

# Network Connection

Information for  
Presbyterian Healthcare  
Professionals and Providers

JULY 2012



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## Welcome to the first edition of *Network Connection*

Welcome to the first edition of *Network Connection*, Presbyterian's new bi-monthly newsletter for contracted health care professionals. *Network Connection* is taking the place of *In Brief*, Presbyterian's former quarterly newsletter. It is our goal to provide you with timely, accurate, relevant and engaging information. The articles in this newsletter will focus on the following topics:

- Information about new or updated tools and resources available to you
- Letters from Presbyterian leadership on topics that affect you
- Important information about regulatory requirements
- Features about services available to Presbyterian members
- A recap of recent important communications
- Tips and reminders helpful to health care professionals and their staff

This newsletter has been redesigned with you in mind. If you have any suggestions, comments or feedback relating to *Network Connection*, your newsletter, please don't hesitate to contact our editor.

## TALK TO US

Send your questions, comments and Letters to the Editor to our *Network Connection* Editor at:

EMAIL: [kmeub@phs.org](mailto:kmeub@phs.org)

PHONE: (505) 923-5252

FAX: (505) 923-5400  
Attn: Network Connection Editor

MAIL: PO Box 27489  
Albuquerque, NM 87125-7489  
Attn: Provider Network Management

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*Presbyterian exists to improve the health of the patients, members and communities we serve.*

# Provider Network Management . . .

Presbyterian strongly values its relationship with you. As an organization, we understand that the strength and success of our partnership can have a positive impact on your patients and our members.

My team at Presbyterian is dedicated to building and strengthening relationships with our network and ultimately providing an exceptional experience for you and our members. Formerly the Provider Services department, we renamed ourselves the Provider Network Management (PNM) department to emphasize our role in partnering with you.

The PNM department is committed to delivering an exceptional provider experience through relationship management and engagement, timely and informative communications, modern resources and services and exceptional customer service. We develop and share programs, tools and communications that provide you with critical information, managed-care related training and education and support. As part of Presbyterian Health Plan, we are constantly evaluating new services and tools that may increase our efficiency, add value and lower costs for you and all other stakeholders.

My team members provide their expertise and service to the following areas: practitioner and provider relationship management and training/education; credentials verification; practitioner and provider e-business resources; network communications; regulatory compliance and business analysis.

Along with renaming our department, we completed an internal service-model restructure this past year. Our purpose was to focus on providing you with superior customer service. As part of the process, we re-imagined our titles and purposes. Each practitioner or provider within our network has a designated PNM Relationship Executive who is available as your advocate within the health plan. The PNM Relationship Executive title takes the place of the Provider Services Coordinator.

Our Relationship Executives are reaching out to their assigned practitioners and providers through in-person visits, phone calls and emails. They are your first and dedicated resource for questions and support relating to Presbyterian products, services and initiatives.

Your assigned PNM Relationship Executive serves as your primary contact with Presbyterian, but they are supported by the entire PNM relationship team. The service team is led by Tamara Stevenson, Manager, Relationship Management and Engagement. She is supported by Rebecca Eisenberg and Jessica Moya, our PNM supervisors. Rebecca and Jessica each lead a team of PNM Relationship Executives, PNM Relations Service Associates and Quality Analysts. We are all here to support and partner with you.

As part of our goal to provide an exceptional provider experience, we are working on several initiatives that I think will add value to your partnership with us. Here’s a quick preview of some of the exciting projects to come this year.

## ... We're here for you!

### Electronic Funds Transfer

I am pleased to announce that we are making great progress with Electronic Funds Transaction (EFT) implementation for medical claims. We have designed our EFT system to provide you with a faster and easier reimbursement process that eliminates check handling. We are currently working with a pilot group of practitioners to smooth out the process. We plan to open EFT enrollment to the entire network before the end of 2012. I believe that EFT will be a great tool for everyone, and I am pleased that implementation is moving ahead quickly.

### Presbyterian's Annual Conference for Healthcare Professionals

I would like to personally invite you to attend one of our annual conferences this fall. My team will be hosting the Presbyterian Annual Conference for Health Care Professionals in Albuquerque, Las Cruces and online via Webinar. We look forward to connecting with you and sharing some exciting updates. Watch your faxes, mailboxes and email for the upcoming save-the-date and invitation. If you would like to suggest a topic for the conference, please contact your Relationship Executive.

### Network Email Initiative

The health plan has a new tool that enables email communication with members, providers, employees and other customers. We are currently testing our process for communication with health care professionals and providers. Expect to see an introduction letter and registration form soon.

These are just a few of the many initiatives my team is working on for you. This newsletter is another example of how we are striving to update and improve the way we connect and partner with you. It is our goal to provide relevant, interesting and timely articles. I hope you enjoy this issue, and as

always, thank you for your continued partnership.

Sincerely,



Bridgette Garcia, Director of Provider Network Management



*Dr. Jeffery Hanrahan, Pediatric Hematologist/Oncologist*

## "My team waits on children with cancer. Not the other way around."

**Your story is our story.** Presbyterian's Pediatric Hematology and Oncology Program streamlines care by admitting children with cancer directly into the Children's Center, saving valuable time. Once here, they'll receive the care they need more quickly, with regular and frequent updates for you and the child's parents.

