

HealthPro News

A monthly publication for participating HMSA health care providers, facilities, and their staff.

August 2015

ADMINISTRATION & NEWS

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ICD-10 is Almost Here

ICD-10 implementation is just two months away. Here are key changes to keep in mind that may help ease your transition:

- **Pre-certifications:** HMSA will accept precertification requests with ICD-10 coding beginning September 1 for dates of service on or after October 1.
- **Split billing:** If your facility has claims that span September 30 and October 1, 2015, HMSA will follow Centers for Medicare & Medicaid Services (CMS) rules for split claims, with the exception of Critical Access Hospitals (ToB 85x). For more guidance on split claims, see cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf.
- **Date of service:** Remember that ICD-10 code use begins October 1, 2015. Your claim needs to be coded based on the date of service. If you have a claim for a service date before October 1, be sure to use ICD-9.
- **Converting your ICD-9 to ICD-10:** Do you have an ICD-9 code that you'd like to convert to ICD-10? Try HMSA's Translator Tool. Simply enter your ICD-9 code and the tool will give you the possible ICD-10 codes. It's available via HHIN or the Provider Resource Center's ICD-10 Information and Resources page at hmsa.com/portal/provider/zav_pel.aa.ICD.100.htm.

For more helpful tips and tools on ICD-10, visit the CMS website, "Road to 10: The Small Physician Practice's Route to ICD-10," at roadto10.org.

HMSA is performing limited provider testing on ICD-10. If you're interested in being a testing partner with HMSA, please contact us at ICD10@hmsa.com.



HMSA and Cozeva Increase Capacity for Patient Reminders

Currently, HMSA offers primary care providers a no-cost preventive care messaging feature through its partner, Cozeva. This feature enables you to send timely reminders to your patients. If you opt into this Cozeva feature, you can control the volume of letters, determine which patients receive letters, and customize how often letters are sent.

Beginning this summer, HMSA will extend preventive care reminders to more HMSA members. If you haven't opted into the Cozeva messaging feature, HMSA will begin to send these messages to our members to help them take a more active role in managing their health. The content is very similar to the current letter, but will be on HMSA letterhead and signed by an HMSA medical director.

ADMINISTRATION & NEWS (CONTINUED)

We recognize the potential impact on your practice, so the volume of letters to members in any single provider's panel will be limited. As a primary care provider, you'll be able to see these messages sent to patients with a new feature called Outreach History, which you'll see on the left panel of the Cozeva screen.

If you want greater control of the preventive care messaging feature, you can opt into the Cozeva provider messaging. You can activate preventive care reminders through your settings page. Once you've selected the option for secure messages to and from your patients, you can turn on automatic reminders and select the number of reminders to send each week. This will turn off the letters from HMSA.

If you'd like more information on this feature, please call 1 (888) 448-5879 toll-free Monday–Friday, 8 a.m.–5 p.m. Hawaii time, or submit a Cozeva support ticket.



Reminders on Annual Wellness Visit and Review of Chronic Conditions

We have several important reminders for primary care providers who see Akamai Advantage members.

Annual Wellness Visit: We'd like to clarify the benefit for the annual wellness visit, which is billed with G0438 for the initial visit or G0439 for subsequent visits. HMSA is pleased to cover one G0438 per lifetime and one G0439 per calendar year. Basing the benefit on the calendar year (as opposed to one per 12 months) provides more scheduling flexibility for providers and patients.

G0438 and G0439 cannot be billed in the same calendar year as G0438, G0439, or G0402, which is the "Welcome to Medicare" visit. Similar calendar-year flexibility has been built into the benefit for glaucoma screening (G0117, G0118) and screening mammography (77052, 77057, G0202).

