

March 2021

Provider Services:

Medicaid: 1-844-405-4296 • Medicare: 1-844-405-4297

<https://provider.simplyhealthcareplans.com>



# Provider Newsletter



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Want to receive the  
Provider Newsletter via email?

Click [here](#) to provide/update your email address.

## Access to more claim denial information is now self-service

Through predictive analytics, healthcare teams can now receive real-time solutions to claim denials.

Simply Healthcare Plans, Inc. (Simply) is committed to providing digital first solutions. Healthcare teams can now use self-service tools to reduce the amount of time spent following up on claim denials. Through the application of predictive analytics, Simply has the answers before you ask the questions. With an initial focus on claim-level insights, Simply has streamlined claim denial inquiries by making the reasons for the claim denial digitally available. In addition to the reason for the denial, we supply you with the next steps needed to move the claim to payment. This eliminates the need to call for updates and experience any unnecessary delays waiting for the *EOP*.

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### Claim resolution daily

Automated updates make it possible to refresh claims history daily. As you resolve claim denials, the claim status changes, other claims needing resolution are added and claims are resolved faster.

Simply made it easier to update and supply additional information, too. While logged into the secure provider portal, you have the ability to revise your claim, add attachments, or eliminate it if filed in error. Even if you did not file the claim digitally, you can access the proactive insights. Predictive analytics supplies the needed claim denial information online — all in one place.

Predictive proactive issue resolution and near real-time digital claim denial information is another example of how Simply is using digital technology to improve the healthcare experience. If you have questions, please reach out to your Provider Relations representative.

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

SFL-NL-0235-20

## We want to hear from you! *COVID-19 Vaccine Survey* for providers



Please take a moment to fill out this quick survey that tells us more about your practice as it relates to the COVID-19 vaccine. By completing this survey, we will learn how we can better support you and our members during this time.

To access the survey, select: ***COVID-19 Vaccine Survey***

SFLPEC-2462-21

## Important notice: As of January 4, LogistiCare renamed ModivCare (Transportation regions 1 through 9)

As of January 4, 2021, LogistiCare Solutions, LLC,\* the nation's largest provider of non-emergency medical transportation and our transportation provider for regions 1 through 9, has formally changed its company name to ModivCare Solutions, LLC.

When you visit ModivCare's, formerly known as LogistiCare, [website](#), you will see a new logo. You will also be able to find more information about the name change

LogistiCare's name change to ModivCare will not change the services your members rely on or the support they receive for non-emergency medical transportation. Members will still contact **1-866-372-9794 (TTY 1-866-288-3133)** to schedule a ride.

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SFL-NL-0258-21





# Coding spotlight: Overview of the 2021 evaluation and management changes

## Why are these changes necessary?

Changes are meant to simplify code selection criteria, make coding more clinically relevant and to reduce documentation overload for office-based evaluation and management (E/M) services, while continuing to differentiate payment based on complexity of care.

## Key elements of major revisions for 2021:

- Physicians may choose their documentation based on medical decision making (MDM) or total time (including non-face-to-face services).
- History and exam are still important parts of the notes and may contribute to both time and MDM, but they will no longer be scored for determining the level of the E/M visit.
- MDM criteria has moved away from simply adding up tasks to instead focusing on tasks that affect the management of a patient's condition.
- Code 99201 was deleted.
- Codes 99202 to 99215 were revised.

## Changes to time documentation

Time will now be defined as the total time spent by the provider (both face-to-face and time spent on non-face-to-face activities related to this patient's visit performed on the same day as the visit). This may include the services listed below but should not include time spent on separately billable services (such as X-ray interpretation). Effective January 1, 2021:

- The total time spent must be documented clearly by the provider for the E/M level to be determined by time and does not include ancillary staff time.
- Time will no longer need to be dominated by counseling.
- All time used for leveling the E/M must be on the same day as the face-to-face visit.



