

Provider Newsletter



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

April 2020

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Special announcement

COVID-19 information from Simply Healthcare Plans, Inc.

Simply Healthcare Plans, Inc. is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

Medicaid Children's Health Insurance Program — Florida Healthy Kids:

For additional information, reference the *Medicaid updates* section of our website (<https://provider.simplyhealthcareplans.com/florida-provider> > Provider news > Medicaid updates).

SFLPEC-1898-20

Medicare Advantage:

For additional information, reference the *Medicare updates* section of our website (<https://provider.simplyhealthcareplans.com/florida-provider> > Provider news > Medicare updates).

SFLCARE-0208-20



Medical drug *Clinical Criteria* updates

June 2019 update

On June 20, 2019, the Pharmacy and Therapeutics (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.

Effective dates are reflected in the [Clinical Criteria web posting](#).

SFL-NL-0112-19

September 2019 update

On September 19, 2019, the Pharmacy and Therapeutics (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.

Effective dates are reflected in the [Clinical Criteria web posting](#).

SFL-NL-0140-19

The *Clinical Criteria* are publicly available on the provider website.

Visit the [Clinical Criteria website](#) to search for specific policies.

For questions or additional information, use this [email](#).

Reminder: Mid-level practitioners are required to file using their NPI

Simply Healthcare Plans, Inc. (Simply) provides benefits for covered services rendered by nurse practitioners (NPs) and physician assistants (PAs) when operating within the scope of their license. Our policy states that these mid-level practitioners are required to file claims using their specific NPI number — not that of the medical doctor.



We will continue to monitor this area of concern through medical chart review and data analysis. Billing noncompliance can be considered a contract breach.

Simply recognizes the quality of care delivered to our members can be improved by the proper use of NPs and PAs. This notice is in no way intended to discourage their proper use, but rather to clearly define how services should be appropriately billed.

SFL-NL-0150-19

Disease Management can help you care for patients with chronic health care needs

Disease Management programs are designed to assist PCPs and specialists in caring for members with chronic health care needs. Simply Healthcare Plans, Inc. provide members with continuous education on self-management, assistance in connecting to community resources, and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications for members.



Who is eligible?

Disease Management case managers provide support to members with:

- Behavioral health conditions such as depression, schizophrenia, bipolar disorder and substance use disorder.
- Diabetes.
- Heart conditions such as congestive heart failure, coronary artery disease and hypertension.
- HIV/AIDS.
- Pulmonary conditions such as asthma and chronic obstructive pulmonary disease.

Our case managers use member-centric motivational interviewing to identify and address health risks such as tobacco use and obesity to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

We welcome your referrals. To refer a member to Disease Management:

- Call **1-888-830-4300** to speak directly to one of our team members.
- Fill out the *Disease Management* form located on the provider website and fax it to **1-888-762-3199** or submit electronically via the Availity Portal.*

Your input and partnership are valued. Once your patient is enrolled, you will be notified by the assigned Disease Management case manager. You can also access your patient's Disease Management care plan, goals and progress at any time via the Availity Portal through Patient360.

We are happy to answer any questions. Our registered nurse case managers are available Monday to Friday from 8:30 a.m. to 5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week.

* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.

SFL-NL-0151-20

Coding spotlight: HIV and AIDS

Code only confirmed cases

According to ICD-10-CM coding guidelines for Chapter One code, only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline *Section II, H*. In this context, *confirmation* does not require documentation of positive serology or culture for HIV. The provider's diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.



[Read more online.](#)

SFL-NL-0147-19

Antibiotic dispensing guidelines

Overuse of antibiotics is directly linked to the prevalence of antibiotic resistance. Promoting judicious use of antibiotics is important for reducing the emergence of harmful bacteria that is unresponsive to treatment. The following HEDIS® measures assess appropriate antibiotic dispensing for pharyngitis, upper respiratory infection and bronchitis/bronchiolitis. Changes for HEDIS 2020 include expanded age range and additional stratifications.



[Read more online.](#)

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

SFL-NL-0144-19

Coding spotlight: provider's guide to coding behavioral and emotional disorders

ICD-10-CM coding

Codes within categories F90 through F98 represent behavioral and emotional disorders with onset usually occurring in childhood and adolescence and may be used regardless of the age of the patient.