Review of Chronic Conditions: The review of chronic conditions measure for the 2015 Akamai Advantage pay-for-quality program will close on September 30, 2015. This is an earlier deadline than in years past because we're trying to ease the coding burden on providers when ICD-10 takes effect on October 1, 2015. PCPs are reminded that you should have an office visit with the patient before September 30; review the chronic conditions outlined in Cozeva; document in the medical record that the condition has been managed or monitored, evaluated, assessed, or treated; and report the diagnosis on the claim. Any supplemental reporting on Cozeva is also due by September 30.

Providers are encouraged to work toward three stars (80 percent) or higher on the review of chronic conditions measure. If you've been improving your cost by 10 percentage points each month, you should be at 80 percent or higher in August.

Other important Akamai Advantage measures: Other metrics on the Akamai Advantage pay-for-quality dashboard contribute to the Star Rating from the Centers for Medicare & Medicaid Services. Our aim is to be rated as a high-quality, Medicare Advantage plan with a 5 Star Rating. The Star Rating awarded to HMSA as an Akamai Advantage plan is CMS' way of measuring the quality of the care that our members are receiving. It also provides marketing and revenue advantages for the plan that allow HMSA to continue to offer its plans for our senior population and compete against the other plans in the market. Please pay close attention to the following measures, aiming always to earn your own five-star performance on Cozeva:

- **Medication adherence** (diabetes medications, hypertension medications, statins).
- **Blood pressure control** for patients with hypertension (be sure to report compliant values on your Akamai Advantage claims).
- **HbA1c in control** for patients with diabetes.
- **BMI assessment** (simply report the BMI using the appropriate V-code on your claim).
- **Avoidance of high-risk medications** for the elderly (see the American Geriatric Society's review of the Beers Criteria for an updated list, evidence-based recommendations, and rationale why the medications may be inappropriate for elderly patients). HMSA sends periodic reports to providers if they prescribed 10 or more high-risk medications in the last quarter.

ADMINISTRATION & NEWS (CONTINUED)



Liletta Billing Instructions

Effective April 10, 2015, please use J7302 with mod 22 when billing for Liletta. Claims will be priced at wholesale acquisition cost (WAC), which is currently \$625.



MAC Changes

The maximum allowable charges (MACs) for the vaccines listed below were increased effective July 1, 2015.

Proc	Description	New MAC
90675	Rabies vaccine, for intramuscular use	\$348.08
90690	Typhoid vaccine, live, oral	\$58.39
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	\$87.53



Behavioral Health: Telephone Survey on Appointment Availability

HMSA is obligated to ensure that our members have good access to behavioral health providers when they need care. As part of our quality improvement efforts, we've contracted with SPH Analytics to conduct a behavioral health provider survey in August of this year. If your office is contacted, we kindly request that you participate in the short telephone survey. Your ability to confirm that our members have good access to care is greatly appreciated.

Good access to behavioral health providers is generally defined as a patient receiving care for:

- Non-life threatening emergencies within six hours.
- Urgent care appointments within 48 hours.
- Routine care appointments within 10 business days.
- Follow-up appointment within seven calendar days after a hospital discharge.

HMSA is fortunate to have an excellent provider network and anticipates great survey results. We'll report the overall results of this survey in a future issue of *HealthPro News*. Thank you in advance for your time participating in this important survey.

CODING & CLAIMS



ACA Preventive Services Policies and Coding Guidelines

Many HMSA members have Affordable Care Act preventive health benefits that are available with no copayments to the member—provided that you, the provider, bill the service with a specific combination of procedure and diagnosis codes.

To find those code combinations, please view HMSA's four preventive health policies. Within each policy (under section IV: Administrative Guidelines), there's a link to billing instructions and code information, where you can find the specific CPT/HCPCS, ICD-9/ICD-10, and modifier 33 code combination for each preventive service listed.

Omitting modifier 33 or billing a CPT/HCPCS and ICD-9/ICD-10 code combination not included in the billing instructions may result in a cost share to the member or services being denied if screening isn't a benefit of the member's plan.

Here's the URL for ACA Preventive Services Policies: hmsa.com/portal/provider/zav_IN.MM_Preventive_Services.htm.

