



UCare’s Provider Manual Q2 Update

UCare has updated the following chapters of the [Provider Manual](#): Member Appeals and Grievances, Health Promotion Programs and Maternity, Obstetrics & Gynecology. Specific updates are called out in the Appendix.

New Coverage Policies Added

UCare posted the following new coverage policies for Individual and Family Plans (IFP) that are effective May 1, 2021:

- Durable Medical Equipment (DME) (CP-IFP21-006A)
- Medical Dental (CP-IFP21-009A)
- Online Care/E-Care/Telemedicine (including Retail and Convenience Clinic Visits) (CP-IFP21-008A)

UCare Coverage Policies provide clarification and specificity to the benefit sections of the UCare product contract. The specific contract is noted on each new or updated coverage policy. All UCare Coverage Policies are available on the Provider Website at <https://home.ucare.org/en-us/providers/coverage-policies-disclaimer/>.

Policies & Resources Page Houses Many Tools for Providers

Earlier this year, UCare refreshed the [Policies & Resources](#) webpage. The updated page includes a reorganized structure of the content, so you’ll be able to easily navigate to the information you need.

The Policies & Resources page houses many important resources you will use to work with UCare and our members. The information is sorted into drawers. Click the drawers to open them and reveal the contents within them. The page contains resources for administration, clinical support, product information and much more, including:

- **Coverage Policies, Medical Policies and Payment Policies** – Find the latest guidance in these three areas in the “Policies” drawer.

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- **Clinical Practice Guidelines (CPG)** – The link to this page, which houses Medical and Mental Health CPGs, is located in the “Clinical Support Resources” drawer.
- **Culture Care Connection** – This resource and several others in the “Cultural Competency Resources” drawer support health care providers in delivering care while respecting the cultural beliefs and behaviors of their patients.
- **Quality Complaint Reporting Form** – This form and many other valuable tools are located in the “Administrative Resources” drawer.
- **Working with UCare Document** – New providers and those who would like a refresher on how to work with UCare and our members should review this document in the “Training & Education” drawer.

Providers can access the Policies & Resources page from the title of the same name in the middle column of the [UCare.org/providers](https://ucare.org/providers) homepage. This column also contains frequently used links, like the COVID-19 Information For Providers and Provider Manual pages.

Important Reminders for Mental Health and Substance Use Disorder Services Authorizations

UCare’s Mental Health and Substance Use Disorders team is ready to assist providers with questions about authorizations. The following reminders will help make the authorization process smoother:

- Use the latest authorization forms. We recently updated our request forms. To ensure timely processing of your authorization request, use the updated forms on the [Provider Website](#) (click the Mental Health and Substance Use Disorder Services tab at the top).
- When sending a request via secured email or fax, make sure each request is in a separate email correspondence or fax transmission. This will ensure the request is adequately processed for each member.
- Call us at 612-676-6533 or 1-833-276-1185 (toll free) Monday through Friday from 8 am to 5 pm. You will need to provide three pieces of the member’s protected health information (PHI) (e.g., member identification number, name and date of birth).
- Email questions or requests to MHSUDservices@ucare.org and send via secure email if there is PHI in the message.

COVID-19 Information for Providers

The COVID-19 situation is changing quickly, and we are monitoring changes closely. To assist our provider partners in navigating this changing situation, UCare created a [COVID-19 Information for Health Care Providers](#) page on our Provider Website.

Recently, we updated the following sections:

- On the Billing and Payment page, under “Sequestration,” updated information to reflect an extension of sequestration to December 31, 2021.
- On the Billing and Payment page, under “99072 for Additional Supplies...” for UCare State Public Programs, updated billing guidance.
- On the Billing and Payment page, under “Infusion of COVID-19 Monoclonal Antibodies,” provided additional information and updated guidance.
- On the Authorizations page, extended the waiving of certain post-acute care services until July 31, 2021.

UCare is monitoring inquiries for common questions and will update these webpages with additional information as it becomes available. We recommend [visiting the website](#) regularly for the latest information.

Continuous Glucose Monitor Reviews Regulated by Local Coverage Determinations

UCare is required to follow Local Coverage Determinations (LCDs) regulations. The following criteria is used for utilization management reviews.