**Read more online.**

SFL-NL-0244-20



## MCG Care Guidelines 24th edition customization

Effective June 1, 2021, the following new customizations will be implemented:

- **Gastrointestinal Bleeding, Upper (W0170, previously ORG M-180)** — Customized the Clinical Indications for admission to inpatient care by revising the hemoglobin; systolic blood pressure; pulse; melena; orthostatic hypotension; and BUN criteria.
- **Gastrointestinal Bleeding, Upper Observation Care (W0171, previously OCG OC-021)** — Customized the Clinical Indications for observation care by revising the systolic blood pressure and hemoglobin criteria and adding melena or hematochezia and suspected history of bleeding.

Access a detailed summary of customizations online: **Customizations to MCG Care Guidelines 24th Edition** (<https://provider.simplyhealthcareplans.com/florida-provider/medical-policies-and-clinical-guidelines> > Other Criteria > MCG > Customizations to the MCG Care Guidelines 24th Edition.)

SFL-NL-0239-20

# New specialty pharmacy program

Simply Healthcare Plans, Inc. (Simply) will launch a new specialty pharmacy program with IngenioRx\* Specialty Pharmacy. The new program provides the care members need when a specialty drug is dispensed.

Effective February 1, 2021, specialty medications for Simply members will need to be filled at IngenioRx Specialty Pharmacy. IngenioRx Specialty Pharmacy will enable members taking specialty medications and who have complex medical conditions to stay compliant with their specialty drug regimens.

As a partner with the state in providing quality care for our Medicaid population, Simply continuously looks for ways to increase efficiency and save taxpayer money. The new specialty pharmacy program provides an opportunity to slow the growth of prescription drug costs. In addition, it will enable members to easily refill their prescriptions online and have them conveniently shipped to their home or a provider's office at no cost.

## What can I do to help members with this transition?

Please assist members in transitioning to IngenioRx Specialty Pharmacy by faxing prescriptions for Specialty medications to IngenioRx Specialty Pharmacy at **1-833-263-2871**. Please include the member's Simply ID number with the prescription. You can also call the IngenioRx Provider Services number at **1-833-262-1726** for assistance if needed.

## How will members be notified of this change?

Members will be provided with two grace fills at other network pharmacies; a letter will be mailed to the member after each fill to notify them of the need to transition their specialty prescription to IngenioRx specialty pharmacy.

## Additional information

Network pharmacies have been notified of this specialty pharmacy program and provided with information to assist members.

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

SFL-NL-0252-20



## Guidelines: Interim billing for inpatient hospital services

The following procedures must be followed for the submission of interim billing for inpatient hospital stays that exceed 100 consecutive stays — in those instances where a hospital provider requests assistance due to an enrollee’s protracted length of stay (greater than 100 days) and due to the financial strain it imposes on the provider’s resources in having to wait for the enrollee to be discharged to seek reimbursement.

### Billing type code requirements

For billing interim inpatient hospital stays that exceed 100 consecutive days, hospital provider claims must be billed with the following inpatient type of bill code:

- 0112 — First claim (continuous stay inpatient claim)
- 0117 — Subsequent interim (continuous stay inpatient claim) and final

### Claim billing requirements:

- The new inpatient hospital claim must include initial date of admission, dates of service and amounts from previous claim(s) through current billing.
- Final replacement claim must be billed for the complete stay, from the first date of admission through the date of final discharge.

### Claims processing:

- For each subsequent inpatient hospital billing, the previous interim claim will be voided and replaced with a new claim.

SFL-NL-0259-21



# Prior authorization requirements

## Outpatient procedures if done in the outpatient hospital setting (place of service 22/billing code 013)

Effective January 1, 2021, prior authorization requirements will be required for the below CPT® codes if requested in the outpatient (OP) hospital setting. Prior authorization will be required for place of service (POS) 22 (OP hospital) only. No authorization will be required if done in an alternate OP POS, such as an ambulatory surgery center.

For services that are scheduled on or after January 1, 2021, providers must contact the Simply Healthcare Plans, Inc. Prior Authorization team to obtain prior authorization for these services only if requested in the hospital. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services in the outpatient hospital.



