

Provider Newsletter



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

February 2019

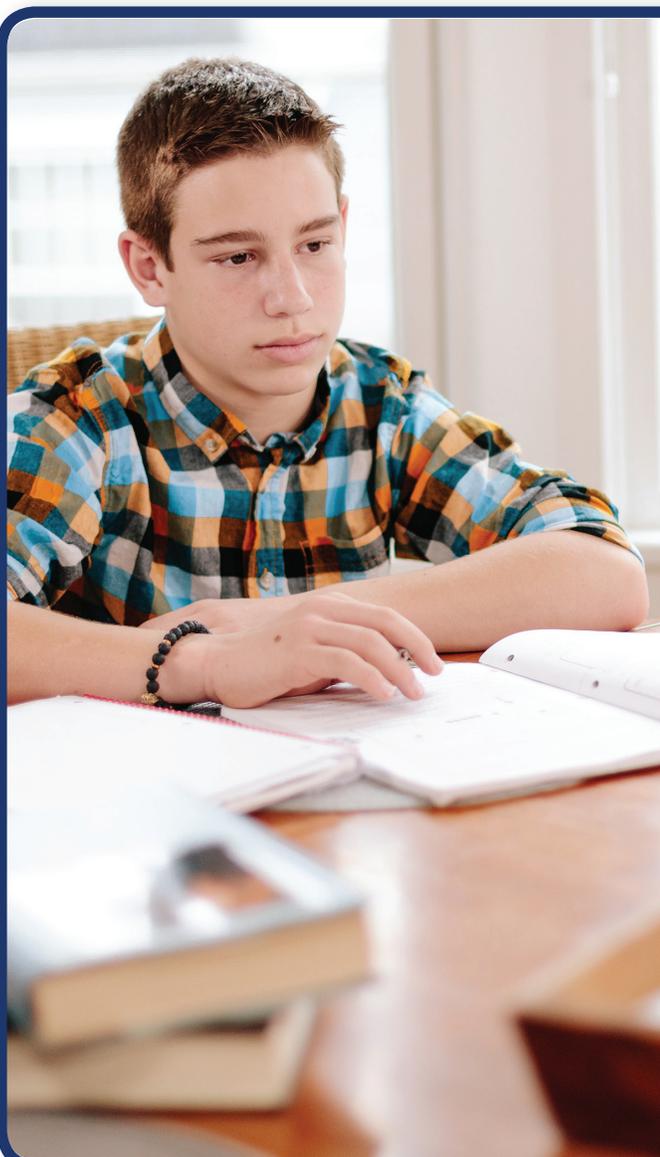


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Services requiring prior authorization

All programs require prior authorization (PA) for all specialty medications, where allowable by state. The scope of this notice will include both professional and facility requests for Medicaid business.

Specialty medications that are reported with not otherwise classified (NOC) designation codes and C codes may also require PA before services are provided.

Regardless of whether PA is required, all services must be medically necessary to be covered. Even if PA is not required, to avoid a claim denial based on medical necessity, Simply Healthcare Plans, Inc. (Simply) encourages providers to review our medical necessity criteria prior to rendering nonemergent services. Medical necessity criteria can be accessed by visiting <https://provider.simplyhealthcareplans.com/florida-provider> to view the most current *Medical Policies and Clinical Utilization Management Guidelines*.

If no specific policy is available, the medical necessity review of a drug may be conducted using *Medical Policy ADMIN.00006: Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy* or *Clinical Utilization Management Guideline CG-DRUG-01: Off-Label Drug and Approved Orphan Drug Use*.

Clinical review of specialty medications is in addition to services currently requiring PA. Providers are responsible for verifying eligibility and benefits for Simply members before providing services. We recommend providers visit <https://provider.simplyhealthcareplans.com/florida-provider> to review the list of services and service categories currently requiring PA, with a reminder that the list of services requiring PA will be updated as needed. For clarification regarding whether a specific code or service requires PA, call the number listed below. Except in an emergency, failure to obtain PA may result in denial of reimbursement.