For consultation or referrals, contact us at (505) 563-6530.

The Children's Center at  
**PRESBYTERIAN**

1100 Central Ave. SE  
Albuquerque, NM 87106

[www.phs.org](http://www.phs.org)

## TAKE ACTION

### One easy way to save your patients money The benefits of referring in-network

Did you know that using a non-contracted laboratory service will cost your patients more money than needed? When you refer out-of-network, your patients pay more for the same tests they could have received in-network. In addition, if you refer your patients to a non-contracted laboratory service, you are failing to follow the terms of your agreement with Presbyterian.

Presbyterian would like to emphasize that TriCore Reference Laboratories (TriCore) is the only laboratory service within the network at this time. Please be aware that non-contracted laboratories

have been soliciting healthcare professionals belonging to our network with the assertion that they can accept "Presbyterian insurance." As TriCore is Presbyterian's exclusive independent contracted laboratory, using another laboratory service could result in unnecessary additional expenses for your patients, and violate the terms of your contract. Please be advised that Presbyterian is monitoring non-contracted laboratory use.

For your convenience, please see page 5 for a list of all TriCore locations and contact information.

### A guide for submitting corrected claims

Presbyterian is dedicated to providing education and support to our network to ensure accurate claims processing. As part of that commitment, here's a quick guide for submitting a corrected claim. Corrected claims need to be treated differently than initial claims. You can avoid duplicate denials and delays in processing by following these guidelines for corrected claims, adjustments and resubmissions.

1. Any update, correction or change to a claim must be made and submitted to Presbyterian on a paper claim form. Updates and corrections to claims should not be submitted electronically.

2. Be sure to notate or stamp the document as a "corrected claim" or other appropriate label.
3. Send all charges as they appeared on the original claim sent to Presbyterian.
4. Make a notation indicating which charges have been added or removed or what data element has been changed. If a modifier is added or removed, your notation will help ensure we make the appropriate change.
5. Please do not use a highlighter.

As a reminder, Presbyterian offers electronic claims submissions for initial claims only.

### 5010 Reminder

On March 22, 2012, Presbyterian sent out a fax to all contracted providers announcing the network effective date for 5010 HIPAA transaction standards. The following is a quick summary of the important points.

Effective April 1, 2012, Presbyterian expects all contracted practitioners and providers to adhere to the 5010 HIPAA transaction standards for 837 claims. Any claims submitted after April 1, 2012, that do not meet these standards will be rejected.

Presbyterian chose this deadline because the Centers for Medicare and Medicaid Services (CMS) set a compliance deadline of January 1, 2012, for the Accredited Standards Committee X12 Version 5010 standards.

In an effort to ensure minimal financial impact for our network, Presbyterian reached out to hospitals, physician practices and clearinghouses with education, training and testing. After concluding that the majority of its covered entities were ready to meet the standards for 837 claims, Presbyterian set its enforcement deadline.

If you are not already meeting the 5010 HIPAA transaction standards for 837 claims, please take immediate steps toward fulfilling the standards.

## TriCore Reference Laboratories Locations

### GREATER ALBUQUERQUE

Northside Patient Care Center \*  
5901 Harper NE  
Albuquerque 87109  
Phone: 505-823-8765  
Fax: 505-823-8764

Montgomery Patient Care Center  
8800 Montgomery Blvd. NE  
Albuquerque 87111  
Phone: 505-462-6414  
Fax: 505-462-6501

Kaseman Hospital Outpatient Laboratory  
8300 Constitution Ave. NE  
Albuquerque 87110  
Phone: 505-291-2452  
Fax: 505-291-2386

PMG at 8300 Constitution  
8300 Constitution Ave. NE, Bldg. D  
Albuquerque 87110  
Phone: 505-559-6560  
Fax: 505-559-6551

Encino Patient Care Center  
801 Encino Place NE, Suite B-4  
Albuquerque 87102  
Phone: 505-924-6910  
Fax: 505-244-9477  
Mon-Fri: 8 am to 5 pm

Physicians Office Building \*\*  
201 Cedar SE, Suite 400  
Albuquerque 87106  
Phone: 505-563-6100  
Fax: 505-563-6105

San Mateo Patient Care Center  
401 San Mateo SE  
Albuquerque 87108  
Phone: 505-462-7492  
Fax: 505-260-1584

Belen Patient Care Center \*\*  
609 S. Christopher Road  
Belen 87002  
Phone: 505-864-5484  
Fax: 505-864-5493

Los Lunas Patient Care Center  
200 Emilio Lopez Road  
Los Lunas 87031  
Phone: 505-866-2750  
Fax: 505-866-2751

Isleta Patient Care Center \*  
3436 Isleta Blvd. SW  
Albuquerque 87105  
Phone: 505-462-7837  
Fax: 505-462-7834

Atrisco Patient Care Center (Ladera) \*  
3901 Atrisco NW  
Albuquerque 87120  
Phone: 505-462-7549  
Fax: 505-839-1043

Coors Patient Care Center +  
6410 Coors NW, Suite 200  
Albuquerque 87120  
Phone: 505-924-6900  
Fax: 505-792-8329

Rio Rancho Patient Care Center  
4005 High Resort Blvd.  
Rio Rancho 87124  
Phone: 505-462-8500  
Fax: 505-462-8463