PHARMACY



QUEST Integration Mail-order Benefit

HMSA's prescription drug benefit plan makes it easy for your patients to get their prescriptions. Starting August 1, 2015, HMSA QUEST Integration members can get their prescriptions delivered to their home at no cost, just as at participating retail pharmacies. The benefits of using mail service include:

- **Convenience:** Your patients can get a 30-day supply of medication through mail service. Prescriptions are typically mailed out the same day the orders are received and are delivered in one or two business days. Our mail-order facility in Mapunapuna will save them a trip to the retail pharmacy.
- **Personal service:** Members can speak with a registered pharmacist by calling the 24-hour, toll-free number if they have any questions about their prescriptions.
- **Secure delivery:** Medications are sent in plain packaging to protect privacy. The package is tamper-proof for safety and temperature-controlled (if necessary) to protect certain medications.
- **Pharmacy innovation:** An extra-large font and talking labels are available for patients who are vision-impaired. For more information, please call our Oahu Customer Care department at 1 (855) 479-3656, option 1, toll-free, or you may request this for your patients when ordering their prescriptions.
- **Placing an order:** To call in a prescription for your patient, call 1 (877) 418-4130, option 2, toll-free. You may also fax the prescription to 1 (800) 378-0323 toll-free. All drugs are available through mail order, except for controlled substances and specialty drugs.

Using mail service can be quick and convenient for your patients, but it's not mandatory. Your patients may continue to get their prescriptions filled for no copayment at any of our network pharmacies.

Note that benefits for Commercial and Medicare members are different than for QUEST Integration members and aren't affected by adding the benefit for QUEST Integration.

PLANS



Claims System Improvements

We're constantly looking for ways to enhance and streamline our claims processing to improve our performance and reduce your administrative burden. Following are initiatives we've adopted from the HMSA Commercial plans system:

Codes that don't meet payment determination criteria. Effective October 1, 2015, the QUEST Integration plan will no longer maintain a separate list of non-covered codes. We're adopting the HMSA Commercial plans list so that you'll only need to refer to a single list. The Codes that Do Not Meet Payment Determination Criteria list is available in the Provider E-Library.

Whole claim processing. Potential duplicate services will no longer suspend for manual research, and claims that require additional documentation also won't suspend for manual processing. The whole claims processing system automates research so these claims can be processed quicker.

If a duplicate claim or service is found to have been paid, the claim in-process will be denied. This is in line with how HMSA processes Commercial and Akamai Advantage claims. The following Report to Provider message will be used for duplicate claim denials:

This is a duplicate of an in-process or previously processed claim/service.

PLANS (CONTINUED)

If additional information is needed for a service or a claim, the automated claims system will deny the claim for the additional information. The following Report to Provider message will be used for additional information denials:

No payment can be made. Please provide the necessary information this claim/service requires to complete processing of this claim. The member is not responsible for this amount.

Sending corrected CMS 1500 claims. Resubmitted claims must have coding that identifies the claim as a corrected claim or a voided claim in field #22. Use code 7 for a replacement or corrected claim, or code 8 to void or cancel a claim. Include the claim number of the original claim reported on your Report to Provider in the Original Ref No. field. Don't use any other number from any other source in this field. It's not necessary to label resubmitted claims as "Adjustment" or "Resubmission" in the upper right corner.

A replacement claim (code 7) will be processed on its own merit. Therefore, be sure the replacement claim accurately reflects all of the services that were intended to be billed on the original claim. We'll no longer adjust the original claim with the corrected information from the replacement claim.

If you're resubmitting a claim that had been rejected with the Unable to Process Claim letter Form 97, you don't need to complete field #22. The rejected claim wasn't accepted for processing and should be submitted as a new claim with the necessary corrections as requested on Form 97.



Indicating Immunizations Given

To correctly indicate the immunization given at each visit on DHS forms 8015 and 8016, fill in the circle after the indicated immunization. Don't circle the name of the immunization given. Immunizations are tracked and, if not properly indicated, may not be accurately documented.

