



FLORIDA | 2011 | ISSUE I

# PROVIDER

## Newsletter

### CLAIMS CORNER

#### CODING FOR WELL AND SICK VISITS

The American Medical Association (AMA) CPT coding manual defines preventive medicine services as age and gender appropriate history and exam with anticipatory guidance and counseling. Included in preventive care services are:

- History and exam appropriate for age and gender
- Anticipatory guidance and risk factor reduction
- Ordering of appropriate immunizations, lab/diagnostic procedures
- Treatment and management of insignificant problems

The AMA CPT coding guidelines allow a provider to bill for both a preventive medicine code and a medically necessary evaluation & management (E/M) code when there is “**significant**” extra work required in the diagnosis or treatment of a problem during a routine (annual) examination. **Correct coding guidelines require the addition of modifier -25 to the medically necessary E/M service (99201 – 99215).**

**A provider should bill ONLY the PREVENTIVE MEDICINE code when:**

- The patient’s status/history shows the patient in good health
- The patient has a minor “stable” problem
- The history of present illness (HPI) is “Doing well, no complaints”
- When the assessment & plan (A/P) addresses only preventive medicine issues

**A provider should bill BOTH the PREVENTIVE MEDICINE code and the MEDICALLY NECESSARY E/M service when:**

- The patient has chronic medical problems, one or two in poor control
- The patient has three serious chronic problems, all in good control, if they are addressed
- HPI documents poor control of chronic disease or status of stable diseases
- Exam shows unexpected, abnormal findings
- Acute problem treated
- A/P shows treatment of diseases

### PROVIDER UPDATE

Since our last newsletter was published, the following correspondence was sent to providers via fax or was posted on the secure section of the WellCare Web site:

- Introducing Advanced Illness Service
- Vaccine Administration for Medicaid Members
- WellCare Entering Pasco and Pinellas Counties 1/1/11
- WellCare Announces 2011 Service Areas
- CareCore National Nuclear Cardiology and Nuclear Medicine Update
- Provider Encounter Request Notice

You can find copies of some of these correspondences when you log in to the secure area of [www.wellcare.com](http://www.wellcare.com) (via the sign-in on the right that says “Member / Provider Secure Sign-In”). Then click on the Provider tab and you will see *Messages From WellCare* located on the right-hand side. Remember to check the messages regularly to receive new and updated information.

# MEDICAID CHILDREN AT RISK FOR LEAD POISONING

There is no safe level of lead in blood. Recent research finds that harmful effects can still occur in children who have blood lead levels less than 10µg/dL. The Centers for Disease Control and Prevention describe lead poisoning as one of the most common pediatric environmental health problems in the United States (CDC, 1997). In Florida, hundreds of children are diagnosed with lead poisoning each year. Lead affects the central nervous system and can interfere with the production of hemoglobin (which is needed to carry oxygen to cells) and with the body's ability to use calcium. Life-long effects, such as lowered IQ, learning disabilities, and behavioral problems, can result from lead exposure. At very high levels, seizures, coma, and even death have also been reported (CDC, 1997). Lead poisoning often occurs with no obvious symptoms and, therefore, it frequently goes unrecognized. However, there are cases when signs and symptoms are present, including irritability, loss of appetite, sluggishness, abdominal pain, vomiting, constipation, and learning difficulties.<sup>1</sup>

Sources of lead exposure include:

- Lead-based paint (pre-1978)
- Lead-contaminated soil
- Artificial turf, as it deteriorates, becomes lead dust
- Imported candy (& wrappers)






- Folk medicine
- Imported home remedies
- Some glazed pottery
- Makeup
- Mini-blinds
- Sindoer Alert - a red powder that is traditionally applied at the beginning or completely along the parting-line of a woman's hair or as a dot on the forehead
- Toy jewelry
- Toys
- Water
- Gasoline

As health care providers, you need to advise parents regarding lead recalls. You can access an up-to-date list of lead recalls at: <http://www.cdc.gov/nceh/lead/Recalls/allhazards.htm>.

## HOW ARE CHILDREN EXPOSED TO LEAD?

One very recent example is the recall of 967,000 toys by Fisher-Price—toys that could be in a child's hands today. Even with the recall, not all of these toys will be recalled. Unfortunately, a great number of these toys will slip through the cracks and unwittingly be sold at garage sales and second-hand stores.