Rust Patient Care Center  
2400 Unser Blvd. SE  
Rio Rancho 87124  
Phone: 505-253-6290  
Fax: 505-253-6291

### NORTHERN NEW MEXICO

Española Patient Care Center +  
1010 Spruce Street  
Española 87532  
Phone: 505-753-1512  
Fax: 505-753-1590

Las Vegas Patient Care Center  
2500 7th Street, Suite E  
Las Vegas 87701  
Phone: 505-425-6508  
Fax: 505-425-6861

Los Alamos Patient Care Center  
118 Central Park Square  
Los Alamos 87544  
Phone: 505-661-4136  
Fax: 505-661-4139

Santa Fe Patient Care Center  
1700-B St. Michael's Drive  
Santa Fe 87505  
Phone: 505-954-3760  
Fax: 505-954-3770

### SOUTHERN NEW MEXICO

Carlsbad Patient Care Center  
2402 W. Pierce, Suite 6B  
Carlsbad 88220  
Phone: 575-628-8011  
Fax: 575-885-7383

Clovis Patient Care Center  
600 Texas Street, Suite G  
Clovis 88101  
Phone: 575-762-4619  
Fax: 575-762-4633

Clovis South Campus Patient Care Center  
2421 W. 21st Street, Suite B  
Clovis 88101  
Phone: 575-742-7824  
Fax: 575-742-7858

Las Cruces Patient Care Center  
2100 S. Triviz Drive, Suite E  
Las Cruces 88001  
Phone: 575-522-4415  
Fax: 575-522-4472

Ruidoso Patient Care Center +  
200 Sudderth Drive, Suite B  
Ruidoso 88345  
Phone: 575-257-0496  
Fax: 575-257-0687

Silver City Patient Care Center  
114 W 11th Street  
Silver City 88061  
Phone: 575-538-4344  
Fax: 575-538-4321

Socorro Patient Care Center +  
1202 Highway 60 West  
Socorro 87801  
Phone: 575-835-8720  
Fax: 575-835-8749

Tucumcari Patient Care Center +  
301 E. Miel de Luna Ave.  
Tucumcari 88401  
Phone: 575-461-7070  
Fax: 575-461-7077

### EL PASO, TEXAS

El Paso Patient Care Center +  
9398 Viscount Blvd, Bldg. 1, Suite D  
El Paso 79925  
Phone: 915-595-3674  
Fax: 915-595-3677

\*TriCore Branch Laboratory (limited STAT testing performed)

+Drug Test Collection Site

## TAKE NOTE

# Treating the whole patient

## Cancer Rehabilitation at the Presbyterian Healthplex

Modern cancer treatment and recovery focuses on taking care of the whole person. During and after radiation and chemotherapy treatment, many patients feel fatigue. The fatigue can be so severe that it interferes with the patient's ability to take care of everyday tasks and enjoy fun activities.

A patient's cardiorespiratory fitness level is an important factor in relieving the fatigue that can result from cancer treatment. The Presbyterian Healthplex offers a special program for cancer patients and survivors, called THRIVE.

THRIVE is a 10-week program that provides monitored, targeted exercise three times per week with the goal of returning the patient's cardiorespiratory fitness level to the same level or better than before cancer. By promoting fitness and building strength, the patient may decrease their risk for cancer recurrence while rapidly improving their energy level for everyday activities.

The THRIVE program places emphasis on aerobic exercise. Circulating oxygenated blood helps the body heal itself and combat fatigue. It also produces the following benefits:

- Increased cardiorespiratory fitness
- Augmented immune system function
- Increased RBC/WBC production
- Augmented circulation throughout the body to aid in removing cytotoxic agents

Because cancer treatments also affect bone mineral density and overall

muscle mass, the THRIVE program also incorporates a strength training program. The strength training portion emphasizes increasing muscle mass and the three pillars of body function: posture, mobility and stability. In addition to promoting physical activity, the program includes education about exercise safety and lymphedema.

*Totality of Health:*

*Healing and Recovery*

*Regaining Function*

*Independence and Strength*

*Victory over Cancer*

*Exercise and Education*

Presbyterian's THRIVE program has received support from the Nancy Floyd Haworth Grant for three years, providing for need-based patient scholarship and specialized staff training. The staff at the Healthplex report that observing patients gain more control over their response to cancer treatment, while also lessening feelings of anxiety and depression, is hugely rewarding. Evidence and personal experience is convincing that exercise can play an important role in cancer rehabilitation.

If you are interested in referring a patient to the THRIVE program, please contact the Presbyterian Healthplex at (505) 823-8399 or [gym@phs.org](mailto:gym@phs.org).

## Why cardio-respiratory fitness is important

Cardiorespiratory fitness is one of the most important indicators of health in humans. Cardiorespiratory fitness refers to the body's ability to transport oxygen from the environment to the body's cells in order to produce energy for a multitude of processes. The efficiency of the cardiopulmonary system as well as the circulatory system determines how well oxygen can be transported and utilized in the body. Following cancer treatments such as surgery, chemotherapy and or radiation, cardiorespiratory fitness will be significantly reduced.

