource regarding UCare’s administration of health benefits.

On January 5, 2015, UCare adopted three (3) new Payment Policies:

1. **Family Planning – MHCP**
   UCare Comments/Modifications of Policy:
   - UCare follows all MHCP guidelines regarding family planning services.
   - Legislated increases will be applied to eligible services when they are furnished at one of the following:
     - Community Mental Health Centers
     - Child and Teen Check-Up Clinics
     - Family Planning Agencies
     - Public Health Clinics
     - Public Health Nursing Organizations
     - Indian Health Facilities
     - FQHCs and Rural Health Clinics (with the exclusion of some major programs)
   - Copayments are not applied to family planning services.

2. **Community Health and Public Health Clinics – MHCP**
   UCare Comments/Modifications of Policy:
   - UCare follows all MHCP guidelines regarding Community Health and Public Health Clinics.
   - Recognizes clinics designated as Community Health Clinics have met specific Minnesota and Internal Revenue Service criteria, and that Public Health Clinics operate under the direction of a City or County unit of government.
   - Community and Public Health clinics are eligible to furnish family planning services and other services within the scope of practice of the providers who work at these clinics.

3. **Community Health Workers - MHCP**
   UCare Comments/Modifications of Policy:
   - Community Health Workers (CHW) must be supervised by an eligible physician, advance practice registered nurse (APRN), certified public health nurse, dentist or mental health professional;
   - An eligible physician, APRN, certified public health nurse must order the patient education service(s) and the order must state the services to be provided by a CHW;
   - The service involves teaching the patient how to effectively self-manage their health or oral health in conjunction with the health care team;
   - Service is provided face-to-face with the UCare Enrollee (individually or in a group) in an outpatient, home or clinic, or other community setting; and,
   - The content of the educational and training program is a standardized curriculum consistent with established or recognized health or dental health care standards. The curriculum may be modified as necessary for the clinical needs, cultural norms and health or literacy of the individual patient.

On April 16, 2015, UCare adopted one (1) new Payment Policy:

1. **Global Maternity Care and Enhanced Maternity Services – MHCP**
   UCare Comments/Modifications of Policy:
   - The Policy provides information regarding billing for the global maternity package, split billing components of maternity care (antepartum, delivery, postpartum), and enhanced services for women who have been identified as having an “at-risk” pregnancy, as it pertains to MHCP.
Attention Elderly Waiver Services Providers: Authorization Changes

On February 23, 2015, UCare sent a letter to Elderly Waiver services providers informing them of new authorization requirements and other applicable changes effective March 1, 2015. These changes affected the services these providers offer to UCare Minnesota Senior Health Options (MSHO) and UCare Minnesota Senior Care Plus (MSC+) patients.

Important reminder: Homemaking and transportation services require an authorization. Any claim requiring an authorization will be denied if there is not an authorization for that service on file with UCare. Claims submitted for the services rendered need to match the authorization to ensure accurate and timely claims processing. As a reminder, authorization must be obtained from the UCare MSHO/MSC+ case manager/care coordinator before services can begin. UCare will then issue the written authorization letter to the member and provider agency.

May is Pregnancy Awareness Month

UCare would like to recognize May as Pregnancy Awareness Month and thank our providers for the great ongoing care that they provide to our pregnant members. UCare encourages all pregnant mothers to start prenatal care within the first trimester, so they get off to a healthy start. After mothers give birth, UCare encourages these members to see their doctor 3-8 weeks after delivery to discuss physical, emotional and sexual health. Thank you to all who work with us to promote healthy pregnancies and healthy babies!

Asthma Action Plans

Allergy season is upon us, triggering asthma symptoms in many people. An asthma action plan is recommended for everyone with asthma. Action plans are an important tool for patient and parent education, as well as for sharing with school and child care facilities to assure appropriate care for your patients where they spend the majority of their time. The Minnesota Department of Health offers many asthma resources, including asthma action plans (in English and Spanish) for children and adults. These action plans can be ordered in bulk, accessed to download or embedded within an EMR.