Fisher-Price Recalls Licensed Character Toys Due To Lead Poisoning Hazard, August 2, 2007 Release #07-257  
 Product: Sesame Street, Dora the Explorer, and other children's toys  
 Units: About 967,000  
 Name of Product (to see full list go to this link: <http://www.cpsc.gov/cpscpub/prerel/prhtml07/07257.html>)

Product Name	Product Number	Product Image
Elmo Light Up Musical Pal	33662	
Ernie Light Up Musical Pal	33663	
Big Bird Light Up Musical Pal	33664	
Elmo Stacking Rings	34658	
Elmo Tub Sub	39038	

Another primary risk of exposure is lead-based paint and lead-contaminated dust, both of which are the main sources of exposure for lead in U.S. children. Lead-based paints were banned for use in housing in 1978. All houses built before 1978 are likely to contain some lead-based paint. However, it is the deterioration of this paint that causes a problem. Approximately 24 million housing units have deteriorated leaded paint and elevated levels of lead-contaminated house dust. More than 4 million of these dwellings are homes to one or more young children.<sup>2</sup>

Top seven Florida counties with over 15,000 housing units built prior to 1950 are:

County	Pre-1950 Housing Units	% of Children <6 Under Poverty	Estimated Population of Children <6, 2006	Percent of Children Tested 2007	# Staywell Members <6 Tested as of 8/31/2010	# HealthEase Members <6 Tested as of 8/31/2010
Duval	40,449	18.0%	75,663	6.9%	0	8
Pinellas	38,135	15.0%	56,550	4.8%	305	190
Hillsborough	34,539	18.0%	97,367	8.0%	1411	875
Palm Beach	20,957	15.0%	90,402	10.9%	913	720
Broward	20,377	15.0%	140,448	10.9%	97	48
Orange	18,809	17.0%	92,671	2.3%	1526	715
Polk	17,242	21.0%	45,051	13.3%	882	311

*\*Based on most recent five years of data, 2002-2006 (To see the complete list go to the following link: <http://www.cdc.gov/nceh/lead/data/state/fldata.htm>)<sup>3</sup>*

Considering these risks and the lifelong impact of lead poisoning, it is critical for providers to conduct the appropriate number of lead tests by age two and complete appropriate follow-up care for the members exposed to lead.

Recommendations for Health Care Providers:

- Educate all parents regarding the risks of lead exposure and the lifelong impact of lead poisoning. Provide parents with information on local agencies to assist with the removal of lead-based paint.
- Notify the parents/caregivers of children with blood lead levels less than 10µg/dL. Discuss with parents/caregivers the potential impact of lead on child development and promote strategies that foster optimum development, including encouraging parents to influence their child’s development positively by providing nurturing and enriching experiences. Promote participation in early enrichment programs regardless of the child’s blood lead level.
- Conduct a follow-up blood lead test within three months to assure blood lead levels are not rising.
- Obtain an environmental and family occupational history. Educate parents about the most common sources of childhood lead exposure for their child and in their community.
- Direct parents/caregivers to the local county health department, state, and federal agencies and organizations for information, particularly concerning methods to identify and safely repair or remove lead hazards.
- Help parents/caregivers understand the uncertainty of a blood lead value and potential reasons for its fluctuation, including errors introduced by sampling methods and laboratory procedures, age, and season-related exposures.
- Assess all children for developmental and behavior status, and seek further evaluation and therapy to reduce developmental or behavioral problems as necessary.<sup>4</sup>

Note: For additional information on lead screening, contact the Department of Health, Bureau of Toxicology at 1-850-245-4299, the Department of Health, Bureau of Environmental Epidemiology at 1-850-245-4299, or the CDC at 1-404-639-3311. For free publications on Childhood Lead Poisoning, contact the CDC toll-free at 1-888-232-4636.

<sup>1</sup><http://www.doh.state.fl.us/environment/medicine/lead/pdfs/ChildhoodLeadPoisoningScreeningandCaseManagementGuide.pdf>

<sup>2</sup><http://www.cdc.gov/nceh/lead/tips.htm>

<sup>3</sup><http://www.cdc.gov/nceh/lead/data/index.htm>

<sup>4</sup><http://www.doh.state.fl.us/environment/medicine/lead/pdfs/ChildhoodLeadPoisoningScreeningandCaseManagementGuide.pdf>

## REFERRING MEMBERS FOR BEHAVIORAL HEALTH SERVICES

The Surgeon General estimates that 15 percent of the U.S. population may need the help of a mental health professional in any one year. And because many patients identify their primary care physician (PCP) as the provider they are most likely to consult for a mental health problem, the responsibility for the initial assessment of that behavioral health condition will often lay squarely on your shoulders. That's why you must carefully examine each patient you see, not only for physical ailments but for underlying mental health concerns. The Surgeon General's report indicates that a large percentage of patients will go undiagnosed or undertreated. Don't let that happen to your patients!

