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. For federal policies and guidelines regarding when and which claims need ICD-9 or ICD-10 codes, please download and read CMS’s MLN Matter article SE1408.

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Due to the evolving nature of medicine and medical practice, much of the terminology used in ICD-9 is outdated and fields are not as expansive as current medicine warrants.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 Center for Medicare and Medicaid’s (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 providers to build their own preparation plan.

How to Find ICD-10 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 single 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 (General Equivalency Mappings) 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.

Should you have questions regarding UCare’s implementation of ICD-10, please email icd10@ucare.org.
Provider FAQs for 2015 UCare for Seniors Supplemental Vision Benefit
UCare has been diligently working to better clarify billing requirements for routine screening vision services covered under the 2015 UCare for Seniors supplemental benefit. UCare has released previous bulletins on this topic (April 16, 2015 and May 11, 2015). Please read this special bulletin containing answers to frequently asked questions on this topic.

Thank you for your support during the 2015 HEDIS data collection project!
UCare stands on our reputation for delivering high quality healthcare to our members. We rely on providers to make this possible. Each year, UCare asks providers to assist us with the Healthcare Effectiveness Data and Information Set, known as HEDIS. UCare recently ended the HEDIS 2015 data collection portion of the project. We appreciate your cooperation and thank you for partnering with us to improve the health of individuals, families, and communities.

UCare honors 19 high-performing health care providers at June 1 “A Salute to Excellence!” event
UCare’s annual Pay for Performance (P4P) provider recognition event, “A Salute to Excellence!,” took place June 1 at the McNamara Alumni Center on the University of Minnesota-Minneapolis campus. It was a great opportunity for 30 guests from high-performing clinics and care systems and a dozen UCare leaders to come together to celebrate best practices for improving preventive care and health outcomes for UCare members.

The evening event honored 19 providers who excelled in UCare’s P4P program, including two providers who were recognized for going the extra mile to deliver culturally responsible health services and reduce barriers to care for people with disabilities. (For a full list of honorees, please see this UCare press release.)

UCare CEO Nancy Feldman kicked off the program with thanks to the providers for their exemplary efforts to serve our members. Russ Kuzel, UCare’s Chief Medical Officer, presented UCare Excellence in Health Care Awards to the P4P winners and the cultural and disability care quality winners. Tim Hernandez, M.D., Medical Director of Quality, Entira Family Clinics, discussed the factors at play in cultivating a culture of quality, controlling costs, and using data to measure outcomes. Deanna Mills, Executive Director of the Community-University Health Care Center (CUHCC), offered an interesting perspective on what it takes to lead a community-based clinic that serves patients who live in poverty, come from other cultures, and have risks for chronic health conditions.

UCare offering a convenient screening option for osteoporosis
UCare is offering in-home bone mineral density testing to our Minnesota Senior Health Options (MSHO) and UCare for Seniors members. UCare is partnering with a company called MED XM to complete this testing on identified women age 67 and older who have had a fracture within the last six months. A bone mineral density test is the most common method of screening for osteoporosis.

A UCare Member Engagement Specialist will contact identified UCare members and review the service. If the member is interested in having an in home appointment, Med XM will contact the member to schedule the visit. The screening will be conducted by a health care technician to detect bone loss. The screening consists of placing the heel of the foot on a small device to read the bone density level. The whole visit is painless, fast and safe. The results from this screening will be sent to the member’s physician.

Informational webinar for elderly waiver providers available online
On May 15, 2015, UCare presented an informational webinar for elderly waiver providers. This recorded presentation is available on UCare’s provider website at https://www.ucare.org/providers/Resources-Training/Pages/Training.aspx.
“Cultural Competency in Antidepressant Management” Webinar on July 14, 12-1 p.m.

You are invited to register for a webinar on the topic of how understanding cultural perceptions of mental health issues can help practitioners more effectively treat patients with depression. The webinar will take place on Tuesday, July 14, 2015, from 12:00 – 1:00 pm.

Who should participate: Health care providers, nurses, clinic administration, public health, health educators, social workers, therapists, Community Health Workers and anyone who interacts with individuals from other cultures.

Space is limited. To register, email CJ at Carroll.J.Helm@HealthPartners.Com
This webinar will be recorded and available for viewing later at http://www.stratishealth.org/pip/antidepressant.html

Presented by:
Cynthia Fashaw, Director of Children’s Programs and Multicultural Outreach, NAMI, MN
Mary Beth Dahl, RN, CPC, CPHQ, Program Manager, Stratis Health
Chelsey Doepner, UCare

Webinar topics include:
  Culture Basics
In her role at Stratis Health, Mary Beth Dahl works to educate providers and communities on culturally competent care to their diverse patient populations. Mary Beth will provide information on how to provide cultural competent care that relates to the Culturally and Linguistically Appropriate Services (CLAS) Standards.

