

Provider Newsletter



<https://provider.simplyhealthcareplans.com/florida-provider>

August 2019



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Pharmacy management information

Need up-to-date pharmacy information?

Log in to our [provider website](#) to access our formulary, prior authorization forms, *Preferred Drug List* and process information.

Have questions about the formulary or need a paper copy?

Call our Pharmacy department at **1-844-405-4296**. Pharmacy technicians are available Monday to Friday from 8 a.m. to 7 p.m. Eastern time.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call **1-800-600-4441**.

SFL-NL-0058-19

Update your information

We continually update our provider directories to ensure that your current practice information is available to our members. At least 30 days prior to making any changes to your practice — including updating your address and/or phone number, adding or deleting a physician from your practice, closing your practice to new patients, etc. — please notify us by sending changes on practice letterhead to SWPROREL@simplyhealthcareplans.com. Thank you for your help and continued efforts in keeping our records up to date.



SFL-NL-0058-19

Prepayment clinical validation review process

Effective with dates of service on or after September 5, 2019, Simply Healthcare Plans, Inc. will update our audit process for claims with modifiers used to bypass claim edits. Modifier reviews will be conducted through a prepayment clinical validation review process. Claims with modifiers such as -25, -59, -57, LT/RT and other anatomical modifiers will be part of this review process.



In accordance with published reimbursement policies that document proper usage and submission of modifiers, the clinical validation review process will evaluate the proper use of these modifiers in conjunction with the edits they are bypassing (such as NCCI). Clinical analysts who are registered nurses and certified coders will review claims pended for validation, along with any related services, to determine whether it is appropriate for the modifier to bypass the edit.

If you believe a claim reimbursement decision should be reviewed, please follow the normal provider claims payment dispute process and include medical records that support the usage of the modifier applied when submitting claims for consideration.

SFL-NL-0045-19

Electronic claim payment reconsideration

Currently, providers can submit claim payment reconsideration requests verbally, in writing or electronically. We are reaching out to notify you about some exciting, new tools for electronic submission of Medicaid claims that will become available through the Availity Portal. You should soon see changes in your provider manual that will outline this new information.

Beginning July 22, 2019, providers will have the ability to submit claim reconsideration requests through the Availity Portal with more robust functionality. This means an enhanced experience when:

- Filing a claim payment reconsideration request.
- Sending supporting documentation.
- Checking the status of a claim payment reconsideration.
- Viewing your claim payment reconsideration history.

New Availity Portal functionality will include:

- Immediate acknowledgement of submission.
- Notification when a reconsideration has been finalized by Simply Healthcare Plans, Inc.
- A worklist of open submissions to check a reconsideration status.

With the new electronic functionality, when a claim payment reconsideration request is submitted via the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claims payment reconsideration request will receive notification informing them that the reconsideration review has been completed. If the user is not satisfied with the reconsideration outcome, they should continue to follow the existing process to file a claim payment appeal as outlined in the provider manual.

SFL-NL-0056-19

To register for a webinar or access a recorded webinar:

- Log in to the Availity Portal at <https://www.availity.com> > Select Help & Training > Select Get Trained.
- From the Availity Learning Center, enroll using one of the following methods:
 - Select the Dashboard drop-down arrow > Select Catalog > Select Sessions > Select the date of the webinar > Select the webinar title > Select Enroll.
 - While in the Catalog, select the Search button > Enter the webinar title > Select Enroll.

Providers who have questions as they begin to use the new functionality should contact Availity at **1-800-282-4548**.

Coming soon: electronic attachments

As we prepare for the potential regulatory-proposed standards for electronic attachments, Simply Healthcare Plans, Inc. (Simply) will be implementing X12 275 electronic attachment transactions (version 5010) for claims.

Standard electronic attachments will bring value to you by eliminating the need for mailing paper records and reducing processing time overall.

Simply and Availity will pilot electronic data interchange batch electronic attachments with previously selected providers. Both solicited and unsolicited attachments will be included in our pilots.



