



Georgia Medicaid Provider Newsletter



2020 • Issue IV

Quality

WellCare E&M Program

The Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that evaluation and management (E&M) services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG also has recommended that payers continue to help to educate practitioners on coding and documentation for E&M services, and develop programs to review E&M services billed for by high-coding practitioners.

Providers should report E&M services in accordance with the American Medical Association’s CPT Manual and CMS guidelines including “Documentation Guidelines for Evaluation and Management Services” for billing E&M codes.

Overview of WellCare E&M Program:

- Evaluates and reviews high-level E&M services for high-coding practitioners that appear to have been incorrectly coded based upon diagnostic information on the claim and peer comparison.
- Applies the relevant E&M policy and recoding of the claim line to the proper E&M level of service.
- Allows reimbursement at the highest E&M service code level for which the criteria is satisfied based on our risk adjustment process.

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WellCare proudly serves the Georgia Medicaid and PeachCare for Kids® members enrolled in the Georgia Families® program and women enrolled in the Planning for Healthy Babies® program.



WellCare E&M Program *(continued from the previous page)*

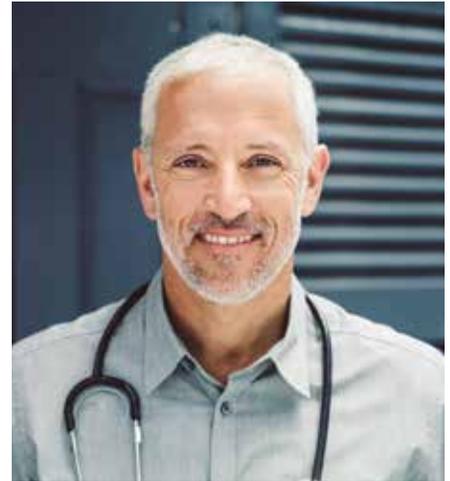
ICD-10 Laterality

According to the ICD-10-CM Manual guidelines, some diagnosis codes by definition indicate laterality, specifying whether the condition occurs on the left or right, or is bilateral.

ICD 10 Coding conventions outline guidance in reporting diagnosis code that indicate laterality. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

WellCare will perform two categories of diagnosis editing related to laterality:

- Consistency of Diagnosis-to-Modifier comparison assesses the lateral diagnosis associated to the claim line to determine if the procedure modifier matches the lateral diagnosis.
- Consistency of Diagnosis-to-Diagnosis comparison assesses lateral diagnoses associated to the same claim line to determine if the combination is inappropriate.



Excludes 1 Notes

ICD-10-CM has two types of excludes notes. Each type of note has a different definition for use but they are all similar in that they indicate that codes excluded from each other are independent of each other.

New edits focus on Excludes notes 1 validation, an Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Anatomical Modifiers

Anatomical modifiers are important in facilitating correct coding for claims processing and data collection. Modifiers may be appended to HCPCS/CPT codes when the clinical circumstances justify the use of the modifier. According to the AMA CPT Manual, the HCPCS Level II Manual and WellCare policy, the anatomic-specific modifiers, such as FA, TA, and LC, designate the area or part of the body on which the procedure is performed.

Certain procedures require an anatomical modifier, i.e., CPT code 13151 repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm) done on the right upper eyelid requires modifier E3 (upper right eyelid) to be appended.

Multiple Procedure Reductions

Under the Medicare Physician Fee Schedule (MPFS), Multiple Procedure Payment Reduction (MPPR) was introduced with the basis that there are savings associated with multiple procedures performed during the same patient encounter. More information is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>

CMS has added different types of multiple procedure reductions over the years. The Physician Fee has an indicator identifying which type of MPPR applies to each CPT®/HCPCS Level II code.

