

# Provider Newsletter



2020 • Issue IV

## Quality

### WellCare E&M Program

The Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that evaluation and management (E&M) services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG also has recommended that payers continue to help to educate practitioners on coding and documentation for E&M services, and develop programs to review E&M services billed for by high-coding practitioners.

Providers should report E&M services in accordance with the American Medical Association's CPT Manual and CMS guidelines including "Documentation Guidelines for Evaluation and Management Services" for billing E&M codes.

#### Overview of WellCare E&M Program:

- Evaluates and reviews high-level E&M services for high-coding practitioners, that appear to have been incorrectly coded based upon diagnostic information on the claim and peer comparison.
- Applies the relevant E&M policy and recoding of the claim line to the proper E&M level of service.
- Allows reimbursement at the highest E&M service code level for which the criteria is satisfied based on our risk adjustment process.

*(continued on the next page)*

## In This Issue

### Quality

WellCare E&M Program .....	1
Earn Extra Bonus Incentives this year in RxEffect! .....	3
Electronic Prior Authorization Is Here! .....	3
Beneficiaries Save Money on Insulin with the Part D Senior Savings Model.....	4

### Operational

Updating Provider Directory Information.....	4
Electronic Funds Transfer (EFT) through PaySpan® .....	5
Provider Formulary Updates.....	5
WellCare Office Locations.....	5



**Remember to view the online Provider Bulletins regularly for important updates and notices.**

Visit [www.wellcare.com](http://www.wellcare.com); select your state, click on Providers, scroll down and click on *READ BULLETINS*.

## Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we're working with you and others to help our members live better, healthier lives.



## WellCare E&M Program *(continued from the previous page)*

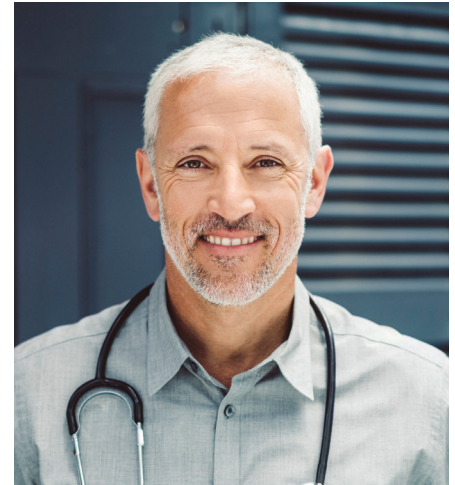
### ICD-10 Laterality

According to the ICD-10-CM Manual guidelines, some diagnosis codes by definition indicate laterality, specifying whether the condition occurs on the left or right, or is bilateral.

ICD-10 Coding conventions outline guidance in reporting diagnosis code that indicate laterality. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

WellCare will perform two categories of diagnosis editing related to laterality:

- Consistency of Diagnosis-to-Modifier comparison assesses the lateral diagnosis associated to the claim line to determine if the procedure modifier matches the lateral diagnosis.
- Consistency of Diagnosis-to-Diagnosis comparison assesses lateral diagnoses associated to the same claim line to determine if the combination is inappropriate.



### Excludes 1 Notes

ICD-10-CM has two types of excludes notes. Each type of note has a different definition for use, but they are all similar in that they indicate that codes excluded from each other are independent of each other.

New edits focus on Excludes 1 Notes validation, an Excludes 1 Note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 Note. An Excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

### Anatomical Modifiers

Anatomical modifiers are important in facilitating correct coding for claims processing and data collection. Modifiers may be appended to HCPCS/CPT codes when the clinical circumstances justify the use of the modifier. According to the AMA CPT Manual, the HCPCS Level II Manual and WellCare policy, the anatomic-specific modifiers, such as FA, TA, and LC, designate the area or part of the body on which the procedure is performed.

Certain procedures require an anatomical modifier, i.e., CPT code 13151 repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm) done on the right upper eyelid requires modifier E3 (upper right eyelid) to be appended.

### Multiple Procedure Reductions

Under the Medicare Physician Fee Schedule (MPFS), Multiple Procedure Payment Reduction (MPPR) was introduced with the basis that there are savings associated with multiple procedures performed during the same patient encounter. More information is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>

CMS has added different types of multiple procedure reductions over the years. The Physician Fee has an indicator identifying which type of MPPR applies to each CPT®/HCPCS Level II code.

#### The multiple procedure indicators are:

- **Multi Proc 0** = no reduction applies
- **Multi Proc 1** = does not apply to any current codes (was used pre-1995)
- **Multi Proc 2** = standard payment adjustments
- **Multi Proc 3** = endoscopic reductions

#### Application of MPPR:

- **Multi Proc 4** = diagnostic imaging reduction
- **Multi Proc 5** = therapy reductions
- **Multi Proc 6** = diagnostic cardiovascular services
- **Multi Proc 7** = diagnostic ophthalmology services

## WellCare E&M Program *(continued from the previous page)*

<b>Multiple Procedure Reduction Surgery</b> (Multiple Procedure Indicator 2-MPFS)	Multiple procedures are ranked in descending order by the Medicare fee schedule amount. Payment is based on 100% of the fee schedule amount (Field 34 or 35) for the highest-valued procedure; and			
	<ul style="list-style-type: none"> <li>• 50% of the fee schedule amount for the second- through the fifth-highest valued procedures; or</li> <li>• If more than five procedures with an indicator of “2” are billed, pay for the first five according to the rules above and suspend the sixth and subsequent procedures for manual review and payment, if appropriate, “by report.” Payment determined on a “by report” basis for these codes should never be less than 50% of the full payment amount.</li> </ul>			
	MFS Amount	Total Payment	MPR Payment	
	Surgery 1	\$520.00	\$260.00	Paid 50%
	Surgery 2 Highest Value	\$750.00	\$750.00	Paid 100%
Surgery 3	\$325.00	\$162.50	Paid 50%	
<b>Total</b>		\$1172.50		

## Earn Extra Bonus Incentives this year in RxEffect!

RxEffect, an innovative quality platform from RxAnte, is offering an additional financial incentive for providers. The RxEffect Bonus Program began in mid-August and runs through the remainder of 2020.