Attention deficit hyperactivity disorder (ADHD) is among these common childhood disorders. While ADHD is not a learning disability, it can impact the ability to learn. This disorder is characterized by classic symptoms of inattention, hyperactivity and impulsivity. Three subtypes of ADHD have been identified:

- Hyperactive/impulsive type — The patient does not show significant inattention.
- Inattentive type – The patient does not show significant hyperactive-impulsive behavior
- Combined type – Patient displays both inattentive and hyperactive-impulsive symptoms.



[Read more online.](#)

SFL-NL-0114-19

Coding tip for psychological and neuropsychological testing

A change to CPT® codes for psychological and neuropsychological test administration and evaluation services was effective January 1, 2019.* The new codes do not crosswalk on a one-to-one basis with the deleted codes.



These coding changes separate test administration from test evaluation, psychological testing evaluation from neuropsychological testing evaluation, and define the testing performed by a professional or technician. The information below clarifies coding for these services.

Please note: Prior authorization (PA) requirements have not changed. Please check Precertification Look Up Tool for PA requirements for each code.



Read more online.

* American Psychological Association website: *2019 Psychological and Neuropsychological Testing Billing and Coding Guide*: <https://www.apa.org>.

SFL-NL-0142-19

What Matters Most — Improving the Patient Experience training

Substantial evidence points to a positive association between the patient experience and health outcomes. Patients with chronic conditions demonstrate greater self-management skills and quality of life when they report positive interactions with their health care providers.

By completing the *What Matters Most* course, you will obtain a continuing medical education credit — at no cost and learn how to strengthen patient trust and commitment.

What Matters Most training: <https://www.mydiversepatients.com/le/ptexp/home.html>*

* *My Diverse Patients* is an independent company providing training services on behalf of *Simply Healthcare Plans, Inc.*

SFL-NL-0156-20

Use of Imaging Studies for Low Back Pain (LBP)

The HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), analyzes the percentage of patients 18 to 50 years of age during the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is used to determine whether imaging studies are overused to evaluate members with low back pain. The measure is an inverted rate. A higher score indicates appropriate treatment of low back pain.

Clinical guidelines for treating patients with acute low back pain recommend against the use of imaging in the absence of red flags (in other words, indications of a serious underlying pathology such as a fracture or tumor). Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.

Measure exclusions:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Helpful tips:

Hold off on doing imaging for low back pain within the first six weeks, unless red flags are present.

Consider alternative treatment options prior to ordering diagnostic imaging studies, such as:

- Nonsteroidal anti-inflammatory drugs.
- Nonpharmacologic treatment, such as heat and massage.
- Exercise to strengthen the core and low back or physical therapy.

Other available resources:

- National Committee for Quality Assurance — [NCQA.org](https://www.ncqa.org)
- Choosing Wisely — [Choosingwisely.org](https://www.choosingwisely.org)
- American Academy of Family Physicians — [AAFP.org](https://www.aafp.org)

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

SFLPEC-1807-19

Prior authorization requirements

New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Simply Healthcare Plans, Inc. members.



Read more online.

SFL-NL-0155-20

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.**

To request PA, use one of the following methods:

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

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com> by visiting <https://provider.simplyhealthcareplans.com/florida-provider> > Login. Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at 1-844-405-4296 for PA requirements.

** Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.*

Medical drug *Clinical Criteria* updates

View the [June 2019 and September 2019 updates](#) in the Medicaid section.

SFL-NL-0112-19



Reminder: Mid-level practitioners are required to file using their NPI

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

SFL-NL-0150-19

Disease Management can help you care for patients with chronic health care needs

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

SFL-NL-0151-20

Coding spotlight: HIV and AIDS

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SFL-NL-0147-19

Antibiotic dispensing guidelines

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SFL-NL-0144-19

Coding spotlight: provider's guide to coding behavioral and emotional disorders

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

SFL-NL-0114-19

Coding tip for psychological and neuropsychological testing

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

SFL-NL-0142-19

What Matters Most — Improving the Patient Experience training

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SFL-NL-0156-20

Use of Imaging Studies for Low Back Pain (LBP)

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SFLPEC-1807-19

Prior authorization requirements

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SFL-NL-0155-20

Florida Healthy Kids 2020 provider trainings

You're invited to participate in webinar trainings with Simply Healthcare Plans, Inc.