The multiple procedure indicators are:

- **Multi Proc 0** = no reduction applies
- **Multi Proc 1** = does not apply to any current codes (was used pre-1995)
- **Multi Proc 2** = standard payment adjustments
- **Multi Proc 3** = endoscopic reductions

Application of MPPR:

- **Multi Proc 4** = diagnostic imaging reduction
- **Multi Proc 5** = therapy reductions
- **Multi Proc 6** = diagnostic cardiovascular services
- **Multi Proc 7** = diagnostic ophthalmology services

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WellCare E&M Program *(continued from the previous page)*

Multiple Procedure Reduction Surgery (Multiple Procedure Indicator 2-MPFS)	Multiple procedures are ranked in descending order by the Medicare fee schedule amount. Payment is based on 100% of the fee schedule amount (Field 34 or 35) for the highest-valued procedure; and			
	<ul style="list-style-type: none"> • 50% of the fee schedule amount for the second- through the fifth-highest valued procedures; or • If more than five procedures with an indicator of “2” are billed, pay for the first five according to the rules above and suspend the sixth and subsequent procedures for manual review and payment, if appropriate, “by report.” Payment determined on a “by report” basis for these codes should never be less than 50% of the full payment amount. 			
	MFS Amount	Total Payment	MPR Payment	
	Surgery 1	\$520.00	\$260.00	Paid 50%
	Surgery 2 Highest Value	\$750.00	\$750.00	Paid 100%
Surgery 3	\$325.00	\$162.50	Paid 50%	
Total		\$1172.50		

About Benefits and Services

Here are some things to keep in mind:



Participating WellCare Providers must, in accordance with generally accepted professional standards ensure that the hours of operation offered to WellCare Members are no less than those offered to commercial members.

All contracted services available to Medicaid members are available 24 hours a day, 7 days a week, when medically necessary.

Electronic Prior Authorization Is Here!

If you haven't already noticed, the Cover My Meds Electronic Prior Authorization solution for all of our members is live. You can easily sign up for a free account on the Cover My Meds Prior Authorization Portal. The portal makes it easy to submit fully electronic prior authorization requests for all WellCare Medicare members.

Learn more about Electronic Prior Authorization at:

<https://www.covermymeds.com/main/solutions/electronic-prior-authorization/>

Get started now at: <https://www.covermymeds.com/main/prior-authorization-forms/wellcare/>

Medicaid

Statins Therapy for Patients with Diabetes and Cardiovascular Disease

Statin therapy should be considered for most patients with diabetes and/or cardiovascular disease for primary or secondary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the American College of Cardiology (ACC)/American Heart Association's (AHA) evidence based recommendations to assist you in helping you choose the most appropriate statin-intensity for your patient.



Commonly Prescribed Statins

High Intensity	Moderate Intensity
atorvastatin 40, 80 mg	lovastatin 40mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg
	simvastatin 20, 40 mg
	atorvastatin 10, 20 mg
	rosuvastatin 5, 10 mg

ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce ASCVD Risk in Adults

Patient Risk Category	ACC/AHA Recommendation
Patients Ages 40–75 with diabetes and low density lipoprotein (LDL) from 70–189 mcg/dL	A statin medication (intensity dependent on patient's risk factors)
Patients with a 10-year ASCVD risk <7.5%	A moderate-intensity statin
Patients with a 10-year ASCVD risk >7.5%	A high-intensity statin
Patients ≤75 years of age with established clinical ASCVD	A high-intensity statin

We value everything you do to deliver quality care to our members – your patients. We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.

Sources:

Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. ACC/AHA Prevention Guideline 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults <https://www.ahajournals.org/doi/pdf/10.1161/01.cir.0000437738.63853.7a>

Introducing GoMo New Steps and Growing Steps Programs

WellCare Health Plans is pleased to introduce GoMo NewSteps and GoMo GrowingSteps, two new programs for our members!

GoMo NewSteps is a postpartum/children 0-3 years old program where new mothers and caregivers receive education and postpartum support in the following areas:

- Well-visit and vaccination reminders
- Infant care education
- Home and transportation safety
- Breastfeeding
- Birth recovery
- Emotional health
- Nutrition and safe exercise
- Growth and development
- Brain shaping/development techniques
- Literacy, learning and development
- Collaborative reading/learning activities
- Local support and resources

GoMo GrowingSteps is a learning and literacy program for children 3 to 8 years old. The child's caregiver will receive text messages and have access to online content to provide support in the following areas:

- Collaborative reading/learning activities
- Learning environments and structure
- Literacy and growth milestone checks
- Physical health and wellness
- Wellness appointment reminders
- Mental health support
- Calming and coping techniques
- Peer engagement and communications
- Transportation and safety
- Local support and resources

To learn more about GoMo NewSteps or GoMo GrowingSteps programs, please contact your provider representative

Thank you for your partnership and work to ensure that every WellCare member receives quality healthcare!