Providers who log into the RxEffect Quality tool and take action with eligible Star Ratings medication opportunities (diabetes, blood pressure, and cholesterol) within the bonus program window are eligible for the incentive.

The RxEffect tool is free for WellCare providers and easy to use. Providers can track their progress through RxEffect to help their patients become adherent to their medications. Active use of the tool has been shown to improve quality measure outcomes.

Looking to improve your office efficiency? Utilizing RxEffect for Appointment Agenda submissions, prioritized target list of patients, and capturing bonus program eligible opportunities in one tool makes it a great workflow solution.



Check out the RxEffect Video here: <https://www.youtube.com/watch?v=loEKiM7veZQ>

For more information on RxEffect, please visit the website at <http://www.rxante.com> and speak with your WellCare Provider Relations and/or Quality representative.

## Electronic Prior Authorization Is Here!

If you haven't already noticed, the CoverMyMeds Electronic Prior Authorization solution for all of our members is live. You can easily sign up for a free account on the CoverMyMeds Prior Authorization Portal. The portal makes it easy to submit fully electronic prior authorization requests for all WellCare Medicare members.

Learn more about Electronic Prior Authorization at <https://www.covermymeds.com/main/solutions/electronic-prior-authorization/>

Get started now at <https://www.covermymeds.com/main/prior-authorization-forms/wellcare/>

## Beneficiaries Save Money on Insulin with the Part D Senior Savings Model

Starting in 2021, WellCare will participate in a new program that will significantly lower the costs of insulin medications. This new benefit caps out-of-pocket insulin costs at \$35 per month for eligible seniors enrolled in select plans. Beneficiaries who take insulin and enroll in a participating plan save an average of \$446 in annual out-of-pocket costs.

The program will make covered insulins available at an affordable and predictable cost throughout the entire year including the deductible, initial coverage and coverage gap phases of the Part D benefit.

WellCare will offer this new benefit on select Part D and Medicare Advantage plans. To find out if your patient is in a participating plan, use the Find My Plan tool to get to the Evidence of Coverage for the patient's plan, where SSM information is detailed.

## Operational



### Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

- ✓ You control your banking information.
- ✓ **No** waiting in line at the bank.
- ✓ **No** lost, stolen, or stale-dated checks.
- ✓ Immediate availability of funds – **no** bank holds!
- ✓ **No** interrupting your busy schedule to deposit a check.

Setup is easy and takes about five minutes to complete. Please visit [www.payspanhealth.com/nps](http://www.payspanhealth.com/nps) or call your Provider Relations representative or PaySpan at **1-877-331-7154** with any questions.

We will only deposit into your account, **not** take payments out.

### Updating Provider Directory Information

We rely on our provider network to advise us of demographic changes so we can keep our information current.

To ensure our members and Care Management staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.

#### New Phone Number, Office Address or Change in Panel Status:



Please call us at **1-855-538-0454**.

Thank you for helping us maintain up-to-date directory information for your practice.



### Community Connections HELP Line

**1-866-775-2192**

We offer non-benefit resources such as help with food, rent and utilities



## Provider Formulary Updates

There have been updates to the Medicare formulary. Find the most up-to-date, complete Formulary at [www.wellcare.com](http://www.wellcare.com). Select your state from the drop-down menu and click on Pharmacy under Medicare in the Providers dropdown menu.

You can also refer to the Provider Manual to view more information regarding WellCare's pharmacy Utilization Management (UM) policies and procedures. To find your state's Provider Manual visit [www.wellcare.com](http://www.wellcare.com). Select your state from the drop-down menu and click on Overview under Medicare in the Providers drop-down menu.



## Operations

### Timely Filing



As of October 1, 2020, the Timely Filing submission requirements specified in each Provider's Meridian Medicare contract are enforced. For additional information, questions or concerns, please contact your local Provider Network Management Representative.

## We're Just a Phone Call or Click Away



WellCare Health Plans, Inc.: 1-855-538-0454



[www.wellcare.com/providers](http://www.wellcare.com/providers)



Representing the following states: AR, AZ, CT, GA, IL, LA, MO, MS, NH, NY, SC, TN, TX, WA

## Provider Resources

### Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our homepage. You will see Messages from WellCare on the right.

### Resources and Tools

Visit [www.wellcare.com/Providers](http://www.wellcare.com/Providers) to find guidelines, key forms and other helpful resources. You may also request hard copies of documents by contacting your Provider Relations representative.

Refer to our *Quick Reference Guide*, for detailed information on areas including Claims, Appeals and Pharmacy. These are at [www.wellcare.com/Providers](http://www.wellcare.com/Providers), click on Resources under your state.

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at [www.wellcare.com/Providers](http://www.wellcare.com/Providers), click on Clinical Guidelines under your state.