These trainings can answer your questions regarding members who are enrolled in Florida Healthy Kids (FHK). You can use the links listed below to register and join the live events.

Provider education for FHK	
April 15, 2020	https://tinyurl.com/wh978qj
May 13, 2020	https://tinyurl.com/vnql7ll
June 17, 2020	https://tinyurl.com/v4f8jgp
July 15, 2020	https://tinyurl.com/ulg9d6n
August 19, 2020	https://tinyurl.com/qonegtz
September 16, 2020	https://tinyurl.com/vp9nkfr
October 14, 2020	https://tinyurl.com/vs7w785
November 18, 2020	https://tinyurl.com/s6woj45
December 16, 2020	https://tinyurl.com/r5qh7kg



Each one-hour training session will take place on a Wednesday at noon.

The monthly webinar trainings will cover topics related to the provider website, authorizations, claims submission and the payment process. These trainings will also include an explanation of common claim submission errors and how to avoid them.

In addition, we will cover other topics including but not limited to:

- Immunizations.
- Vendors/delegated providers.
- Value-added services.
- Key contact information.

SFL-NL-0162-20

Medicare Advantage



Medical drug *Clinical Criteria* updates

View the [June 2019 updates](#) in the Medicaid section.
SFL-NL-0112-19

Reminder: Mid-level practitioners are required to file using their NPI

View the [article](#) in the Medicaid section.
SFL-NL-0150-19

Disease Management can help you care for patients with chronic health care needs

View the [article](#) in the Medicaid section.
SFL-NL-0151-20

What Matters Most — Improving the Patient Experience training

View the [article](#) in the Medicaid section.
SFL-NL-0156-20

Prior authorization requirements

View the [article](#) in the Medicaid section.
SFL-NL-0155-20

Pharmacy benefit manager change to IngenioRx

Earlier this year, Simply Healthcare Plans, Inc. announced the launch of IngenioRx,* our new pharmacy benefits manager (PBM). Effective January 1, 2020, IngenioRx will start serving our members with Medicare Part D prescription drug coverage.

With the transition to the new PBM, Medicare Part D members will receive new ID cards containing all the information needed to process claims and access member services. Members will need to use their new ID cards to fill prescriptions beginning on January 1, 2020.

* *IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Simply Healthcare Plans, Inc.*

SHPCRNL-0037-19



Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

Medical drug *Clinical Criteria* updates

September 2019 update

On September 19, 2019, the Pharmacy and Therapeutics (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.

Effective dates are reflected in the [Clinical Criteria Web Posting](#).

SHPCRNL-0036-19

November 2019 update

On November 15, 2019, the Pharmacy and Therapeutics (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.

Effective dates are reflected in the [Clinical Criteria web posting](#).

SHPCRNL-0041-20

December 2019 update

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (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.

Effective dates are reflected in the [Clinical Criteria web posting](#).

SHPCRNL-0043-20

The *Clinical Criteria* are publicly available on the provider website.

Visit the [Clinical Criteria website](#) to search for specific policies.

For questions or additional information, use this [email](#).

2020 Simply Rewards Program

What is the Simply Rewards Program?

The Simply Rewards Program is an incentive we offer to all members beginning January 1, 2020. The goal of the program is to encourage members to obtain health care services that improve their wellbeing and health outcomes. **Members in the Simply Care (HMO I-SNP) plan are not eligible for this program.**



Members will receive a welcome letter, coupon sheet and frequently asked questions document in early February 2020. After obtaining an eligible service, members will redeem coupons in return for rewards. Members can receive up to \$20 every quarter in the form of a prepaid Visa® card. Members cannot get the same service/reward more than once per year.



Read more online.