Correct

IMMUNIZATIONS GIVEN TODAY AND			
HepB	<input checked="" type="radio"/>	PCV	<input type="radio"/>
DTaP	<input type="radio"/>	Rotav	<input type="radio"/>
IPV	<input type="radio"/>	Influenza	<input checked="" type="radio"/>

Incorrect

IMMUNIZATIONS GIVEN TODAY AND			
HepB	<input type="radio"/>	PCV	<input type="radio"/>
DTaP	<input type="radio"/>	Rotav	<input type="radio"/>
IPV	<input type="radio"/>	Influenza	<input type="radio"/>



Are You Sending Your QUEST Integration Claims to the Right Address?

If you submit paper claims, be sure that you send your QUEST Integration claims to the mailing address below:

QUEST Integration Operations
 PO Box 3520
 Honolulu, HI 96811-3520

Each HMSA line of business has separate mailing addresses. Sending QUEST Integration claims to the wrong mailing address will result in delays in entering the correct processing system and in potential rejections.

PROGRAMS



Coding Blood Pressure Results on a Claim

You can reduce the supplemental data you submit to Cozeva for Pay for Quality with the following CPT Category II codes to report blood pressure on a claim. Tips to be sure you receive proper credit include:

- Use the appropriate ICD-9 (or ICD-10) code.
- Indicate a \$0 charge.
- Use the CPT Category II codes on the same claim form that you use for your other claims.
- Make sure your coder doesn't remove these codes. Providers have reported that their BP codes have been removed because they have a \$0 charge.

CPT Category II	Definition
3074F	Most recent systolic blood pressure (systolic < 130 mm Hg)
3075F	Most recent systolic blood pressure (systolic 130- 139 mm Hg)
3077F	Most recent systolic blood pressure (systolic ≥ 140 mm Hg)
3078F	Most recent diastolic blood pressure (diastolic < 80 mm Hg)
3079F	Most recent diastolic blood pressure (diastolic 80-89 mm Hg)
3080F	Most recent diastolic blood pressure (diastolic ≥ 90 mm Hg)

POLICY NEWS

Medical policies are at hmsa.com/prc0004. For copies, call Provider Services at 948-6330 on Oahu or 1 (800) 790-4672 toll-free on the Neighbor Islands.



New Policy Drafts Online for Review

Drafts of new medical policies are posted online for your review. Please visit hmsa.com/prc0005 in the Provider E-Library for drafts of policies that may affect your practice:

- PCSK9 Inhibitors-Praluent (Alirocumab) and Repatha (Evolocumab). Precertification is required immediately upon FDA-approval and availability of these drugs.
- Laser Treatment for Plaque Psoriasis.

Please comment by the due date indicated to medical_policy@hmsa.com or by fax to 944-5611 on Oahu.



Annual Review of Medical Policies

The following policies have been reviewed and updated in the Provider E-Library at hmsa.com/prc0006; printed copies are available on request.

- Implantable Ventricular Assist Devices and Total Artificial Hearts.
- Endoscopic Radiofrequency Ablation for Barrett's Esophagus.
- Real-Time Intra-Fraction Motion Management During Radiation Therapy.
- Isolated Small Bowel Transplant.
- Islet Transplantation.
- Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia.
- Cosmetic and Reconstructive Surgery and Services.
- Home Continuous Inotropic Infusion Therapy.
- Observation Services.
- Surgical Treatment of Femoroacetabular Impingement.
- Treatment of Hyperhidrosis.
- Bariatric Surgery.
- Xolair (Omalizumab).
- Off-Label Drug Use.
- Forteo (Teriparatide).

POLICY NEWS (CONTINUED)



90-Day Notice for Policy Changes

The following policy has been updated to reflect the National Comprehensive Cancer Network level 1 and 2A recommendations and is effective November 1, 2015:

- Ibritumomab Tiuxetan (Zevalin), hmsa.com/portal/provider/zav_pel.ph.zev.500x.htm.