Attachment types

Solicited attachments:

The provider sends a claim, and the payer determines there is not enough information to process the claim. The payer will then send the provider a request for additional information (currently done via letter). The provider can then send the solicited attachment transaction, with the documentation requested, to process the claim.

Unsolicited attachment:

When the provider knows that the payer requires additional information to process the claim, the provider will then send the X12 837 claim with the Paper Work Included segment tracking number. Then, the provider will send the X12 275 attachment transaction with the additional information and include the tracking number that was sent on the claim for matching.

What you can do

As we prepare for this change, you can help now by having conversations with your clearinghouse and/or electronic health care records vendor to determine their ability to set up the X12 275 attachment transaction capabilities.

In addition, you should be on the lookout for additional information and details about working with Simply and Availity to send attachments via electronic batch.

SFL-NL-0055-19

Clinical Criteria updates

On August 17, 2018, October 9, 2018, and November 16, 2018, the pharmacy and therapeutic (P&T) committee approved *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. (Simply). These policies were developed, revised or reviewed to support clinical coding edits. These changes do not affect the preferred drugs, drug criteria or limitations posted by the Agency for Health Care Administration (AHCA). Simply will not use criteria or limitations that are more restrictive than those communicated by AHCA.

The *Clinical Criteria* is publicly available on the Simply provider website, and the effective dates are reflected in the [Clinical Criteria updates notification](#). Visit the [Clinical Criteria website](#) to search for specific policies.

SFL-NL-0037-19

On March 29, 2019, April 12, 2019, and May 1, 2019, the Pharmacy and Therapeutic (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the [provider website](#), and the effective dates will be reflected in the [Clinical Criteria Q2 update](#). Visit [Clinical Criteria website](#) to search for specific policies.

SFL-NL-0066-19

[Email](#) for questions or additional information.

Unspecified diagnosis code update

Simply Healthcare Plans, Inc. (Simply) previously communicated that as of July 1, 2018, we now require unspecified diagnosis codes to be used only when an established diagnosis code does not exist to describe the diagnosis for our members. Our goal is to align with ICD-10-CM requirements, using more specific diagnosis codes when available and appropriate. This includes codes that ICD-10-CM provides with laterality specifying whether the condition occurs on the left, right or is bilateral. The target effective date has been delayed for implementing the corresponding code edit. However, providers are encouraged to ensure their billing staff is aware of the required specificity in reporting ICD-10-CM diagnosis codes to prevent future denials.



Simply will be sending out a follow-up article to inform providers of when to expect this requirement to go live and any additional details for the changes made.

SFL-NL-0046-19

AIM Specialty Health programs may require documentation

Currently, providers submit various pre-service requests to AIM Specialty Health® (AIM). As part of our ongoing quality improvement efforts, for outpatient diagnostic imaging services, cardiac procedures and sleep studies. AIM may request documentation to support the clinical appropriateness of certain requests.

When requested, providers should verify information by submitting documentation from the medical record and/or participating in a pre-service consultation with an AIM physician reviewer. If medical necessity is not supported, the request may be denied as not medically necessary.

SFL-NL-0053-19

Medical Policies and Clinical Utilization Management Guidelines updates

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.



To search for specific policies or guidelines, visit https://medicalpolicy.simplyhealthcareplans.com/shp_search.html.

September 2018 notice

Medical Policies

On September 13, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). View the full update online for a list of the policies.

Clinical UM Guidelines

On September 13, 2018 the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for the Government Business Division on September 27, 2018. View the full update online for a list of the guidelines.



Read more online.