SFLCARE-0147-20/SHPCRNL-0042-20

Medical Policies and Clinical Utilization Management Guidelines updates

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* 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. Please note: 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:

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

- *SURG.00028 — Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
 - Revised scope of document to only address benign prostatic hyperplasia (BPH)
 - Revised medically necessary criteria for transurethral incision of the prostate by adding “prostate volume less than 30 mL”
 - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
 - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
 - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- *SURG.00037 — Treatment of Varicose Veins (Lower Extremities)
 - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met
 - Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
 - Added limits to retreatment to the medically necessary criteria for all procedures
- *SURG.00047 — Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
 - Expanded scope to include gastroparesis
 - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- *SURG.00097 — Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
 - Expanded scope of document to include vertebral body tethering
 - Added vertebral body tethering as investigational and not medically necessary
- *CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
 - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
 - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary
- *CG-MED-68 — Therapeutic Apheresis
 - Added diagnostic criteria to the condition “chronic inflammatory demyelinating polyradiculoneuropathy” (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the **AIM Specialty Health®** page**:
 - *Joint Surgery
 - *Advanced Imaging — Vascular Imaging

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

Medical Policies

On November 7, 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.



Read more online.

Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for Simply members on November 25, 2019. View the full update online for a list of the guidelines.

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

SHPCRNL-0040-20

Prior authorization requirements

New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Simply Healthcare Plans, Inc. members.



Read more online.

SHPCRNL-0039-20

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>

Detailed PA requirements are available to contracted providers through the Availity Portal* (<https://www.availity.com>). Call the Provider Services number on the back of the member's ID card for PA requirements.

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Reimbursement Policies

**New Policy: Update —
Medicaid**

Drug Screen Testing

(Policy 19-001, effective 11/01/19)

The effective date of this policy has been updated from 10/1/19.

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-A

**Policy Update —
Medicaid & Florida Healthy Kids**

Multiple and Bilateral Surgery: Professional and Facility Reimbursement

(Policy 06-010, effective 05/01/2019)

Simply Healthcare Plans, Inc. allows reimbursement to professional providers and facilities for multiple and bilateral surgery. Effective May 1, 2019, reimbursement is based on multiple and bilateral procedure rules in accordance with contracts and/or state guidelines for applicable surgical procedures performed on the same day by the same provider to the same patient.

Visit <https://provider.simplyhealthcareplans.com/florida-provider> to view the Multiple and Bilateral Surgery reimbursement policy for additional information regarding percentages and reimbursement criteria.

SFL-NL-0118-19

Policy Update —
Medicaid & Florida Healthy Kids
**Split-Care Surgical
Modifiers**

(Policy 11-005, effective 05/01/20)

Simply Healthcare Plans, Inc. as updated the split-care modifier percentages.

Currently, reimbursement is based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure. The percentage is determined by which modifier is appended to the procedure code:

- Modifier 54 (surgical care only): 50%
- Modifier 55 (postoperative management only): 30%
- Modifier 56 (preoperative management only): 20%

Effective May 1, 2020, the following will be the reimbursement rate depending on which modifier is appended to the procedure code:

- Modifier 54 (surgical care only): 70%
- Modifier 55 (postoperative management only): 20%
- Modifier 56 (preoperative management only): 10%

For additional information, refer to the Split-Care Surgical Modifiers reimbursement policy at <https://provider.simplyhealthcareplans.com/florida-provider>.

SFL-NL-0122-19

Policy Update —
Medicaid & Florida Healthy Kids
**Unlisted, Unspecified or
Miscellaneous Codes**

(Policy 06-004, effective 08/01/20)

Effective August 1, 2020, Simply Healthcare Plans, Inc. will continue to allow reimbursement for unlisted, unspecified or miscellaneous codes. Unlisted, unspecified or miscellaneous codes should only be used when an established code does not exist to describe the service, procedure or item rendered. Reimbursement is based on review of the unlisted, unspecified or miscellaneous codes on an individual claim basis. Claims submitted with unlisted, unspecified or miscellaneous codes must contain specific information and/or documentation for consideration during review.

For additional information, review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy [here](#).

SFL-NL-0141-19

COVID-19 information from Clear Health Alliance

Clear Health Alliance is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *Medicaid updates* section of our website (<https://provider.clearhealthalliance.com/florida-provider> > Provider news > Medicaid updates).

SFLPEC-1898-20



Reminder: Mid-level practitioners are required to file using their NPI



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We will continue to monitor this area of concern through medical chart review and data analysis. Billing noncompliance can be considered a contract breach.

CHA recognizes the quality of care delivered to our members can be improved by the proper use of NPs and PAs. This notice is in no way intended to discourage their proper use, but rather to clearly define how services should be appropriately billed.