The following policy has been updated and is effective November 1, 2015. Revisions can be found at the accompanying URL.

- Noninvasive Prenatal Testing for Fetal Aneuploidies Using Cell-Free Fetal DNA (formerly Sequencing-Based Tests to Determine Trisomy 21 from Maternal Plasma DNA): Criteria/guidelines and limitations. hmsa.com/portal/provider/zav_pel.aa.SEQ.651.htm.



Archived Policies

Archived policies are inactive and aren't updated. These policies will no longer be used when reviewing requests for coverage and these services will no longer require precertification. The following policies are housed in the archived policy section at hmsa.com/prc0031:

- Ledipasvir/Sofosbuvir (Harvoni) for Treatment of Hepatitis C.
- Sofosbuvir (Sovaldi) for Treatment of Hepatitis C.

These two policies were replaced by the Direct Acting Antiviral Medications for Treatment of hepatitis C policy, which was effective June 1, 2015.



New Policies

The following policy goes into effect November 1, 2015:

- Gradient Compression Garments for the Extremities.

We encourage you to read the criteria before the effective date.

Please refer to the current medical policies online for more information, including precertification requirements, at hmsa.com/prc0006.



Billing Note for Hepatitis C

Effective November 1, 2015, the following codes must be billed with diagnosis codes for hepatitis C (i.e., 070.44, 070.54, 070.70, 070.71) for timely payment. Otherwise, payment will be delayed.

CPT Codes	Description
0346T	Ultrasound, elastography.
82172	Alipoprotein, each.

Specialty Drugs that Require Precertification

Effective June 11, 2015, the following drugs require precertification.

CPT Codes	Description
J3590	Praluent (alirocumab)
J3590	Repatha (evolucumab)

CALENDAR



Specialty Drug Preauthorization Process and the New Essential Formulary

Information session and webinar.

September 2 or September 10, 12:30–2 p.m.

The Queen's Conference Center, 510 S. Beretania St.

Providers may attend in person or via webinar. The webinar link will be emailed prior to the event. Registration is required. To RSVP, call 948-6820 on Oahu or 1 (877) 304 4672, ext. 6820, toll-free on the Neighbor Islands.



Well-Being Workshops

The workshops listed below are available to HMSA members at no cost. These informative sessions are presented by Healthways health educators and can help your patients improve their health and well-being.

For more information, refer your patients to hmsa.com/wellness-programs/workshops or have them call 1 (855) 329-5461 toll-free to register.

Diabetes 101

Learn about recommended tests and procedures for diabetes and ways to improve your blood glucose levels.

- 8/4, 9–10 a.m.
Kauai Healthways Office, Lihue

Eating on the Run

Learn how to choose the best meals and snacks when you're in a hurry.

- 8/5, 5:30–6:30 p.m.
HMSA Center @ Hilo

Hiking for Health

Learn the basics of hiking in the islands, including safety, gear, groups, and trails.

- 8/8, 9:30–10:30 a.m.
HMSA Center @ Honolulu
- 8/15, 10–11 a.m.
HMSA Center @ Pearl City
- 8/18, 5:30–6:30 p.m.
Kaimuki Plaza, Kaimana Room

Successful Aging

Discover the secret to extended longevity, fully engaged living, and well-being from the world's centenarian populations.

- 8/8, 9:30–10:30 a.m.
HMSA Center @ Pearl City
- 8/13, 4:30–5:30 p.m.
HMSA Center @ Honolulu
- 8/15, 1:30–2:30 p.m.
Kaimuki Plaza, Kaimana Room

Music & Health

Discover the "method to gladness" and the connection between music and your health.

- 8/26, 11:30 a.m.–12:30 p.m.
Nuuanu YMCA

CALENDAR (CONTINUED)



Community Classes

OAHU

August 6

Diabetes Support—Preparing for the Holidays:

Discuss management and prevention with Shana Suzuki, MS, RD, LD. 1–2 p.m., 900 Fort Street Mall, Suite 940, Honolulu. To RSVP, call the American Diabetes Association Hawaii at 947-5979 or email ADAHawaii@diabetes.org.