SFL-NL-0029-19

January 2019 notice

Updates:

- **MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting** was revised to add bioengineered autologous skin-derived products (for example, SkinTE) as investigational and not medically necessary.
- **MED.00126 — Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders** was revised to add Nasal Nitric Oxide as investigational and not medically necessary in the diagnosis and monitoring of asthma and other respiratory disorders.
- **SURG.00037 — Treatment of Varicose Veins (Lower Extremities)** was revised:
 - To replace “non-surgical management” with “conservative therapy” in the medically necessary criteria
 - To add sclerotherapy used in conjunction with a balloon catheter (for example, catheter-assisted vein sclerotherapy KAVS procedure) as investigational and not medically necessary
- **TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases** (Previous title: Mesenchymal Stem Cell Therapy For Orthopedic Indications)
 - Includes the revised position statement: “Mesenchymal stem cell therapy is considered investigational and not medically necessary (INV&NMN) for the treatment of joint and ligament disorders caused by injury or degeneration as well as autoimmune, inflammatory and degenerative diseases”

Medical Policies and Clinical Utilization Management Guidelines updates (cont.)

- Expands the document’s scope to address non-FDA approved uses of mesenchymal stem cell therapy
- The following **AIM Specialty Health**® updates took effect on January 24, 2019:
 - Advanced Imaging
 - Imaging of the Heart
 - Imaging of the Head and Neck
 - Arterial Ultrasound
 - Joint Surgery
 - Sleep Disorder Management Diagnostic and Treatment

Medical Policies

On January 24, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). View the full update online for a list of the policies.

Clinical UM Guidelines

On January 24, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for Simply members on March 28, 2019. View the full update online for a list of the guidelines.



[Read more online.](#)

SFL-NL-0054-19

Coding Spotlight: Hypertension A providers’ guide for coding

ICD-10-CM coding for hypertension:

- Hypertensive crisis can involve hypertensive urgency or emergency.
- Hypertension can occur with heart disease, chronic kidney disease (CKD) or both.
- ICD-10-CM classifies hypertension by type as essential or primary (categories I10-I13) and secondary (category I15).¹
- Categories I10-I13 classify primary hypertension according to a hierarchy of the disease from its vascular origin (I10) to the involvement of the heart (I11), CKD (I12), or heart and CKD combined (I13).¹



[Read more online.](#)

¹ “ICD-10-CM Expert for Physicians. The complete official code set,” Optum360, LLC (2019).

SFL-NL-0047-19

Prior authorization requirements

Hyperbaric oxygen and supervision of hyperbaric oxygen therapy

Effective October 1, 2019, prior authorization (PA) requirements will change for hyperbaric oxygen and supervision of hyperbaric oxygen therapy to be covered by Simply Healthcare Plans, Inc.

PA requirements will be added to the following:

- Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval (G0277)
- Physician attendance and supervision of hyperbaric oxygen therapy, per session (99183)

SFL-NL-0059-19

Durable medical equipment

Effective December 1, 2019, prior authorization (PA) requirements will change for the codes listed below. The listed codes will require PA by Simply Healthcare Plans, Inc. for Statewide Medicaid Managed Care Managed Medical Assistance members.

PA requirements will be added to the following:

- All lower extremity prosthesis — shank foot system with vertical loading pylon (L5987)
- Gait trainer, pediatric size — anterior support, includes all accessories and components (E8002)
- Wheelchair, pediatric size — tilt-in-space, folding, adjustable, without seating system (E1234)
- Wheelchair, pediatric size — tilt-in-space, rigid, adjustable, without seating system (E1233)
- Transport chair, pediatric size (E1037)
- Multi-positional patient transfer system with integrated seat, operated by care giver (E1035)
- Wheelchair accessory — ventilator tray, gimbaled (E1030)
- Water circulating heat pad with pump (E0217)

SFL-NL-0061-19

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- **Web:** <https://www.availability.com>
- **Fax:** 1-800-964-3627; 1-844-509-9862 (pharmacy injectables)
- **Phone:** 1-844-406-2396

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Precertification Lookup Tool at <https://www.availability.com> via <https://provider.simplyhealthcareplans.com/florida-provider>. Contracted and noncontracted providers who are unable to access the Availity Portal can call Provider Services at 1-844-405-4296.