LCDs are decisions made by a Medicare Administrative Contractor (MAC) whether to cover a particular item or service in a MAC's region. MACs are Medicare contractors that develop LCDs and process Medicare claims. The purpose of an LCD is to provide information regarding reasonable and necessary criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In order for any item to be covered by Medicare, it must:

1. Be eligible for a defined Medicare benefit category
2. Be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare statutory and regulatory requirements

Continuous Glucose Monitors are regulated by LCD L33822. CGM devices covered by Medicare under the durable medical equipment (DME) benefit are defined in CMS Ruling 1682R as therapeutic CGMs. Therapeutic CGMs and related supplies are covered by Medicare when **all** the following coverage criteria are met:

1. The beneficiary has diabetes mellitus (refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses).
2. The beneficiary has been using a blood glucose monitor (BGM) and performing frequent (four or more times a day) testing.
3. The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump.
4. The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results.
5. Within six months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria 1-4 above are met.
6. Every six months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

Per LCD L33822 if any of coverage criteria 1-6 are not met, the CGM and related supply allowance will be denied as not reasonable and necessary.

Sources:

<https://www.medicare.gov/claims-appeals/local-coverage-determinations-lcd-challenge>

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33822>

Model of Care Training

UCare's Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare plans are Dual Eligible Special Needs Plans, meaning that the member's Medicare and Medicaid benefits and services are integrated into one benefit package, with Long Term Services and Supports incorporated in the MSHO product. The Model of Care (MOC) describes the population, management, procedures and UCare's approach to caring for our population. It also details how UCare provides and coordinates benefits and services for these members.

UCare's MSHO and UCare Connect + Medicare members face a host of unique challenges and barriers to getting the care they need. These products are designed with a unique set of benefits and services to help members meet these needs and assist them in staying healthy and independent.

The Centers for Medicare and Medicaid Services (CMS) requires training on the MOC for providers on the management and procedures necessary to provide services and coordination of care to members to promote knowledge of the MSHO and Connect + Medicare population and assist providers in caring for these members.

All providers are required by CMS to complete one training option annually. Two options are available:

- Review the MSHO and UCare Connect + Medicare MOC training at <https://ucare.webex.com/recording/service/sites/ucare/recording/ae8f7b29104544ccb3ab82b3bd42d94b/playback> or via the Play Recording hyperlink at the bottom of the [UCare website](#).

OR

- Attend an in-person/live WebEx presentation, visit the [UCare website](#) for the training schedule. Individual meetings are also available upon request, email clinicaliain@ucare.org to schedule.

Following the training, share or review the information with all appropriate staff and partners at your clinic.

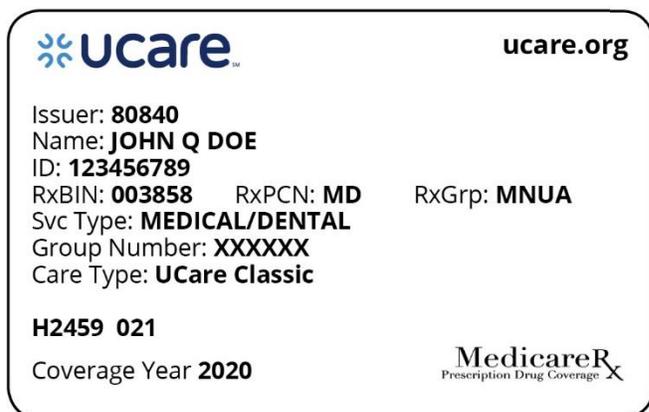
UCare recommends that you complete the [Model of Care Attestation](#), found on the [UCare website](#), for your training completion records.

Providers may contact us at clinicaliain@ucare.org for information about MSHO and UCare Connect + Medicare MOC training.

Accurate Member Information is Key to Smooth Claim Submissions

Each time a member presents for services, providers should ask for a current insurance card. This allows you to update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing.

When submitting a claim, the UCare member ID number listed on the card, or given on the electronic eligibility and benefit transaction, should be submitted exactly as provided; no digits should be added or excluded. Please note that all UCare members have their own unique member ID number. Do not submit claims using the subscriber ID number with a dependent code.



Maintaining current insurance information for members is imperative to successful and timely claims processing. Incorrect member information can initiate suspected fraudulent claims investigations and HIPAA violations. Please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID number, birth date, address, etc).

Documentation Improvement: Diabetes

Diabetes is a complex, chronic disease that requires continual medical management. Medical record documentation should reflect this complexity by including all the known disease details. This will ensure quality and continuity of patient care. ICD-10-CM coding has expanded the reporting capabilities and offers increased specificity to capture all the details.

The medical record should include:

- Type of diabetes – type 1, type 2 or secondary. If secondary, specify the cause.
- Diabetic complication(s) and the body system(s) affected – Causal relationship should be documented as “due to” or “related to” for clarity.
- Notation of how well the diabetes is being controlled
- Treatment plan including insulin dependence or long-term use of insulin, if applicable

Historically, coders have requested that providers document if diabetes is controlled or uncontrolled due to the classification of the code set. The diabetic codes no longer contain this classification. However, diabetes with hyperglycemia is coded if the documentation indicates uncontrolled, inadequately controlled or poorly controlled diabetes.