August 7, 14, 21, 28

Farmers Market at HMSA: Enjoy fresh, island-grown produce and ready-to-eat local food. 11 a.m.–2 p.m., HMSA Center @ Honolulu. For information on vendors, call HMSA at 948-6521.

August 8

Stroke Club: Join other stroke survivors for education and socialization. 10–11:30 a.m., Rehabilitation Hospital of the Pacific, 1st Floor Lanai, Honolulu. For information, call Rochelle Brace at 566-3791 or email RBrace@rehabhospital.org.

August 11, 14

COPD Support Group: Find support and information on lung health, living with COPD, and more. 10 a.m.–noon.

8/11: Pali Momi Women's Center at Pearlridge, ground floor conference room, Aiea.

8/14: Kaiser Permanente, Room 2E, Honolulu.

To register, call Valerie Chang at 699-9839, email Valerie@hawaiicopd.org, or visit hawaiicopd.org.

August 14

Kardiac Kids Parent Support Group: Education and support for families with kids who have congenital heart disease. 6:30–9 p.m., Kapi'olani Medical Center for Women & Children, 2nd Floor, Conference Room B, Honolulu. Call Jullie Passos at 671-9047 or email jullie4heart@gmail.com.

Adult Fitness at Queen's: Learn Jazzercise, tai chi, kickboxing, yoga, and more. Times and instructors vary. The Queen's Medical Center, Women's Health Center Classroom. Six classes for \$66. Call 691-7117 for details and to register.

Health & Education at Queen's

The Queen's Medical Center, Women's Health Center Classroom.

- **Genetics Class:** Learn about prenatal genetic screening and tests to check the health of your baby. Call 691-7633 for times and information.
- **Lamaze Class:** Get birthing techniques from a Lamaze-certified instructor in this birth-partner-focused class. Sundays, 1–4 p.m. \$150 per couple for five sessions.
- **Lymphedema/Breast Cancer Clinic:** Learn exercises to prevent lymphedema (swelling of the arms). First and third Thursdays, 1:30–2:30 p.m.
- **Mammogram and Cervical Cancer Screening:** Every other Friday, 8 a.m.–noon. Free for women who are ages 50–64, uninsured or underinsured, or low income. Call 691-7726 for times and eligibility.

Castle Wellness Center Events

Castle Wellness Center Auditorium, Kailua. To register, call 263-5400.

- **Updates on Living with Arthritis & Diabetes:** Learn the secrets of keeping arthritis pain under control with exercise and how healthy lifestyle management and proper eating can control diabetes and inflammation. August 13, 6–7:30 p.m.
- **Lunch Munch:** A lunchtime mini-cooking class with food and recipes. August 17, 12:15–12:45 p.m. \$8 per person.
- **Eat Well for Life:** Minimize to Maximize: Fewer ingredients, less cooking equals more time for you! Summertime is the perfect time to take it easy in the kitchen. August 27, 6–7:15 p.m. \$10 per person.

Kids and Teens Lupus Group

Meet your peers and learn more about lupus at this fun, interactive meeting. Date, location, and time to be determined. For information, visit alwaysbhealthynhappy.org.

CALENDAR (CONTINUED)

Community Classes

HAWAII ISLAND

August 2, 9, 16, 23, 30

Walk with a Doc on Hawaii Island: Walk includes a brief warm-up/stretch and an informative talk from a community doctor or medical student. First-time walkers get a free T-shirt and pedometer. Meets rain or shine. 8 a.m., Liliuokalani Gardens, Hilo. For more information, see wwadbigisland.org.

MAUI

August 12

Diabetes Support Group: Open to people with diabetes and their friends and family. 6:30–7:30 p.m., Maui Memorial Medical Center, Marion Hanlon Conference Room, Wailuku. Free valet parking. Call 442-5773.