Lessons from those who live it....
In her role at NAMI, Cynthia Fashaw regularly works with and learns from individuals from diverse communities who are living with a mental illness. Recently, she completed a series of statewide focus groups where participants discussed perceptions of and experience with mental health care. Learnings from the focus groups revealed ways in which providers can improve communication and foster trust with patients from diverse cultures.

Antidepressant Medication Management Toolkit - This portion of the webinar will introduce you to a new Antidepressant Medication Management Toolkit with relevant resources and tools for providers working with patients experiencing depression, with an emphasis on racial and cultural perspectives.

Objectives:
- Understand the influence of culture in all areas of life
- Recognize cultural differences in verbal AND non-verbal communications.
- Identify strategies, tools, and resources to become more culturally responsive.
- Understand the relationship of culture to help seeking and mental health adherence practices.
- Understand patient-identified strategies to improve patient/provider trust and relationship, increase care plan and medication adherence, and increase hope for recovery.
- Understand how to effectively utilize the Antidepressant Medication Management Toolkit to identify and address gaps in culturally responsive care.

This program has been designed to meet the Minnesota Board of Nursing’s criteria for 1.2 contact hours of required continuing education. It is the responsibility of each nurse to determine whether a continuing education activity meets the criteria established by the Minnesota Board of Nursing.

This webinar is presented by a collaboration of Minnesota health plans working to improve antidepressant medication management in Minnesota. Thank you to Blue Plus, HealthPartners, Hennepin Health, Metropolitan Health Plan, Medica and UCare for their commitment to this issue.
Attention therapy providers (PT, OT & ST): New HSM phone & fax numbers
Telephone and fax numbers for HSM have changed. Effective immediately, please use the following numbers to contact HSM for therapy authorizations only for UCare members. HSM’s UCare dedicated phone number is 888-660-4705. HSM’s UCare dedicated fax numbers are 888-656-1952 and 888-656-2205.

Provider Manual Updated & Critical Reminders
UCare’s Provider Manual has been thoroughly updated and the current version is available online here. The content in each chapter has gone through our revision process and the entire manual has been updated to reflect current business practices. As a reminder, the Provider Manual contains critical information, so it is important to reference it regularly for up to date content. This bulletin outlines more details on the Provider Manual as well as other critical reminders regarding UCare’s Quality Program, Clinical Practice Guidelines, and our Member Rights and Responsibilities Statement.

Receive Pharmacy News!
Subscribe here to receive Pharmacy Updates via email from UCare. Choose “Pharmacy Updates” from the options list.

Drug Recall Information for Kenalog 40-10 ml vials & Mycophenolic Acid 180 mg tablets
Kenalog 40-10 ml Vials Recall
On Apr. 30, 2015, Bristol-Myers Squibb recalled two lots (3G73811 and 4K85461 of Kenalog® -40 (triamcinolone acetonide injectable suspension 40mg/mL) in 10 mL multi-dose vials (NDC# 00003-0293-28). A piece of glass was found in one vial from each recalled lot following a customer’s report of a glass piece in a vial.

For Kenalog, Bristol-Myers Squibb recommends:
- Product from the recalled lots should not be used.
- Return and replacement of Kenalog from the recalled lots be arranged with GENCO at 877.319.8962.
- Questions on the Kenalog recall should be directed to the Bristol-Myers Squibb Customer Information Center at 800.332.2056.
- Adverse events from the use of prescription drugs be reported to FDA at www.fda.gov/medwatch or 800.332.1088.

Mycophenolic Acid 180 mg Tablets Recall
On May 20, 2015, Mylan Pharmaceuticals recalled one lot (3059043) of mycophenolic acid delayed-release tablets, 180mg (NDC# 00378-4201-78). Dissolution results from reserve samples were not within specified values.

For Mycophenolic Acid, Mylan recommends:
- Product from the recalled lots should not be used.
- Distributors that received notification from wholesalers return recalled Mycophenolic Acid tablets using the labels and forms included with the notice.
- Distributors that did not receive return forms for Mycophenolic Acid should call Stericycle at 855.311.5445 for a documentation packet to return recalled tablets.
- Consumers with recalled product should contact their prescriber.
- Adverse events from the use of prescription drugs be reported to FDA at www.fda.gov/medwatch or 800.332.1088

The U.S. Food and Drug Administration (FDA) has not yet classed these recalls, but Bristol-Myers Squibb and Mylan extended it to the consumer level, so it was treated as Class I recall.

Communications summarizing the information provided by the manufacturer has been sent to identified members and providers. Identified providers have also been sent affected patient profiles.