Again, please be reminded that the list of services requiring PA will be updated as needed.

Requesting PA

To request PA, report a medical admission or ask questions regarding PA, you may use one of the following methods:

- **Web:** <https://www.availity.com>
- **Phone:** 1-844-406-2396
- **Fax:** 1-800-964-3627

Providers are strongly encouraged to revisit the Unlisted or Miscellaneous Codes reimbursement policy, which states NOC codes must be submitted with the correct national drug code (NDC) for proper claim payment. If the required NDC data elements are missing or invalid for the procedure code on a claim line, the claim will be denied.

SFL-NL-0010-18



Medical Policies and Clinical Utilization Management Guidelines update

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.

Note:

- Effective January 18, 2019, AIM Specialty Health® (AIM) *Musculoskeletal Level of Care Guidelines*, *Sleep Study Guidelines* and *Radiology Guidelines* will be used for clinical reviews.
- When requesting services for a patient (including medical procedures and medications), the Precertification Look-Up Tool may indicate that precertification is not required, but this does not guarantee payment for services rendered; a *Medical Policy* or *Clinical UM Guideline* may deem the service investigational or not medically necessary. In order to determine if services will qualify for payment, please ensure applicable clinical criteria is reviewed prior to rendering services.

Please share this notice with other members of your practice and office staff.

To search for specific policies or guidelines, visit

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

<i>Medical Policies</i>	<i>Clinical UM Guidelines</i>
On July 26, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several <i>Medical Policies</i> applicable to Simply Healthcare Plans, Inc. (Simply). View the full update online for a list of the policies.	On July 26, 2018, the MPTAC approved several <i>Clinical UM Guidelines</i> applicable to Simply. View the full update online for a list of the guidelines adopted by the medical operations committee for the Government Business Division on August 31, 2018.



Read more online.

AIM Specialty Health is a separate company providing utilization review services on behalf of Simply Healthcare Plans, Inc.

SFL-NL-0022-19

Coding spotlight: diabetes — provider guide to coding the diagnosis and treatment of diabetes

Diabetes mellitus is a chronic disorder caused by either an absolute decrease in the amount of insulin secreted by the pancreas or a reduction in the biologic effectiveness of the insulin secreted.

Facts

- According to the *2017 Diabetes Report Card*, the rates of new cases of diabetes among adults living in the U.S. has decreased, and the rates of new cases among children and adolescents has increased.¹
- Diabetes is the seventh leading cause of death in the United States.²
- Diabetes is the leading cause of new cases of blindness in adults.²



Read more online.



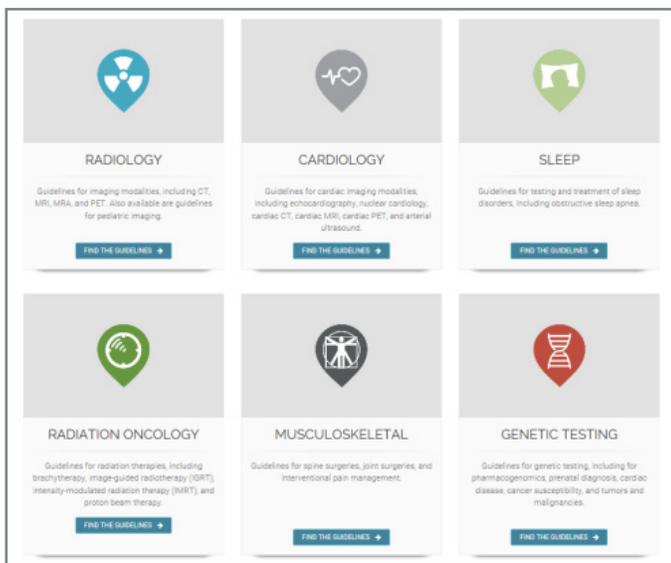
1 *Diabetes Report Card*. CDC. <https://www.cdc.gov/diabetes/library/reports/reportcard.html>

