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612-676-3300
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New Coverage Requirements for PANDAS and PANS

Health plans in Minnesota are, or will be, required to cover treatments and services associated with PANDAS (Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal infection, specifically group A strep) and PANS (Pediatric Acute onset Neuropsychiatric Syndrome). For Minnesota residents, these services may include antibiotic therapy, behavioral therapies, associated anxiety and/or depression prescription medications, plasma exchange and immunoglobulin (IVIG) treatment.

- Effective July 1, 2019, UCare will cover PANDAS and PANS for Medical Assistance members age three (3) through 14.
- Effective Jan. 1, 2020, UCare will cover PANDAS and PANS for UCare Individual & Family Plans and UCare Individual & Family Plans with Fairview members age 3 through 14.

Claims submitted to UCare for treatments directly associated with PANDAS and PANS should have the ICD-10-CM diagnosis code of D89.89 in the primary position on the claim form and appropriately linked to each service related to treatment.

Ineligible Provider List Updated

Contracted UCare providers must make sure that they, their company, owners, managers, practitioners, employees and contractors are not on the [UCare Ineligible Providers List](#).^{*} The list was updated on Aug. 19, 2019. Providers should search the list of UCare Ineligible Providers on a regular basis, and before hiring or entering into contracts with individuals to provide services or items to UCare members. Please reference Chapter 5 of the [UCare Provider Manual](#) for additional information.

Questions regarding the UCare Ineligible Providers List should be directed to compliance@ucare.org.

^{*}Please note: This list is in addition to any prior and ongoing communications regarding ineligible individuals that network providers may receive.

Reminder: Home and Community-Based Services Billing Changes

UCare uses the Minnesota Health Care Programs (MHCP) [claims processing for Home and Community-Based Services \(HCBS\) claims](#). This change applies to our Minnesota Senior Health Options and Minnesota Senior Care Plus products.

When billing for HCBS services with a date of service Aug. 1, 2018, or later, providers must bill each date of service on a separate line. If you submit a claim with a date span, that is not a monthly code, the claim will deny.

There is an exception to the single-date billing requirement for the following codes:

- T1016 – case management
- T2028 – consumer-directed community supports (CDCS)
- T2041 – CDCS mandatory case management (alternative care and elderly waiver)

UCare will be implementing the single-date billing requirement for these three HCPCS codes at a later date and will notify you prior to that change. Please continue billing these codes as you currently do.

SNF CMS Regulatory Methodology Change Amendment

The Center for Medicare and Medicaid Services' regulatory methodology for Skilled Nursing Facility (SNF) providers is moving from the RUGs methodology to the Patient Driven Payment Model (PDPM) effective Oct. 1, 2019. UCare is also planning to implement this change at the same time. UCare recently emailed the agreement amendment to SNF providers to fulfill this change.

If your organization has not received the amendment, please contact dtucek@ucare.org with the following subject line: “[Name of SNF or Management Company] – PDPM Amendment.”

Documentation Improvement: Bipolar Disorder

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels and the ability to carry out day-to-day tasks.¹ There are several types of bipolar disorder including: bipolar I disorder, bipolar II disorder, cyclothymic disorder, and other specified and unspecified bipolar and related disorders.

Patients with bipolar disorder can experience emotional highs (mania or hypomania) and lows (depression). These mood swings can shift from feeling depressed to mania or vice versa, which can affect their daily activities, sleep and behavior. Bipolar disorder is a lifelong condition; however, it can be managed with proper long-term treatment plans.

To ensure that you capture and report the correct diagnosis for the patient, remember to include in your documentation the following elements:

- **Type:** Depressive, manic or bipolar disorder.
- **Episode:** Single episode or recurrent.
- **Status:** Partial remission or full remission; identify most recent episode as manic, depressed or mixed.
- **Severity:** Mild, moderate, severe or with psychotic elements.
- **Treatment plan:** Medications, psychotherapy or other treatment options.

The medical record will need to include the above elements to accurately report the diagnosis to the highest level of specificity. Clear and complete documentation will help improve patient care and provide the patient with the appropriate treatment plan. When a patient with bipolar disorder is on proper treatment, it can help him/her lead a healthy and productive life.

1. National Institute of Mental Health. (2016). Bipolar Disorder. Retrieved from nih.gov.

Reference:

Risk Adjustment Documentation & Coding; Bernard, Sheri Poe CCS-P, CDEO, CPC, CRC; 2018.

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UCare

P.O. Box 52
Minneapolis, MN
55440-0052

Provider Assistance Center

612-676-3300

1-888-531-1493 toll free

Contact the newsletter staff: providernews@ucare.org

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