Reduction of cardiorespiratory fitness primarily follows the decline in physical activity for most cancer patients. Additionally, radiation and chemotherapy treatments may alter normal heart function (contractility, perfusion and stroke volume) resulting in diminished systemic circulation. This may cause cancer survivors to lose the ability to efficiently and economically process oxygen in skeletal muscle leading to diminished fitness levels.

## Healthcare on the go

### Presbyterian's Mobile Health Center offers on-the-spot healthcare for City of Albuquerque employees and their families

For Presbyterian Health Plan members, what could be more convenient than having their healthcare come directly to them? Members of the City of Albuquerque's group plan now have access to our Mobile Health Center, a 45-by-12-foot van that is staffed and equipped to provide routine and urgent care services.

The Mobile Health Center, operated by Medcor, is staffed with a certified nurse practitioner and a registered nurse. These healthcare practitioners will visit 13 sites in and around Albuquerque to deliver basic healthcare, including:

- Evaluations and treatment for throat and ear infections, upper-respiratory infections, minor orthopedic injuries, minor infections
- Lab tests
- Chronic disease support
- Physicals
- Wellness visits
- Vaccinations
- Urgent care

The Mobile Health Center's medical team can write prescriptions and will coordinate medical care with the member's primary care practitioner. As a healthcare practitioner, please be aware

that you could receive medical notes, lab tests, follow-up referrals and care reports from the Mobile Health Center when one of your patients visits the van. Any information resulting from a patient visit will be delivered to you by fax. Thank you for partnering with Presbyterian to help improve access to healthcare and ensure continuity of care.

For more information about the Mobile Health Center, please call Mark Whitaker, MD, at (505) 923-5708, or our administrative coordinator at (505) 923-5510.

## Help your patients stay healthy

### Presbyterian's Breast Cancer Screening Reminder Initiative

Did you know that your patients are more likely to schedule appointments for routine screenings and preventive care when they receive reminders from you, their healthcare practitioner? Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) want to support you in encouraging your patients to be advocates for their own health.

Presbyterian sent a mailing in early March to appropriate providers that included pre-printed mammogram reminder cards and a list of women between the ages of 42 and 69 within their practice who did not appear to have received a mammogram within the last two years. Presbyterian developed this initiative to help foster opportunities for you and your patient to discuss breast cancer screening and preventive healthcare.

Presbyterian encourages you to conduct a breast cancer risk assessment with appropriate patients and discuss

the benefits of regular screening mammography. As a reminder, Presbyterian continues to provide coverage for an annual screening mammogram for women who are age 40 and older. Breast cancer risk assessment is most effective when completed annually as part of a routine screening due to the fluidity of the associated risk factors.

If you wish to review the communication, please visit Presbyterian at [www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/pel\\_00127670.pdf](http://www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/pel_00127670.pdf). You will find the letter we mailed to you, along with copies of the screening cards for both English- and Spanish-speaking patients.

If you need another copy of your patient list, or have any questions about this initiative, please contact Lisa Armendariz, Project Manager, at (505) 923-8704 or by email at [larmendar@phs.org](mailto:larmendar@phs.org).

## TAKE NOTE

# Updated Cervical Cancer Screening Guidelines

Presbyterian follows the United States Preventive Services Task Force (USPSTF) and other professional guidelines for preventive care services for our members. The USPSTF has recently updated the guidelines for cervical cancer screening. Screening was previously recommended after the onset of sexual activity or by age 21. The USPSTF is no longer recommending screening for anyone under age 21.

The updated USPSTF recommendations for cervical cancer screening are as follows:

- For women ages 21 to 65 years with cytology (Pap smear) every three years, OR
- For women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years.

## Take steps to protect adolescent females and males from HPV

### Human Papillomavirus Quadrivalent and Bivalent Vaccines

Human Papillomavirus (HPV) infection is the most common sexually transmitted infection in the United States. It causes the majority of atypical squamous cells of undetermined significance (ASCUS), more than 90 percent of all cervical intraepithelial neoplasia (CIN 1,2,3) and virtually all invasive cervical cancers. HPV 16 and 18 are responsible for up to 70 percent of CIN and cervical cancer and 25 to 70 percent of vaginal and vulvar intraepithelial neoplasia (VaIN and VIN, respectively). Both are substantial causes of anal and penile carcinoma in males.

As of October 2011, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommended vaccination for both males and females between 11 and 12 years of age. This expansion recognized new data that shows the vaccination can prevent anal and penile cancer in males, and may also lower the risk of transmission of oncogenic and wart-producing types of human papillomavirus to sexual partners. Studies have shown the vaccination may also prevent oral cancer.

In alignment with the Clinical Prevention Initiative (CPI), Presbyterian recommends a schedule of three injections of the vaccination for males and females

who are 11 or 12 years of age. At the discretion of the healthcare professional providing care, the series can be administered to children as young as nine years old. The vaccine is also indicated for young adults between the ages of 13 and 26 years of age.

The HPV vaccine has been observed to be the most beneficial when administered before the patient is sexually active. Many patients with HPV became infected shortly after sexual initiation. While the vaccine is not effective against HPV that has already been acquired, it does protect against types of HPV to which the patient has not yet been exposed.

Females may be given either HPV Quadrivalent Vaccine (Gardasil® from Merck) or HPV Bivalent Vaccine (Cervarix® from Glaxo Smith Kline). Males should be given Quadrivalent vaccine (Gardasil®).