Prepayment clinical validation review process

View the [article](#) in the Medicaid section.

SFL-NL-0045-19

Clinical Criteria updates

View the [article](#) in the Medicaid section.

SFL-NL-0066-19



Electronic claim payment reconsideration

As currently outlined in your provider manual, providers can submit claim payment reconsiderations verbally, in writing or electronically. We are reaching out to notify you about some exciting new tools for electronic submission that will become available through the Availity Portal. In addition, the Medicare Advantage provider manual has been updated with new information regarding claim remediation tools through the Availity Portal.

Beginning July 22, 2019, providers will have the ability to submit claim reconsideration requests through the Availity Portal with more robust functionality. For you, this means an enhanced experience when:

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.

New Availity Portal functionality will include:

- Acknowledgement of submission at the time of submission.
- Notification when a reconsideration has been finalized by Simply Healthcare Plans, Inc.
- A worklist of open submissions to check a reconsideration status.

With the new electronic functionality, when a claim payment reconsideration is submitted through the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claim payment reconsideration will receive notification through Availity informing the user the reconsideration review has been completed. If you are not satisfied with the reconsideration outcome, continue to follow the process to file a claim payment appeal, as outlined in your provider manual.

You can get a jump start on your training and be ready to go as soon as the tool is fully launched. To learn more about the claim payment dispute tool, register for a live webinar or view a previous recording:

- Log in to Availity at <http://www.availity.com>.
- Select Help & Training | Get Trained.
- Enter Appeals in the search field.
- Enroll in a course.

Providers who have questions as they begin to use the new functionality should contact Availity at **1-800-282-4548**.

SHPCRNL-0012-19

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

To search for specific policies or guidelines, visit

https://medicalpolicy.simplyhealthcareplans.com/shp_search.html.

Updates:

- **MED.00110 — Growth Factors, Silver-Based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting** was revised to add bioengineered autologous skin-derived products (for example, SkinTE) as investigational and not medically necessary.
- **MED.00126 — Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders** was revised to add nasal nitric oxide as investigational and not medically necessary in the diagnosis and monitoring of asthma and other respiratory disorders.
- **SURG.00037 — Treatment of Varicose Veins (Lower Extremities)** was revised:
 - To replace “non-surgical management” with “conservative therapy” in the medically necessary criteria
 - To add sclerotherapy used in conjunction with a balloon catheter (for example, catheter-assisted vein sclerotherapy KAVS procedure) as investigational and not medically necessary
- **TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases** (Previous title: Mesenchymal Stem Cell Therapy For Orthopedic Indications)
 - Includes the revised position statement: “Mesenchymal stem cell therapy is considered investigational and not medically necessary (INV&NMN) for the treatment of joint and ligament disorders caused by injury or degeneration as well as autoimmune, inflammatory and degenerative diseases”
 - Expands the document’s scope to address non-FDA approved uses of mesenchymal stem cell therapy.”
- The following **AIM Specialty Health**® updates took effect on January 24, 2019:
 - Advanced Imaging
 - Imaging of the heart
 - Imaging of the head and neck
 - Arterial Ultrasound
 - Joint Surgery

Medical Policies

On January 24, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). View the full update online for a list of the policies.

Clinical UM Guidelines

On January 24, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for Simply members on March 28, 2019. View the full update online for a list of the guidelines.



Read more online.

SHPCRNL-0011-19

Reimbursement Policies

New Policy — Medicare Advantage **Emergency Department: Level of Evaluation and Management Services**

(Policy 19-002, effective 09/01/19)

Effective September 1, 2019, Simply Healthcare Plans, Inc. classifies the intensity/complexity of facility emergency department (ED) interventions used for services rendered with an evaluation and management (E&M) code level. E&M services will be reimbursed based on this classification at the highest E&M level supported on the claim. Facilities must utilize appropriate CPT®/HCPCS and revenue codes for all services rendered during the ED encounter.