Updating Provider Directory Information

At WellCare, we value everything you do to deliver quality care to our members – your patients – and ensure they have a positive healthcare experience. We want to make sure your practice receives timely information to help you do business with us.

To ensure we have the most up to date demographic information for your practice, there are two easy ways to submit important updates including, but not limited to, name, address, phone number, e-mail, physician joining the group or physician leaving the group.



Staff members with an Administrative role can submit these changes online using the secure provider portal at www.wellcare.com/georgia

After logging in, go to the “My Practice” area of the portal. Click the “Manage Practice Information” link on the right side of the screen. Select the action you want to take, complete the form and submit.

We’re here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please contact your local **Provider Relations Representative** with any questions.



Medication Adherence and RxEffect™

To help with medication adherence, WellCare engages our members with refill reminder phone calls, off-therapy (missed dose) phone calls and letters, as well as using our network pharmacies to help counsel our members. However, there is nothing as powerful as a reminder from the member’s primary care provider about the importance of medication adherence.

Availability of Criteria

The review criteria and guidelines are available to the providers upon request. Providers may request a copy of the criteria used for specific determination of medical necessity by calling Customer Services department at **1-866-231-1821**.



Also, please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available via the provider resources link at:

<https://www.wellcare.com/Georgia/Providers/Clinical-Guidelines>.

Access to Staff

If you have questions about the utilization management program, please call Customer Service at **1-866-231-1821**. TTY users call **711**. Language services are offered.

You may also review the Utilization Management Program section of your Provider Manual. You may call to ask for materials in a different format. This includes other languages, large print and audio tapes. There is no charge for this.



Affirmative Statement

WellCare’s Utilization Management Program decision-making is based only on appropriateness of care, service and existence of coverage. WellCare does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

If you have questions about this program, please call Provider Services at the number at the end of this newsletter.

Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we’re working with you and others to help our members live better, healthier lives.





Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

- ✓ You control your banking information.
- ✓ No waiting in line at the bank.
- ✓ No lost, stolen, or stale-dated checks.
- ✓ Immediate availability of funds – no bank holds!
- ✓ No interrupting your busy schedule to deposit a check.

Setup is easy and takes about five minutes to complete. Please visit www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan at **1-877-331-7154** with any questions.

We will only deposit into your account, **not** take payments out.



Provider Formulary Updates

The WellCare of Georgia Preferred Drug List (PDL) has been updated. Visit www.wellcare.com/Wellcare/Georgia/Providers/Medicaid/Pharmacy to view the current PDL and pharmacy updates.

You can also refer to the Provider Resource Guide available at www.wellcare.com/Wellcare/Georgia/Providers/Medicaid to learn more about our pharmacy Utilization Management (UM) policies and procedures.

Georgia Medicaid Provider Manual has been updated and posted to this web:
<https://www.wellcare.com/Georgia/Providers/Medicaid>

We're Just a Phone Call or Click Away



Medicaid: 1-866-231-1821



www.wellcare.com/Georgia/Providers

Provider Resources

Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our homepage. You will see Messages from WellCare on the right. Provider Homepage - www.wellcare.com/en/Georgia/Providers.

Resources and Tools

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative.

Refer to our Quick Reference Guide, for detailed information on areas including Claims, Appeals, and Pharmacy. These are located at www.wellcare.com/Wellcare/Georgia/Providers/Medicaid.



To locate your Provider Relations Representative, please visit:
<https://www.wellcare.com/Georgia/Providers/Medicaid>

Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at www.wellcare.com/en/Georgia/Providers/Clinical-Guidelines.