While many mental health problems, including depression, anxiety, and attention deficit hyperactivity disorder, can be effectively managed and treated by the PCP, more complicated problems may indeed require the involvement of specialists in psychiatry. It's important for you to refer patients who exhibit some signs of psychiatric disorder to a licensed mental health behavioral specialist for immediate attention.

When considering psychiatric consultation and referral, please keep the following in mind as you work with your patients:

- The patient has a chronic medical condition and appears to have a significant behavioral health condition that is untreated or undiagnosed.
- The patient's behavioral health condition appears to be exacerbating the medical condition or vice versa.
- The patient is having suicidal or homicidal thoughts.
- The patient is displaying psychotic symptoms. The patient is reporting a history of violence, self-injury or mutilation.
- The patient has a history of frequent inpatient admissions and is prone to relapse.
- The patient has received multiple diagnoses or has complicating factors, including substance abuse and/or personality disorders.
- The patient has no organic etiology for his or her medical complaints.
- The patient is experiencing complex marital or family issues where prolonged or frequent sessions will be required.
- The patient is unresponsive to first-line therapeutic interventions.
- Patients seen in the emergency room or hospitalized on a medical floor where behavioral health issues may have contributed to their admission to a medical service.

Once you've identified that your patient needs a mental health behavioral specialist or psychiatric consultation and management, please contact Magellan Health Services for further attention to this matter. Magellan can be reached at **1-877-712-5340**. You may also contact Magellan's Aftercare Team at **1-877-712-5340** Monday through Friday from 8am to 7pm Eastern. Finally, your patient may contact Magellan directly by calling **1-877-712-5340**, which is available 24 hours a day, seven days a week.



## BREAKING DOWN WALLS

### EFFECTIVE COMMUNICATION WITH PATIENTS

It can be very stressful when patients do not understand what their doctors are telling them about their condition. Good communication can help alleviate fear or anxiety they might experience.

Here are some things providers can do to communicate more effectively with their patients:

- Keep the patient's culture in mind; it may differ from yours. The way you communicate both verbally and nonverbally may mean something different to them.
- Assess what the patient already knows by asking questions; encourage patients to keep you informed.
- Assess what the patient wants to know.
- Be empathetic.
- Take the time to explain all treatment options and ensure the patient understands the benefits and risks of each option.
- Keep it simple; explain medical information in easily understood language.
- Be sure to answer all of the patient's questions.

## MEDICAID

## KEEPING PREGNANT MEMBERS AND THEIR UNBORN BABIES HEALTHY

As a health plan, we have an obligation to help our pregnant members and their unborn babies stay healthy. One of the ways we will accomplish this is through our **Maternity Education and Member Incentive Program**, a component of our Quality Improvement program.

The **Maternity Education and Member Incentive Program's** goals are:

- Engage expectant mothers in managing and maintaining and/or improving their current state of health;
- Improve compliance with timely scheduling and attendance of their prenatal care visits and postpartum care visit; and
- Decrease the likelihood of negative consequences associated with not achieving a healthy outcome.

As a part of the program, we will provide expectant mothers on our Medicaid plans with the educational booklet, **"Mommy and Baby Matters, Taking Care of Yourself and Your Baby."**

This booklet provides basic prenatal and postpartum tips to enhance the expectant mother's awareness about the importance of taking good care of herself and her unborn baby during and after pregnancy. To view a copy of the maternity education booklet, please go to [www.wellcare.com/provider/resources](http://www.wellcare.com/provider/resources).

As a component of the Maternity Education Program, the Plan is offering a Prenatal Reward Program which will reward expectant mothers for receiving timely prenatal visits. If a member chooses to participate in this voluntary program, **she must attend at least six prenatal visits**. You, as the provider of care, will need to date and sign for each visit to confirm compliance, and fax the completed form to the Plan. If the member meets her visits and other eligibility criteria, her reward is a new baby stroller at no cost to her.

Partnering with us, we would like you to emphasize to each expectant mother the importance of taking care of herself during her pregnancy. More importantly, reinforce that she needs to schedule and keep her appointments so you can monitor not only her health but her baby's development to achieve a healthy outcome.