SFL-NL-0150-19

Medical drug *Clinical Criteria* updates

June 2019 update

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Effective dates will be reflected in the [Clinical Criteria web posting](#).

SFL-NL-0112-19

September 2019 update

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SFL-NL-0140-19

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- Diabetes.
- Heart conditions such as congestive heart failure, coronary artery disease and hypertension.
- HIV/AIDS.
- Pulmonary conditions such as asthma and chronic obstructive pulmonary disease.

Our case managers use member-centric motivational interviewing to identify and address health risks such as tobacco use and obesity to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

We welcome your referrals. To refer a member to Disease Management:

- Call **1-888-830-4300** to speak directly to one of our team members.
- Fill out the *Disease Management* form located on the provider website and fax it to **1-888-762-3199** or submit electronically via the Availity Portal.*

Your input and partnership are valued. Once your patient is enrolled, you will be notified by the assigned Disease Management case manager. You can also access your patient's Disease Management care plan, goals and progress at any time via the Availity Portal through Patient360.

We are happy to answer any questions. Our registered nurse case managers are available Monday to Friday from 8:30 a.m. to 5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week.

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The HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), analyzes the percentage of patients 18 to 50 years of age during the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is used to determine whether imaging studies are overused to evaluate members with low back pain. The measure is an inverted rate. A higher score indicates appropriate treatment of low back pain.

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Measure exclusions:

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- Recent trauma
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- Neurological impairment
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- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Helpful tips:

Hold off on doing imaging for low back pain within the first six weeks, unless red flags are present.

Consider alternative treatment options prior to ordering diagnostic imaging studies, such as:

- Nonsteroidal anti-inflammatory drugs.
- Nonpharmacologic treatment, such as heat and massage.
- Exercise to strengthen the core and low back or physical therapy.

Other available resources:

- National Committee for Quality Assurance — [NCQA.org](https://www.ncqa.org)
- Choosing Wisely — [Choosingwisely.org](https://www.choosingwisely.org)
- American Academy of Family Physicians — [AAFP.org](https://www.aafp.org)

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

SFLPEC-1807-19

Prior authorization requirements

New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Clear Health Alliance members.



Read more online.

SFL-NL-0155-20

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**
 - Medicaid pharmacy injectables: **1-844-509-9862**
- **Phone:** **1-844-406-2396**

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com> by visiting <https://provider.clearhealthalliance.com/florida-provider> > Login. Contracted and noncontracted providers who are unable to access Availity* may call Provider Services at **1-844-405-4296** for PA requirements.

** Availity, LLC is an independent company providing administrative support services on behalf of Clear Health Alliance.*

Reimbursement Policies

New Policy: Update

Drug Screen Testing

(Policy 19-001, effective 11/01/19)

The effective date of this policy has been updated from 10/1/19.

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>.

SFL-NL-0043-19-A

Policy Update

Multiple and Bilateral Surgery: Professional and Facility Reimbursement

(Policy 06-010, effective 05/01/19)

Clear Health Alliance allows reimbursement to professional providers and facilities for multiple and bilateral surgery. Effective May 1, 2019, reimbursement is based on multiple and bilateral procedure rules in accordance with contracts and/or state guidelines for applicable surgical procedures performed on the same day by the same provider to the same patient.

Visit <https://provider.clearhealthalliance.com/florida-provider> to view the Multiple and Bilateral Surgery reimbursement policy for additional information regarding percentages and reimbursement criteria.

SFL-NL-0118-19

Policy Update

Split-Care Surgical Modifiers

(Policy 11-005, effective 05/01/20)

Clear Health Alliance has updated the split-care modifier percentages.

Currently, reimbursement is based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure. The percentage is determined by which modifier is appended to the procedure code:

- Modifier 54 (surgical care only): 50%
- Modifier 55 (postoperative management only): 30%
- Modifier 56 (preoperative management only): 20%

Effective May 1, 2020, the following will be the reimbursement rate depending on which modifier is appended to the procedure code:

- Modifier 54 (surgical care only): 70%
- Modifier 55 (postoperative management only): 20%
- Modifier 56 (preoperative management only): 10%

For additional information, refer to the Split-Care Surgical Modifiers reimbursement policy at <https://provider.clearhealthalliance.com/florida-provider>.

SFL-NL-0122-19