Gardasil® is a recombinant product of highly purified virus-like particles (VLPs) of HPV capsid proteins produced in yeast. Cervarix® contains similar VLPs produced in insect cells. Thus, neither vaccine contains any live HPV viral particles and cannot transmit HPV infection.

HPV Type	Gardasil® (Quadrivalent)	Cervarix® (Bivalent)
16 and 18: Cause 70% of cervical cancer	Protects against types 16 and 18	Protects against types 16 and 18
6 and 11: Cause 90% of genital warts	Protects against types 6 and 11	

## Recent Changes to Adult Immunization Schedule

Presbyterian follows the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) for child and adult immunization schedules. Following is a summary of recent updates to the 2012 adult immunization schedule footnotes.

### Full ACIP vaccine recommendation

The ACIP has added a footnote directing readers to links for the full ACIP vaccine recommendation. The footnote includes references for additional information on specific vaccine recommendations for travelers. This information was previously referred to as “subsequent footnotes.”

### Tdap and Td vaccines

Tdap vaccine is recommended specifically for anyone who is in close contact with infants younger than 12 months of age, and who have not received Tdap previously. This includes parents, grandparents and child-care providers. Note that the 2011 ACIP recommended pregnant women preferentially receive Tdap vaccination at 20 weeks gestation or later.

### HPV vaccine for males

As discussed in “Take steps to protect adolescent females and males from HPV” on page 8, the HPV vaccine recommendation includes vaccination of males 11-12 years of age, with catch-up vaccinations recommended for males 13-21 years of age. HPV is also recommended for previously unvaccinated males 22-26 years of age who are immunocompromised, or who test positive for HIV infections.

### Hepatitis B

The recommendation includes vaccination for adults greater than 60 years of age who have diabetes as soon

as possible after diabetes is diagnosed. In addition, hepatitis B vaccination is recommended at the discretion of the treating provider for adults with diabetes who are 60 years or older based on:

- 1) A patient’s likely need for assisted blood glucose monitoring, likelihood of acquiring hepatitis B and likelihood of immune response to vaccination.
- 2) The likelihood of the patient acquiring hepatitis B
- 3) The likelihood of an immune response to vaccination

### FOR MORE INFORMATION, PLEASE VISIT THESE WEBSITES:

CDC/MMWR Recommended  
Adult Immunization Schedule –  
United States 2012

<http://www.cdc.gov/vaccines/schedules/downloads/adult/mmwr-adult-schedule.pdf>

Summary of Recommendations  
for Adult Immunization  
(Age 19 years & older)

<http://www.immunize.org/catg.d/p2011.pdf>

### Zoster vaccine

A notation was included to acknowledge that the zoster vaccine was recently approved by the Food and Drug Administration (FDA) for administration to anyone 50 years of age and older; however, the ACIP continues to recommend vaccination beginning at 60 years of age.

### Influenza vaccine

The ACIP specifies that all persons 6 months or older can receive the inactivated influenza vaccine (TIV).

### Meningococcal vaccine

Additional information on the use of quadrivalent meningococcal conjugate vaccine (MCV4) and meningococcal polysaccharide vaccine (MPSV4) for specific age and risk groups was added to include military recruits. Language about college students has been clarified.

*Reference: Centers for Disease Control and Prevention. Recommended adult immunization schedule—United States, 2012. MMWR 2012;61(4).*

## Affirmative Statement

Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) recognize that it is the healthcare professional’s responsibility to advise their patients (our members) about their: health status, medical care, and/or treatment related to their condition of disease, regardless of whether or not it is a covered benefit under their insurance plan. Our Customer Service Center will be happy to assist your patients, our members, with confirming their covered benefits.

## TAKE NOTE

# Guidelines for documenting timed CPT codes

Healthcare professionals provide a number of services that are strictly time dependent. For accurate coding, please remember that your documentation must reflect the actual face-to-face time spent with the patient. This article provides guidance for documenting timed CPT codes for the following services:

- Physical therapy
- Occupational therapy
- Chiropractic services
- Acupuncture
- Counseling services/behavioral health

Physical therapy, occupational therapy, chiropractic services and acupuncture services must have proper documentation for the time or duration of each service performed, as well as the time of the general session. Documentation of the total therapy time, including untimed codes, is required per Centers for Medicare and Medicaid Services (CMS) guidelines, the American Medical Association (AMA) CPT Manual and Presbyterian's Practitioner and Provider Manual.

Counseling services/behavioral health must also provide documentation for the face-to-face time spent with the patient. Since Behavioral Health CPT codes are time-based, documentation must include actual start and stop times for therapy.

Presbyterian routinely conducts claims validation audits. To ensure accurate payment, please submit complete and accurate supporting documentation in the patient's medical record. Please see the following excerpts for specific guidelines from CMS, AMA and Presbyterian.