## ASSESS POTENTIAL HEALTH CONCERNS FOR YOUR OLDER PATIENTS

WellCare encourages you to dedicate a few minutes during a patient visit to discuss the following health concerns with your older patients:

### FALL RISK MANAGEMENT

- **Ask your patients if they have fallen or almost fell, but were caught by someone or managed to grab hold of something just in time.**

Fall prevention is one of the biggest safety concerns for older patients, especially those that live alone. Slip and fall accidents are one of the leading causes for seniors having to go to the hospital. An important aspect of patient education and injury prevention is to alert your patients of ways to prevent falling, including wearing sensible shoes and using an assisted device—which is especially important for seniors—because their balance may be impaired, leading to increased falls.

### ASSESS PHYSICAL ACTIVITY – KEEP YOUR PATIENTS MOVING

- **Talk to your patients about their physical activity. For example, do they exercise regularly or take part in physical exercise?**

You may want to advise them to start, increase or maintain their level of exercise or physical activity to maintain and/or improve their health. Physical activity can improve strength, balance, coordination and flexibility, and can go a long way toward fall prevention.

### URINARY INCONTINENCE (UI)

- **In addressing a topic as sensitive as this, it is important to put the patient at ease so they will feel comfortable discussing such a private issue with you.**

Loss of bladder control is common among older patients. Urinary incontinence may be underreported because patients do not believe that anything can be done about it. Underlying health problems may contribute to incontinence, such as menopause for women and enlarged prostate for men.

If the patient is experiencing symptoms of urinary incontinence, discuss treatment options that may include bladder training, physical therapy or, sometimes, just a simple change in toileting habits may bring relief.

### CHECK FOR OSTEOPOROSIS

- **Assess your patients' bone health. Because osteoporosis can be asymptomatic for a prolonged period of time, do bone mineral density (BMD) testing if applicable.**

With age, bones tend to shrink in size and density, which weakens them and makes them more susceptible to fracture. The U.S. Preventive Services Task Force (USPSTF) recommends BMD testing on all women age 65 and older, all men age 70 and older, and other patients based on their clinical profile.

You may want to give them tips on what they can do to prevent bone loss or the progression of osteoporotic bones. For example, tell them to include plenty of calcium and vitamin D in their diets, and to consider strength training to increase bone density and reduce the risks of osteoporosis. Medication management is a treatment option to slow bone loss and maintain bone mass, when applicable.

Always remind your patients that it's never too late to adopt a healthy lifestyle. As their physician, you cannot stop the aging process, but your patients can minimize the impact by making healthy lifestyle choices with your guidance.

## MEASURE BONE LOSS

In agreement with the U.S. Preventive Services Task Force (USPSTF) recommendations for postmenopausal women, The National Osteoporosis Foundation (NOF) recommends bone density imaging on:

- All women age 65 and older
- All men age 70 and older
- Younger postmenopausal women and men ages 50 to 69 about whom you may have concern based on their clinical risk factor profile
- Women in the menopausal transition if there is a specific risk factor associated with increased fracture risk, such as low body weight, prior low-trauma fracture or high-risk medication
- Adults who have had a fracture after age 50
- Adults with a condition (e.g., rheumatoid arthritis) or taking a medication (e.g., glucocorticoids in a daily dose more than or equal to 5 mg prednisone or equivalent for more than or equal to three months) associated with low bone mass or bone loss
- Anyone being considered for pharmacologic therapy for osteoporosis
- Anyone being treated for osteoporosis, to monitor treatment effect
- Anyone not receiving therapy in whom evidence of bone loss would lead to treatment

People with osteoporosis are frequently asymptomatic—sometimes for a prolonged period of time—until they suffer a fracture, which can lead to even more complications. Not uncommonly, the fracture occurs following minimal trauma. Although a fracture may be followed by a full recovery, chronic morbidity, disability and even death are all too common. Osteoporotic fractures may lead to psychological symptoms, most notably depression and loss of self-esteem, as patients grapple with pain, physical limitations and the need for lifestyle changes.

Osteoporosis-related fractures create both a personal and communal economic burden, necessitating more than 432,000 hospital admissions, almost 2.5 million medical office visits, and about 180,000 nursing home admissions annually in the U.S. Interventions that focus on early detection (radiologist-supervised bone density imaging) and treatment of osteoporosis, and prevention of falls, should be a routine focus of primary care office visits for at-risk patients.

Source:

National Osteoporosis Foundation Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2010. [http://www.nof.org/sites/default/files/pdfs/NOF\\_ClinicianGuide2009\\_v7.pdf](http://www.nof.org/sites/default/files/pdfs/NOF_ClinicianGuide2009_v7.pdf).