It is common for diabetic patients to have more than one diabetic complication. All complications should be documented and coded to accurately reflect the patient’s diabetic health status. The current status of any amputations also need to be noted to capture all the disease details. Remember to document any additional co-existing conditions that affect the care and management of the patient.

Examples of clear documentation include:

- Stage 3 chronic kidney disease due to type 2 uncontrolled diabetes, long-term use of insulin, HTN stable
- Type 1 diabetic, left heel ulcer due to Diabetic PVD, left great toe amputation well healed, stable right eye diabetic retinopathy
- Pregnancy check, pre-existing type 2 diabetic, 2nd trimester well controlled by diet

Refer to the *ICD-10-CM Official Guidelines for Coding and Reporting* for complete coding information.

Cultural and Linguistic Competence Session

The Minnesota Age and Disabilities Odyssey Conference is hosting a Cultural and Linguistic Competence webinar on June 9, from 12 to 3 pm. At the session, providers will learn more about implementing cultural and linguistic competence in disability and aging services and its role in promoting racial equity.

To register for the free session, complete and submit the [registration form](#) by June 4. Additional information is available at <https://mn.gov/dhs/odyssey/attend/2021-odyssey-series/>.

Keeping UCare Members Active

Silver Sneakers

UCare Medicare Plans, UCare Medicare w/ M Health Fairview & North Memorial, EssentiaCare, UCare Minnesota Senior Health Options (MSHO), UCare Connect and UCare Connect + Medicare members are eligible for a SilverSneakers fitness membership at no additional cost. A SilverSneakers fitness membership gives members access to more than 500 participating locations in Minnesota and more across the country.

SilverSneakers membership offers:

- Access to exercise equipment and SilverSneakers fitness classes taught by certified instructors at gyms in the SilverSneakers network
- At-home [SilverSneakers On-Demand](#) classes and live virtual classes
- FLEX classes that take place outside of a traditional gym, in places throughout the community like parks and community centers
- Unlimited access to all SilverSneakers classes, FLEX and On-Demand classes, virtual classes and gyms in the SilverSneakers network
- At-home kits including walking, toning, strength or yoga kits. Members may call 1-888-423-4632 (TTY: 711) to order an at home kit. Limit one per calendar year.

Members should visit [SilverSneakers.com](#) to get their SilverSneakers ID number, browse the SilverSneakers gym network, find an On-Demand class and start using their SilverSneakers benefit.

Health Club Savings

Members eligible to participate in the Health Club Savings benefit are listed by UCare Plan in the following bulleted list. Eligible UCare members who belong to a participating health club can receive a reimbursement of up to \$20 in their health club membership fees each month. To participate, members should show their UCare ID card when signing up at a participating location.

- UCare Medicare, UCare Medicare w/ M Health Fairview & North Memorial and EssentiaCare members can participate in Health Club Savings if they are not participating in SilverSneakers and their club is not in the SilverSneakers network.
 - There is no monthly visit requirement
 - Participating health clubs include:
 - Select [Life Time Fitness](#)
 - Select [Healthy Contributions](#) clubs
 - Select [National Independent Health Club Association \(NIHCA\)](#) clubs
- MinnesotaCare, Prepaid Medical Assistance Program, UCare Individual & Family Plans and UCare Individual & Family Plans w/ M Health Fairview members:
 - Have a monthly visit requirement of 12 visits
 - Must be age 18 or older
 - Participating clubs include:
 - [Life Time Fitness](#)
 - [YMCA Twin Cities](#)
 - [SNAP Fitness](#)
 - [Curves](#)
 - [Healthy Contributions](#) Clubs
 - [National Independent Health Club Association \(NIHCA\)](#) clubs

Online fitness classes at participating Health Club Savings locations may count toward a member's monthly visit requirement. Classes must meet these guidelines:

- The club offers the class to its paying members.
- It is live and led by an instructor.
- The instructor takes attendance and can see the member working out.
- The member has their device camera on during the entire class.
- The class is added to the member’s club attendance record.

Pre-recorded classes and classes in which attendance is not taken do not count as a reimbursable visit.

Learn more about Health Club Savings [here](#).

Upcoming Holidays

UCare and the Provider Assistance Center (PAC) will be closed the following days:

- Monday, May 31, 2021 – Memorial Day
- Friday, June 18, 2021 – Juneteenth (Observed)
- Monday, July 5, 2021 – Independence Day (Observed)

If you need assistance during these times, self-service will be available through the Interactive Voice Response (IVR) system or by logging into the [Provider Portal](#) to verify eligibility, check claims status or send a message to PAC.

ONLINE
www.ucare.org/providers

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