SFL-NL-0246-20

## Outpatient procedures

Effective January 1, 2021, prior authorization (PA) requirements will be required for the below CPT® codes.

For services that are scheduled on or after January 1, 2021, providers must contact the Prior Authorization team for Simply Healthcare Plans, Inc. to obtain prior authorization for these services. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services.

CPT code	Service description
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (e.g., Irinotecan Metabolism), gene analysis, common variants
41512	Tongue base suspension, permanent suture technique
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age

SFL-NL-0247-20

To request prior authorization, you may use one of the following methods:  
Web: <https://www.availity.com>\* | Fax: **1-800-964-3627**

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## Access to more claim denial information is now self-service

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

SFL-NL-0235-20

## We want to hear from you! COVID-19 Vaccine Survey for providers

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

SFLPEC-2462-21

## MCG Care Guidelines 24th edition customization

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

SFL-NL-0239-20

## Prior authorization requirements

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

SFL-NL-0246-20



## Reminder: Florida Healthy Kids claims submission methods

See the below chart for the correct claims submission methods for Simply Healthcare Plans, Inc. (Simply). Participating and nonparticipating providers should submit paper and electronic claims for payment to Simply and **not** directly to Florida Healthy Kids.

Paper and electronic claim submissions	
Claim type	Submission details
Paper claims	Simply Healthcare Plans, Inc. Florida Claims P.O. Box 61010 Virginia Beach, VA 23466-1010
Electronic claims	<a href="https://www.availity.com">https://www.availity.com</a> * Payer ID: SPLY

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SFL-NL-0248-20

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SFL-NL-0235-20

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

SFLPEC-2462-21

## MCG Care Guidelines 24th edition customization

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

SFL-NL-0239-20/SHPCRNL-0077-20

## DME checklist of information needed from providers

Simply Healthcare Plans, Inc. (Simply) wants to help ensure Medicare Advantage members receive the DME they are eligible to receive under CMS guidelines as soon as that equipment is needed. When requesting DME for your patients, our members, please include the information below to give our physiatrist and other clinical reviewers a complete picture of your patients' status and needs. This will help ensure a timely response from Simply; reduce the need for additional phone calls, faxes, emails and appeals; and deliver the requested DME to your patients as soon as possible.



[Read more online.](#)

SHPCRNL-0079-21



# Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* 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. Please note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

To view a guideline, visit [https://medicalpolicy.simplyhealthcareplans.com/shp\\_search.html](https://medicalpolicy.simplyhealthcareplans.com/shp_search.html).

## Notes/updates:

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

- \*GENE.00055 – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
  - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- \*LAB.00037 – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
  - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- \*DME.00011 – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
  - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
  - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
  - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- \*SURG.00062 – Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
  - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- \*CG-LAB-15 – Red Blood Cell Folic Acid Testing
  - RBC folic acid testing is considered not medically necessary in all cases
- \*CG-LAB-16 – Serum Amylase Testing
  - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- \*CG-GENE-04 – Molecular Marker Evaluation of Thyroid Nodules
  - Added the Afirma Xpression Atlas as not medically necessary
- SURG.00158 – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
  - A new *Medical Policy* was created from content contained in DME.00011.
  - There are no changes to the policy content.
  - Publish date is December 16, 2020.
- CG-GENE-21 – Cell-Free Fetal DNA-Based Prenatal Testing
  - A new *Clinical Guideline* was created from content contained in GENE.00026.
  - There are no changes to the guideline content
  - Publish date is December 16, 2020.

## Medical Policies

On November 5, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply Healthcare Plans, Inc. (Simply). These guidelines take effect March 8, 2021.

## Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the medical operations committee for Simply members on November 19, 2020. These guidelines take effect March 8, 2021



Read more online.

SHPCRNL-0080-21

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SFL-NL-0235-20



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SFL-NL-0258-21



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SFL-NL-0247-20

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SFL-NL-0252-20

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