## MEDICAL INJECTABLES

WellCare of Florida, Inc., d/b/a Staywell Health Plan of Florida and HealthEase of Florida, Inc., (collectively, “WellCare”) continuously strives to reduce barriers to care and therapies. In reviewing our medical injectable (J-code) prior authorization requirements, WellCare identified an opportunity to consolidate and align the list of required codes. To that end, we combined our Medical and Pharmacy injectable prior authorization code lists into one consistent list, and aligned that list with current industry practice. The modified list of medical injectables that require prior authorization went into effect December 7, 2010.

Please note that some drugs continue to require prior authorization. Traditionally, J-code medications that were administered in the office setting required prior authorization. Under this new program, the list of drugs will be reduced, but for those drugs still requiring prior authorization, the authorization is needed in all outpatient treatment settings, with the exception of emergent and urgent care. This allows WellCare greater review for medical necessity and fraud and abuse prevention.

### WHAT DOES THIS MEAN TO YOU?

Removing the prior authorization requirement on a number of medical injectables means you can treat your WellCare patients without obtaining a prior authorization or completing a drug evaluation review (DER) for certain drug products. All other drug products, as well as home infusion therapy, still require a DER.

As a participating provider, you are responsible for adhering to utilization management principles such as prior authorization. The Plan’s Utilization Management (UM) program is designed to meet contractual requirements and comply with federal and/or state regulations, while providing members access to high quality, cost-effective medically necessary care and ensuring prompt and accurate payment to our providers.

### RESOURCES

To determine if a prior authorization is required, a No Authorization Required Medical Injectable List may be accessed at [www.wellcare.com/provider/pharmacyservices](http://www.wellcare.com/provider/pharmacyservices).

### REMINDER

**As a reminder for Medicaid providers**, effective July 1, 2010, the Agency for Health Care Administration (AHCA) changed the way claims are processed for physician-administered drugs. As a result of this change, WellCare will deny any claims received after **September 27, 2010** that include physician-administered drugs or J-codes billed without the correct corresponding NDC number. In order to receive reimbursement, all physician-administered drugs will require both HCPCS codes and NDC numbers.

Thank you for the quality service you provide to our members. If you should have any questions, please contact Provider Services at **1-800-278-0656** (HealthEase), **1-866-334-7927** (Staywell), **1-866-698-5437** (Staywell Kids), **1-800-278-8178** (HealthEase Kids) or **1-888-888-9355** (WellCare Medicare).

# MIGRATING TO 5010 FOR ELECTRONIC TRANSACTIONS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that the health care industry use standard formats for electronic claims and related transactions. The current format, 4010A1, is in the process of being replaced by 5010, a new standard format.

All covered entities (health plans, health care clearinghouses and certain health care providers) will be required to use the 5010 standard when conducting electronic transactions. These include:

- Claims (professional, institutional and dental)
- Claims status requests and responses
- Payments to providers
- Eligibility requests and responses
- Referral requests and responses
- Enrollment and disenrollment in a health plan
- Coordination of benefits
- Premium payments

For the majority of the year 2010, the 5010 project focus was achieving Level I compliance. The Centers for Medicare and Medicaid Services (CMS) defines Level I compliance as follows: *a covered entity can demonstrably create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.*

For the year 2011, focus is shifting to testing and becoming Level II compliant. CMS defines Level II compliance as follows: *a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards.*

## TESTING SCHEDULE: WHO AND WHEN

A testing schedule was developed for providers who submit electronic transactions directly to, or receive electronic transactions directly from, WellCare. Testing began in January 2011 and will proceed through quarter two of 2011, depending on the provider and their transaction utilization.

For providers who submit electronic transactions through a third party vendor, please note that WellCare is also testing with vendors during the same time frame. The specific types of vendor testing are listed below.

- 837I, 837P, 837D (Claims)—WellCare will test with clearinghouses
- 276/277 (Claim Status)—WellCare will test with clearinghouses and providers
- TA1, 999, 277CA (Response Files)—WellCare will test with clearinghouses
- Outbound 834 (Eligibility)—WellCare will test with providers
- 835 (Payments)—WellCare will test with payment vendor and providers
- NCPDP D.0 (Pharmacy)—WellCare will test with pharmacy claims vendors
- Encounters—WellCare will test with vendors and providers

## KEEP COMMUNICATION LINES OPEN

- Notify WellCare regarding any software and/or vendors that are not 5010 test-ready for external partners through our EDI department: [EDI-Master@WellCare.com](mailto:EDI-Master@WellCare.com).
- Designate a primary contact (i.e., office manager, billing manager) who is familiar with 5010 and its implications for your office. A single point of contact will ensure communications to and from WellCare are received timely.