Please refer to the Emergency Department: Level of Evaluation and Management Services reimbursement policy for additional details at <https://provider.simplyhealthcareplans.com/florida-provider>.

Providers who feel that the level of reimbursement should be reconsidered can file a claims dispute in accordance with the terms of their contract. Claims disputes require a statement as to why the intensity/complexity would require a different level of reimbursement as well as the medical records, which should clearly document the facility interventions performed and referenced in that statement.

SFLCARE-0033-19

New Policy — Medicaid **Drug Screen Testing**

(Policy 19-001, effective 10/01/19)

Simply Healthcare Plans, Inc. (Simply) does not allow reimbursement for properly ordered definitive drug screen testing by instrumented chemistry analyzers for the same member by an independent clinical laboratory with a place of service code of 81.



Simply does not allow reimbursement for employment/pre-employment drug screening.

For additional information, refer to the Drug Screen Testing reimbursement policy at <https://provider.simplyhealthcareplans.com/florida-provider>.

SFL-NL-0043-19

Pharmacy management information

Need up-to-date pharmacy information?

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SFL-NL-0058-19

Update your information

We continually update our provider directories to ensure that your current practice information is available to our members. At least 30 days prior to making any changes to your practice — including updating your address and/or phone number, adding or deleting a physician from your practice, closing your practice to new patients, etc. — please notify us by sending changes on practice letterhead to SWPROREL@simplyhealthcareplans.com. Thank you for your help and continued efforts in keeping our records up to date.



SFL-NL-0058-19

Clinical Criteria updates

On August 17, 2018, October 9, 2018, and November 16, 2018, the pharmacy and therapeutic (P&T) committee approved *Clinical Criteria* applicable to the medical drug benefit for Clear Health Alliance (CHA). These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the CHA provider website, and the effective dates are reflected in the [Clinical Criteria updates notification](#). Visit the [Clinical Criteria website](#) to search for specific policies.

SCFL-NL-0002-19

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SFL-NL-0066-19

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What you can do

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In addition, you should be on the lookout for additional information and details about working with CHA and Availity to send attachments via electronic batch.

SFL-NL-0055-19

Unspecified diagnosis code update

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CHA will be sending out a follow-up article to inform providers of when to expect this requirement to go live and any additional details for the changes made.

SFL-NL-0046-19

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- SURG.00037 — Treatment of Varicose Veins (Lower Extremities) was revised:
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Read more online.

SFL-NL-0054-19

Prior authorization requirements

Hyperbaric oxygen and supervision of hyperbaric oxygen therapy

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SFL-NL-0059-19

Durable medical equipment

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- Wheelchair, pediatric size — tilt-in-space, folding, adjustable, without seating system (E1234)
- Wheelchair, pediatric size — tilt-in-space, rigid, adjustable, without seating system (E1233)
- Transport chair, pediatric size (E1037)
- Multi-positional patient transfer system with integrated seat, operated by care giver (E1035)
- Wheelchair accessory — ventilator tray, gimbaled (E1030)
- Water circulating heat pad with pump (E0217)

SFL-NL-0061-19

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- **Web:** <https://www.availity.com>
- **Fax:** 1-800-964-3627; 1-844-509-9862 (pharmacy injectables)
- **Phone:** 1-844-406-2396

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Precertification Lookup Tool at <https://www.availity.com> via www.clearhealthalliance.com/provider. Contracted and noncontracted providers who are unable to access the Availity Portal can call Provider Services at 1-844-405-4296.

Reimbursement Policy

New Policy

Drug Screen Testing

(Policy 19-001, effective 10/01/19)

Clear Health Alliance (CHA) does not allow reimbursement for properly ordered definitive drug screen testing by instrumented chemistry analyzers for the same member by an independent clinical laboratory with a place of service code of 81.

CHA does not allow reimbursement for employment/pre-employment drug screening.

For additional information, refer to the Drug Screen Testing reimbursement policy at <https://provider.clearhealthalliance.com/florida-provider>.

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