**The CMS Medicare Benefit Policy Manual** (chapter 15, page 184, section E) gives the following guidelines for physical therapy, occupational therapy, acupuncture service and chiropractic services:

*The purpose of these notes is simply to create a record of all treatments and skilled interventions that are provided and to record the time of the services in order to justify the use of billing codes on the claim. Documentation is required for every treatment day, and every therapy service. The format shall not be dictated by contractors and may vary depending on the practice of the responsible clinician and/or the clinical setting.*

*The Treatment note is not required to document the medical necessity or appropriateness of the ongoing therapy services. Descriptions of skilled interventions should be included in the plan or the Progress Reports and are allowed, but not required daily. Non-skilled interventions need not be recorded in the Treatment Notes as they are not billable. However, notation of non-skilled treatment or report of activities performed by the patient or non-skilled staff member may be reported voluntarily as additional information if they are relevant and not billed. Specifics such as number of repetitions of an exercise and other details included in the plan of care need not be repeated in the Treatment Notes unless they are changed from the plan.*

*Documentation for each treatment shall include the following required elements:*

- Date of treatment; and
- Identification of each specific intervention/modality provided and billed for, both timed and untimed codes
- Total timed code treatment minutes and total treatment time in minutes
- Signature and professional identification of the qualified professionals who furnished or supervised the services and a list of each person who contributed to that treatment

**CMS Medicare Claims Processing Manual**, Chapter 5, section 20.3 – Determining What Time Counts Towards 15-Minute Timed Codes – All Claims:

*Providers report the code for the time actually spent in the delivery of the modality requiring constant attendance and therapy services. Pre- and post-delivery services are not to be counted in determining the treatment service time. In other words, the time counted as "intra-service care" begins when the therapist or physician (or an assistant under the supervision of a physician or therapist) is directly working with the patient to deliver treatment services. The patient should already be in the treatment area (e.g., on the treatment table or mat or in the gym) and prepared to begin treatment.*

*The time counted is the time the patient is treated. For example, if gait training in a patient with a recent stroke requires both a therapist and an assistant, or even two therapists, to manage in the parallel bars, each*

15 minutes the patient is being treated can count as only one unit of code 97116. The time the patient spends not being treated because of the need for toileting or resting should not be billed. In addition, the time spent waiting to use a piece of equipment or for other treatment to begin is not considered treatment time.

#### **AMA CPT Manual, Physical Medicine and Rehabilitation, Therapeutic Procedures:**

Physician or therapist [are] required to have direct (one-to-one) patient contact.

These services are generally timed. Below is an example of a CPT code with its guidelines:

97110 Therapeutic procedures, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.

#### **Presbyterian Practitioner and Provider Manual, Fraud and Abuse, Medical Record Documentation:**

Presbyterian follows policies and procedures that govern the standardization and maintenance of medical records by its contracted providers. Presbyterian expects providers to maintain the following medical record information:

#### **Physical Health Practitioner Medical Record Documentation**

- Date of service
- Type of service (i.e., 99212, 99213, etc.)
- Medications/interventions
- Modalities and frequencies of treatment furnished
- Clinical test results and summaries of any of the following: diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date

#### **Behavioral Health Practitioner Medical Record Documentation**

- Date of service
- Type of service (i.e. 90801, 90806, etc.)
- Medications/interventions
- Counseling session start and stop time
- Modalities and frequencies of treatment furnished
- Clinical test results and summaries of any of the following: diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date

Under your existing contract, Presbyterian reserves the right to audit our members' records for purposes that may include, but are not limited to:

- Accuracy of Claims
- Coverage of Services
- Appropriateness of Services
- Appropriateness of Billing

## **Clinical Practice Guidelines and Preventive Healthcare Guidelines**

Presbyterian wants to ensure you have access to our clinical practice and preventive healthcare guidelines. Please read on for details on how to find these guidelines.

#### **Preventive Healthcare Guidelines**

Presbyterian's Preventive Healthcare Guidelines are available on [www.phs.org](http://www.phs.org) on the Provider webpage <http://www.phs.org/resources/documents/preventive.pdf>. The child and adolescent immunization schedule is available at <http://www.phs.org/shots>.

#### **Clinical Practice Guidelines**

Presbyterian's Clinical Practice Guidelines for physical and behavioral health are available on the Provider webpage at <http://www.phs.org/PHS/healthplans/providers/healthservices/index.htm>.

#### **Step-by-step Internet Access Guidelines**

You may also access both the Preventive Healthcare Guidelines and Clinical Practice Guidelines following these steps:

- Visit [www.phs.org](http://www.phs.org)
- Select "Health Plans" from the top menu
- Select "For Providers" from the left sidebar
- Select "Health Services" under "For Provider" drop down menu
- Scroll down to "Preventive Healthcare Guidelines" or to "Clinical Practice Guidelines"

#### **Hard Copies**

For paper copies of the guidelines, contact the Quality and Population Health Management Team at (505) 923-5017 or 1-866-634-2617.

## TAKE NOTE

# Medicare Advantage – Submitting claims for hospice care

## Using the GV and GW modifiers for hospice-related and non-related claims for patients with coverage under original Medicare

For patients with Presbyterian Senior Care or Presbyterian Medicare PPO, please note the following information about submitting claims for hospice care.

Please file claims for patients receiving hospice coverage through original Medicare following Centers for Medicare and Medicaid Services (CMS) guidelines, as published in the CMS Medicare Managed Care Manual. The guidelines include filing hospice-related claims with the local Medicare intermediary (for Medicare Part A benefits) and carrier (for Medicare Part B benefits). Please do not file hospice-related claims with Presbyterian for patients with coverage under original Medicare. These claims will be denied. Please also note that

services billed on a CMS-1500 should be billed with the GV modifier to indicate services are related to the hospice diagnosis.