## RESOURCES

- CMS checklist for a smooth 5010 transition: [www.cms.gov/Versions5010andD0/40\\_Educational\\_Resources.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage).
- CMS presentations from the National Provider calls: [www.cms.gov/Versions5010andD0/V50/list.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/V50/list.asp#TopOfPage).

For inquiries related to your electronic claim submissions to WellCare and related transactions, please contact our EDI team via e-mail at [EDI-Master@WellCare.com](mailto:EDI-Master@WellCare.com).

# LEAD BLOOD TESTING REQUIREMENTS FOR CHILDREN UNDER SIX YEARS OF AGE

In Florida, hundreds of children are diagnosed with lead poisoning each year. There are life-long effects, such as lowered IQ, learning disabilities and behavioral problems that can result from lead exposure. At very high levels, seizures, coma, and death have also been reported. Lead can be found in the most common toys that parents buy for their children.

Blood Lead Level (BLL) screening is a federal requirement (since 1989) for all eligible children at 12 months and 24 months of age, and all children not previously screened should receive a blood test between the ages of 36 and 72 months of age. This should be in conjunction with a Child Health Check-UP (CHCUP) visit, unless the member is sick and it is up to the provider's discretion. Lead poisoning is a reportable disease under CHAPTER 64D-3 Florida Administrative Code.

Completing a lead risk assessment questionnaire DOES NOT count as a lead screening and does not meet federal, Florida Medicaid and HealthEase/Staywell requirements for lead testing. The child's medical record must document all lead-testing services rendered and the resulting values. If the lead-test results are not included in the medical record, the provider's office may receive a request for a Corrective Action Plan (CAP). If your office has a blood-lead analyzer, you will need to comply with the appropriate equipment maintenance.

### Follow-up testing:

- Children found to have an initial capillary blood lead level of  $\geq 10$  micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) require a confirmation test. A venous sample is preferred.
- Children with elevated blood lead levels in the following categories should receive associated medical follow-up:

BLOOD LEAD LEVEL	FOLLOW-UP VENOUS TESTING	RECOMMENDED ACTIONS
10-14 $\mu\text{g}/\text{dL}$	Within 3 months	Notify parents/guardians and obtain environmental history; provide health education & nutritional guidance. Report to local county health department.
15-19 $\mu\text{g}/\text{dL}$	Within 2 months	Same as above; screen siblings and household members under age 6.
20-44 $\mu\text{g}/\text{dL}$	Within 1 month	Same as above; conduct medical evaluation and history.
45-69 $\mu\text{g}/\text{dL}$	Within 48 hours	Same as above; assess for lead poisoning symptoms; consider Succimer treatment.
$\geq 70$ $\mu\text{g}/\text{dL}$	Admit to hospital; repeat testing 1-3 weeks after discharge	Hospitalize and initiate chelation therapy.

A blood lead level test should initially be done by a capillary specimen (finger stick). A capillary blood lead level result that is elevated ( $\geq 10\mu\text{g}/\text{dL}$ ) must be confirmed with a venous blood lead level test or with a second capillary test as directed by the guidelines provided by the Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook and Florida Department of Health Childhood Lead Poisoning Prevention Program (FL CLPPP).

### Performing the Lead Blood Screen and Appropriate Reimbursement Methodologies:

Providers can also use the filter paper and finger stick "capillary" methods in addition to venous blood lead level testing. When the sample is sent to the WellCare contracted labs (Quest Laboratory and MedTox), the claim form should reflect either procedure code 36415 (venipuncture) or 36416 (capillary stick) with diagnosis code V82.5.

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To request supplies from MedTox, call **1-877-628-7274** and provide the appropriate information when submitting the tests back to MedTox and/or Quest. Make sure to include the appropriate primary diagnosis and the secondary diagnosis of V82.5 and bill using Scenario 1 or Scenario 2, depending on what is applicable.

### Coding/Billing

Laboratory Tests Reimbursement: In addition to a CHCUP, certain providers may be reimbursed for laboratory testing, including dipstick urine and finger stick hemoglobin and hematocrit, through their provider-specific Medicaid programs, such as physician services. The provider-specific Medicaid program must allow reimbursement for laboratory tests. Medicaid does not reimburse for the collection and handling of specimens during a physician's office visit. To perform laboratory tests and analyze the results, the provider's office laboratory must be certified by the Clinical Laboratories Improvement Amendment of 1988 (CLIA), and you must use a blood-lead analyzer. If you do not have one, then you will need to submit the sample to either Quest or MedTox.