2 *Diabetes: What is it?* <https://www.cdc.gov/diabetes/diabetesatwork/pdfs/DiabetesWhatIsIt.pdf>

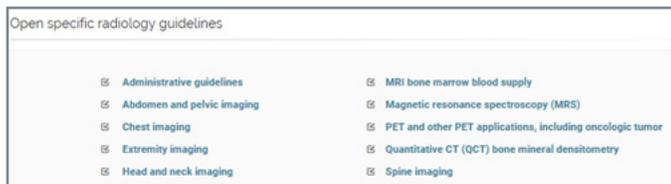
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Use grouped CPT codes for AIM Specialty Health authorizations

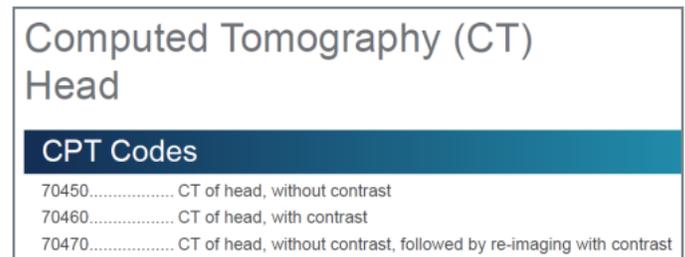
AIM Specialty Health® (AIM) groups CPT codes on authorizations so they can be reviewed together to support a procedure or therapy. Grouped codes are used for procedures such as radiology, cardiology, and sleep and radiation therapy programs. The groupings are listed on the [AIM website](#) under *AIM Clinical Appropriateness Guidelines and Cancer Treatment Pathways* as shown below.



Some of the programs provide further explanation of the guidelines to make searching for a set of CPT codes easier.



After opening the guideline document, you are able to view the name of the procedure with the grouped codes. For example, computed tomography (CT) of the head is displayed in the following way:



SHPCRNL-0001-19

Reminder — Medicare policies

Simply Healthcare Plans, Inc. is required to follow all clinical and reimbursement policies established by Original Medicare in the processing of claims and determining benefits. Simply follows all Original Medicare local coverage determinations, national coverage determinations, Medicare rulings, code editing logic and the *Social Security Act*.

Simply may offer additional benefits that are not covered under Original Medicare. Certain benefits are only covered when provided by a vendor selected by Simply.

SHPCRNL-0002-19

Reimbursement Policy

Policy Update

Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

(Policy 06-003, effective 04/01/2019)

The Modifier 25 reimbursement policy for Simply Healthcare Plans, Inc. (Simply) provides the criteria for reimbursement for a significant, separately identifiable evaluation and management (E&M) service performed by the same provider on the same day of the original service or procedure. Effective April 1, 2019, Simply does not allow:

- Separate reimbursement for E&Ms performed on the same day as a major surgery (90 day global period).
- Reimbursement for an E&M visit resulting in the decision to perform a surgical procedure when billed with Modifier 25.

For additional information, please refer to the Modifier 25 reimbursement policy at <https://provider.simplyhealthcareplans.com/florida-provider>.

SFL-NL-0023-19



Reimbursement Policy

Policy Update

Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

(Policy 06-003, effective 04/01/2019)



The Modifier 25 reimbursement policy for Clear Health Alliance (CHA) provides the criteria for reimbursement for a significant, separately identifiable evaluation and management (E&M) service performed by the same provider on the same day of the original service or procedure. Effective April 1, 2019, CHA does not allow:

- Separate reimbursement for E&Ms performed on the same day as a major surgery (90 day global period).
- Reimbursement for an E&M visit resulting in the decision to perform a surgical procedure when billed with Modifier 25.

For additional information, please refer to the Modifier 25 reimbursement policy at <https://provider.clearhealthalliance.com/florida-provider>.

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