In addition, claims for services covered under original Medicare that are not related to the terminal illness should also be filed with the local intermediary and carrier. Presbyterian will also deny claims of this nature. Please note that services billed on a CMS-1500 should be billed with the GW modifier to indicate services are not related the hospice diagnosis.

After you receive your remittance advice from Medicare, submit the claim for non-hospice related services, along with the remittance advice to

Presbyterian. Presbyterian is responsible for paying any difference between the member's cost sharing through Medicare Advantage and through Fee-for-service Medicare for non-hospice related services.

The member's cost-sharing is based on their Medicare Advantage plan/coverage. Claims for services covered by Presbyterian's Medicare Advantage Plans, above and beyond those of original Medicare, should be filed with Presbyterian Senior Care/Presbyterian Medicare PPO for processing. Examples of these services include routine (not medically necessary) eye and vision exams, routine podiatry, and outpatient prescription drug coverage not already covered under original Medicare.

## What You Need to Know About Member Rights and Responsibilities

Presbyterian is committed to treating our members in a manner that respects their individual rights. Members have the right to:

- Receive information about Presbyterian, its services, its practitioners and providers and member rights and responsibilities.
- Be treated with respect and recognition of their dignity and right to privacy.
- Participate with practitioners in making decisions about their healthcare.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.

- Voice complaints or appeals about Presbyterian or the care it provides.
- Make recommendations regarding Presbyterian's member rights and responsibilities policy.
- To have access to translation services for members who do not use English as their first language, and translation services for hearing-impaired members for communication with Presbyterian.

At the same time, Presbyterian expects members to cooperate by fulfilling certain responsibilities. Members have responsibilities to:

- Supply information, to the extent possible, that Presbyterian and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that they have agreed to with their practitioners.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.

For more information about Member Rights and Responsibilities, please refer to the Practitioner and Provider Manual.

# Your role in member appeals and grievances

## MEMBER APPEALS

As a healthcare professional or provider, you can appeal a denied Benefit Certification or a concurrent review decision to deny authorization. With the member's written consent for you to act as their representative, you can do the following:

- Appeal a denied prior authorization.
- Appeal Presbyterian's Medical Director's concurrent review decision to deny authorization.
- Request that Presbyterian reconsider the denial by submitting further documentation to support the medical necessity of the care. The member may also do this.
- Request an expedited appeal if you judge the member's health or welfare is in immediate jeopardy.

Please be aware that appeals made on behalf of Presbyterian Senior Care or Presbyterian MediCare PPO members do not require written consent of the member, only that the member has been made aware that the provider is submitting an appeal on their behalf.

When you initiate an appeal on behalf of a member, it will be referred to a Medical Director who is not already involved with the situation. All appeals will be handled according to Presbyterian's member appeal guidelines.

If Presbyterian agrees that the criteria for an expedited appeal have been met, the appeal process will begin within 72 hours of receipt. Time extensions to an expedited appeal may apply if the member gives written consent.

The Presbyterian member appeals and grievance process is published in the following documents:

- The member's Subscriber Agreement (SA)
- The member's Summary Plan Description (SPD)
- The Evidence of Coverage (EOC)
- The Presbyterian Salud Member Handbook
- The Presbyterian Senior Care Evidence of Coverage and Member Handbook

Presbyterian's member appeals and grievances process has been implemented to ensure that all members have the right to appeal and receive a decision and

resolution within an appropriate timeframe. This process applies to all Presbyterian product lines.

## MEMBER GRIEVANCES

All Presbyterian members have the right to file a grievance if they are dissatisfied with services rendered through Presbyterian. As a health care professional, you can also file a grievance on behalf of your patient if they give written permission for you to be their designated representative.

Member grievances may include, but are not limited to:

- Dissatisfaction with providers/practitioners
- Appropriateness of services rendered
- Timeliness of services rendered
- Availability of services
- Delivery of services
- Reduction and/or termination of services
- Disenrollment
- Any other performance that is considered unsatisfactory.

Appeals and grievances should be submitted to the Presbyterian Grievance and Appeals Coordinator within the following time frame:

Grievances/Appeals by Line of Business	Time Frame
Presbyterian Salud (New Mexico Medicaid Managed Care), Presbyterian SCI (State Coverage Insurance)	Within 90 days from the date of denial
Presbyterian Senior Care (Medicare Advantage) and Presbyterian MediCare PPO (Medicare Advantage)	Within 60 days from the date of denial
All Other Plans	Within 180 days from the date of denial

## Payment of Consultation Codes Reinstated

### Effective April 1, 2012

On March 1, 2012, Presbyterian sent a broadcast fax to affected practitioners and providers announcing the reinstatement of reimbursement for all consultation CPT/HCPCS codes.

Presbyterian is dedicated to building stronger relationships with our health care practitioners and providers. The previous policy that was implemented on February 1, 2012, eliminated reimbursement for all consultation CPT/HCPCS codes. This policy had an undesired consequence. The policy was originally adopted in an effort to reduce

costly programming customization and align with Presbyterian's collaborative clinical and quality cost reduction initiatives. However, eliminating the consultation codes created an unintended reduction in revenue for providers. Presbyterian has determined that to be unacceptable.