Four options for coding and billing exist, depending on office protocols that are supported by CLIA certification, as appropriate:

- Scenario 1: EPSDT CPT Code (99381-99383 or 99391-99393) and appropriate diagnosis code plus blood draw CPT code (36415 for venous; 36416 for capillary) and appropriate diagnosis code (V82.5).
- Scenario 2: EPSDT CPT Code (99381-99383 or 99391-99393) and appropriate diagnosis code plus BLOOD LEAD CPT code (83655) with the appropriate diagnosis code (V82.5).\*
- Scenario 3: (Sick Visit) Evaluation and Management CPT Code (99201-99205 or 99211-99215) with the appropriate sick visit ICD-9 code plus blood draw CPT code (36415 for venous; 36416 for capillary) and appropriate diagnosis code (V82.5).
- Scenario 4: (Sick Visit) Evaluation and Management CPT Code (99201-99205 or 99211-99215) with the appropriate sick visit ICD-9 code plus BLOOD LEAD CPT code (83655) with the appropriate diagnosis code (V82.5).\*

\* Submission of 83655 requires CLIA Lab Certificate Code of (340) Chemistry-Toxicology.

### Reporting Guidelines

Lead poisoning is a reportable disease under Chapter 64D-3, Florida Administrative Code. A confirmed case of lead poisoning is defined as an individual with a blood lead level greater than or equal to 10µg/dL from a venous specimen or blood lead level greater than or equal to 10µg/dL from TWO capillary specimens taken within three months of one another.

Laboratories contracted with WellCare (Quest and MedTox) must electronically report ALL blood lead test results directly to the local county health department and FL CLPPP. As such, providers using these labs do not have to submit reports. However, if providers utilize in-office based lab equipment in concert with appropriate CLIA certification for processing of blood lead specimens (LC Code (340) Chemistry-Toxicology), forms for reporting of both normal and abnormal results will need to be reported. For more information on reporting blood lead results, see the following link:

[http://www.doh.state.fl.us/environment/medicine/lead/General\\_Lead\\_Reporting\\_Requirements.htm](http://www.doh.state.fl.us/environment/medicine/lead/General_Lead_Reporting_Requirements.htm).

### Coordinating follow-up care

If a child is found to have blood lead levels equal to or greater than 10 micrograms per deciliter (µg/dL), they must be enrolled in the WellCare Lead Case Management program. Please call **1-866-635-7045** to enroll the member in case management. In addition, providers should use their medical discretion, with reference to the current CDC guidelines covering patient management and treatment, including follow-up blood tests and initiating investigations as to the source of lead where indicated.

WellCare provides a Lead Case Management program that works in partnership with providers to develop and coordinate the appropriate plan of treatment and interventions for pediatric members identified with elevated blood lead levels equal to or greater than 10µg/dL. Case management staff works to ensure that members receive appropriate education, counseling and treatment. Should you identify a member in need of these services, please contact us at **1-866-635-7045**.

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Our WellCare commitment is to work closely with our providers and community to prevent developmental delay and/or learning disabilities resulting from childhood lead poisoning.

If you require additional information or need assistance with billing and claims, please contact Customer Service for HealthEase at 1-800-278-0656 or Staywell at 1-866-334-7927 and ask to speak with your Provider Relations representative.

**More information on Lead Analyzers:**

The LeadCare II analyzer (or similar office blood lead analyzers) may be used for blood lead level testing. Use of an office-based lead analyzer requires the provider to:

- Have the appropriate CLIA certificate waiver level: “340 – Toxicology”
- Ensure the equipment is maintained and calibrated according to the manufacturer’s specifications for use.
- Keep the lead analyzer equipment product insert easily accessible and available to staff in the testing area.
- Ensure device operators are familiar with standards for routine quality control.
- Any blood lead result  $\geq 6.0\mu\text{g/dL}$  must be confirmed by a venous test if the blood lead test is done by the LeadCare II analyzer.
- All blood lead levels are required by the state to be reported to the FL CLPPP
- Any result  $\geq 10\mu\text{g/dL}$  must be faxed to the FL CLPPP immediately
- Follow CLPSP guidelines for retesting, follow-up, case management and reporting.