New Provider Toolkit for Antidepressant Medication Adherence

Each year millions of Americans face the reality of living with a mental health condition. May is National Mental Health Awareness Month. Five health plans–Blue Plus, Health Partners, Medica, Metropolitan Health Plan/Hennepin Health, and UCare–launched the Antidepressant Medication Management project in spring of 2015. Interventions include working with providers and partners to support efforts to improve adherence to antidepressant medication, with a particular focus on reducing ethnic and racial disparities.

The Collaborative has developed a provider toolkit with resources for providers working with culturally diverse patients experiencing depression. The Toolkit includes resources on: best practices for depression care, mental health resources for providers and patients, cultural competency, and shared decision making.

In addition to the toolkit, the health plan collaborative will sponsor webinars later this year on various topics including real world experience with cultural issues and shared decision making. The toolkit and information about the webinars can be accessed and downloaded from the Stratis Health website.
Lidocaine Patches - Prior Authorization Required

**Background:** In 2013, UCare removed (in adherence to requirements set by the Centers for Medicare and Medicaid) all indications for lidocaine patches from its prior authorization criteria except those that were FDA-approved or supported in the Medicare-approved drug compendia. That was due in large part to a 2011 Office of Inspector General (OIG) audit that found CMS was paying for medications that were being used for “off-label” indications (see OIG Memorandum OEI-07-08-00152 and FDA 2/11/14 Press Release).

CMS outlines in Chapter 6 and 18 of its Prescription Drug Benefit Manual that in order for medications to be eligible for coverage under Part D, they must be used for either a FDA-approved indication or a medically accepted indication that has support in the CMS approved drug compendia, Drugdex or AHFS Drug Information. Federal healthcare programs, such as Medicare and Medicaid, will only cover the medication for FDA-approved or medically accepted indications.

The approved 2015 Medicare lidocaine patch authorization criteria allows for coverage of lidocaine patches (including brand-name Lidoderm) for the following conditions: the FDA-approved indication of post-herpetic neuralgia and the compendia supported non-FDA labeled indications of burns and diabetic neuropathy.

**Harvoni® added to UCare’s State Public Programs - Medicaid & UCare Choices™ /Fairview UCare Choices™ Formularies**

Effective 4/15/15, Harvoni® (a new prescription medicine used to treat chronic hepatitis C in adults) was added to the UCare State Public Programs - Medicaid formulary and to the UCare Choices™ /Fairview UCare Choices™ formulary. Effective 4/1/15, Harvoni® was added to the Medicare Formularies for the UCare for Seniors (UFS) and Minnesota Senior Health Options (MSHO).

Harvoni® will be subject to Prior Authorization and will require written documentation of genotype, metabolir status and relevant clinical information, age (>18 yrs), viral load, as well as information about the patient’s readiness to start and adhere to therapy. The UCare Harvoni State Public Programs/Health Exchange Prior Authorization Form and the Harvoni Readiness to Treat Form can be found on UCare’s Covered Drugs/Formularies web page.

UCare will be offering case management for all our members who are prescribed Hepatitis C therapy. UCare is committed to the successful treatment of our members and wants to ensure there are minimal risks for re-infection. UCare case managers may contact specialty providers caring for a UCare member prescribed Hepatitis C therapy.

**PLEASE NOTE** that UCare members enrolled in either State Public Programs – Medicaid or UCare Choices™ /Fairview UCare Choices™ will be required to use our specialty pharmacy, Accredo, for the first fill and all subsequent refills. Accredo offers UCare members additional patient education, which will enhance adherence and refill monitoring.

**Contact information for prior authorization submission:**
Specialists prescribing Harvoni® should submit “Prior Authorization and Readiness to Treat” forms to Express Scripts Prior Authorization Department or directly to our specialty pharmacy, Accredo.

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<tr>
<th>Pharmacy</th>
<th>Phone Number</th>
<th>Secure Fax Number</th>
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<tr>
<td><strong>Express Scripts</strong></td>
<td>877-558-7523</td>
<td>800-357-9577 for Medicaid/Health Exchange</td>
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<tr>
<td></td>
<td>877-558-7521</td>
<td>877-837-5922 for Medicare Products</td>
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<tr>
<td><strong>Accredo</strong></td>
<td>888-745-1604</td>
<td>888-302-1028</td>
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