As part of Presbyterian's ongoing commitment to delivering excellent provider service, the decision was made to repeal the payment policy and resume reimbursement for all consultation CPT/HCPCS codes effective April 1, 2012.

Presbyterian values its partnership with health care providers and is committed to providing the highest level of provider satisfaction.

The new payment policy includes inpatient hospital consultation codes 99251-99255 and office/outpatient consultation codes 99241-99245. Please note that claims will not be adjusted for the service period between February 1, 2012 and April 1, 2012.

If you have any questions, please contact your Relationship Executive.

## 3D and 4D Ultrasonography Reimbursement Revision

### Specific ICD 9 codes no longer eligible for 3D and 4D ultrasound reimbursement

On May 23, 2012, Presbyterian sent a broadcast fax to affected practitioners and providers communicating a change in 3D and 4D ultrasonography reimbursements.

Effective June 1, 2012, Presbyterian will no longer accept or reimburse claims for 3D and 4D ultrasonography for the following ICD 9 diagnosis code ranges:

- 622.5 – 768.0
- V22.0 – V23.9
- V28.3 – V28.81
- V91.00 – V91.99

The specific CPT procedure codes that will be denied are 76376 and 76377.

When used for pregnancy diagnosis and care, 3D ultrasonography is used to create a life-like image of the fetus, and 4D ultrasonography adds the movement of the fetus. The Presbyterian Medical Policy Committee and the Technology Assessment Committee have determined that these types of procedures are medically unnecessary for prenatal care. Standard 2D ultrasonography continues to provide

valuable information about the growth, health, and well-being of the fetus. For more information, please view our medical policy at <http://www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmprod1029732.pdf>.

If you have any questions regarding the discontinuation of reimbursement for these code ranges, please contact your Relationship Executive.

## Expanded allowable DX codes for CPT code 11980

Effective June 1, 2012

Presbyterian is committed to partnering with its network of providers to ensure that your patients and our members have access to comprehensive, up-to-date medical care. On [date], Presbyterian sent a communication to affected practitioners and providers regarding an important change in claims reimbursement for CPT code 11980: subcutaneous hormone pellet insertion.

Effective June 1, 2012, Presbyterian started accepting the following DX codes when billed in conjunction with CPT code 11980:

- 257.2: Other testicular hypofunction
- 257.8: Other testicular dysfunction
- 257.9: Unspecified testicular dysfunction

Prior to this change in reimbursement, Presbyterian only accepted CPT code 11980 for female diagnosis codes. By adding the male-specific DX codes listed above, Presbyterian is keeping reimbursement policy current with medical necessity.

If you have any questions about this update, please contact your Relationship Executive.

## L8680 Updated Guidelines

On May 15, 2012, Presbyterian sent an update regarding reimbursement for HCPCS procedure code L8680 to affected practitioners and providers. Based on network feedback and further research, Presbyterian decided to update its policy for reimbursement of trial stimulator insertion within an in-office setting.

Effective April 1, 2012, Presbyterian started providing reimbursement for HCPCS procedure code L8680 for trial stimulators when rendered in an in-office setting (location 11). This is an update from our original communication on March 15, 2012, which stated the discontinuation of reimbursement for this code in an in-office setting. Any claims of this nature billed during the period between April 1, 2012 and May 15, 2012 will be adjusted.

Please be advised that this procedure is categorized as durable medical equipment (DME), and as such, your patient will have a DME copay and/or coinsurance according to their benefit package. Presbyterian strongly encourages you to verify your patient's benefits and to communicate with them about their financial responsibility for this procedure before rendering services.

If you have any questions about this update, please contact Rachel Lynch, Provider Network Management Relationship Executive, at [rlynch@phs.org](mailto:rlynch@phs.org) or (505) 923-5292, Monday through Friday, from 8 a.m. to 5 p.m.

Additional information can be found by reviewing the guidelines on the TrailBlazer Health Enterprises, LLC website: at the following link: <http://www.trailblazerhealth.com/Tools/LCDs.aspx?ID=2892&DomainID=1>.



**UPDATES**

## System Update for CMS NCCI rules and edits

Please be advised that effective October 1, 2012, Presbyterian will implement a system update to our code editor that will result in the accurate application of 25 additional edits and rules, per the Centers for Medicare and Medicaid Services (CMS) Nationally Correct Coding Initiative (NCCI).

Prior to this update, Presbyterian's system could not be configured to accurately apply these coding rules and edits. This update will align Presbyterian with the CMS coding initiative. CMS developed the NCCI to promote nationally correct coding methodologies and eliminate improper coding. NCCI edits are based on coding conventions, as defined in the American Medical Association's CPT book, current standards of medical and surgical coding practice, input from specialty societies, and analysis of current coding practice.

Presbyterian expects the October 1, 2012, updates will not affect most of our network, as many practitioners and providers use a billing system that has an integrated code editor that identifies claims that need to be corrected per CMS guidelines. If you are not already using a code editor, or if you submit claims on paper, please take note of the 25 new edits and rules. Presbyterian encourages you to consider utilizing a code editor to ensure smooth claim editing and submission. It is our hope to minimize unexpected changes in reimbursement by providing ample notice.

If you have any questions about this update, please contact your Relationship Executive.