## Q1 2011 PROVIDER FORMULARY UPDATE

### GENERIC NEWS

The generic drugs listed below are now available to HealthEase/Staywell Medicaid, Healthy Kids and Medicare members (unless otherwise noted) at the lowest co-payment (if applicable), and the brand-name drugs have been removed from the HealthEase/Staywell Medicaid and Healthy Kids Preferred Drug List:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
ASTELIN Nasal Spray <sup>†</sup>	Azelastine HCl 137mcg Spray	Antihistamine
Cleocin Pediatric <sup>®</sup> 75mg/mL Granules <sup>†</sup>	Clindamycin 75mg/mL Solution (QL: 300 mL/31 days) <b>Medicaid only</b>	Anti-Infective Agent
Cosmegen <sup>®</sup> 0.5mg Powder for Injection <sup>†</sup>	Dactinomycin 0.5mg Vial (PA) <b>Medicaid only</b>	Antineoplastic Agent
Exelon <sup>®</sup> 1.5mg, 3mg, 4.5mg and 6mg Capsules <sup>††</sup>	Rivastigmine 1.5mg, 3mg, 4.5mg and 6mg Capsules	Cholinesterase Inhibitor
Lovenox <sup>®</sup> 30mg/0.3mL, 40mg/0.4mL, 60mg/0.6mL, 80mg/0.8mL, 100mg/mL, 120mg/0.8mL and 150mg/mL Syringes <sup>††</sup>	Enoxaparin 30mg/0.3mL, 40mg/0.4mL, 60mg/0.6mL, 80mg/0.8mL, 100mg/mL, 120mg/0.8mL and 150mg/mL Syringes (QL varies per strength) <b>Medicaid only</b>	Anticoagulant
Prenatal-U Capsule <sup>†</sup>	Triveen-U Capsule <b>Medicaid only</b>	Multivitamin
Zegerid <sup>®</sup> 20mg Capsule <sup>†</sup>	Omeprazole/Sodium Bicarbonate 20mg Capsule	Proton Pump Inhibitor
Zegerid <sup>®</sup> 40mg Capsule <sup>††</sup>	Omeprazole/Sodium Bicarbonate 40mg Capsule	Proton Pump Inhibitor

<sup>†</sup>Not covered on the 2011 Medicare formulary

QL = Quantity Limit

PA = Prior Authorization

<sup>††</sup>Remains covered on the 2011 Medicare formulary

The following changes have been made to the **HealthEase/Staywell Medicaid and Healthy Kids Preferred Drug List**:

ADDITIONS	REMOVALS
Baraclude® 0.5mg, 1mg Tablets (PA)	A-200® Lice Control Spray
Cavan-Alpha Kit	Adderall XR® 5mg, 10mg, 15mg, 20mg, 25mg and 30mg Capsules
Dextroamphetamine-Amphetamine ER 5mg, 10mg, 15mg, 20mg, 25mg and 30mg Capsules (QL=62/31 days)	Desoximetasone 0.05% Cream
Diazepam 2.5mg, 10mg and 20mg Rectal Gel (PA, QL=3/31 days)	Eloxatin® 50mg/10mL, 100mg/20mL and 200mg/40mL Vials
Epinephrine 0.15mg and 0.3mg Auto-Injectors (QL=2 pens/31 days)	Hepsera® 10mg Tablets
Gianvi™ 3mg–0.02mg Tablet	Lamotrigine Tab Start Kits (25mg–100mg) (Green and Orange)
Revlimid® 5mg, 10mg, 15mg and 25mg Capsules (PA)	Veetids® 125mg/5mL Oral Suspension and 500mg Tablet
Santyl® Ointment (PA)	
Tasigna® 150mg Capsule (PA)	

PA = Prior Authorization      QL = Quantity Limit

The Utilization Management criteria have changed for the following medications as noted below for the **Staywell/HealthEase and Healthy Kids Preferred Drug List**:

DRUG NAME	CHANGE
Concerta® 18mg, 27mg, 36mg Tablets (QL=62/31 days)	ST added
Concerta® 54mg Tablets (QL=31/31 days)	ST added

QL = Quantity Limit      ST = Step Edit

The following additions have been made to the **WellCare Medicare Formulary**:

ADDITIONS	
Afinitor® 2.5mg Tablet (PA)	HalfLyte® & Bisacodyl Tablets Bowel Prep Kit
Amikacin Sulfate 100mg/2mL, 500mg/2mL and 1,000mg/4mL Vials	Methylphenidate 5mg/5mL and 10mg/5mL Oral Solutions
Ceftazidime 500mg Vial	Suboxone® 2mg–0.5mg and 8mg–2mg SL Films (PA)
Epinephrine 0.15mg and 0.3mg Auto-Injectors	Tasigna® 150mg Capsule (PA)
Gianvi™ 3mg–0.02mg Tablet	

PA = Prior Authorization

Please visit [www.wellcare.com](http://www.wellcare.com) to view the current Preferred Drug List and Formulary and pharmacy updates.