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PROVIDER NEWSLETTER

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Want to receive the *Provider Newsletter* via email?
Click [here](#) to provide/update your email address.

COVID-19 information

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

For additional information, reference the *COVID-19 information* section of our [website](#).

UWVPEC-1383-20

Sign up to receive updates via email from UniCare Health Plan of West Virginia, Inc.

In order to communicate more efficiently with providers, UniCare is now sending some bulletins, policy change notifications, prior authorization update information, educational opportunities and more to providers via email. Email is the quickest and most direct way to receive important information from UniCare Health Plan of West Virginia.

What do we need from you?

To receive email from UniCare (including some sent in lieu of fax or mail), update your email address via the [Provider Maintenance Form](#) located on the provider site: <https://provider.unicare.com> > Forms > Provider Maintenance Form.

UWV-NL-0330-20



Digital transactions cut administrative tasks in half

Introducing the UniCare Health Plan of West Virginia, Inc. *Provider Digital Engagement Supplement* to the provider manual

Using our secure provider portal or EDI submissions (via Availity*), administrative tasks can be reduced by more than 50% when filing claims with or without attachments, checking statuses, verifying eligibility, benefits and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, just go [here](#) for EDI or [here](#) for the secure provider portal (Availity).

Get payments faster

By eliminating paper checks, electronic funds transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and will deliver payments to you faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the Availity Provider Portal or the EDI 835 remittance, which meets all HIPAA mandates — eliminating the need for paper remittances.

Member ID cards go digital

Members who are transitioning to digital member ID cards will find it is easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed through the secure provider portal via Availity. Providers should begin accepting the digital member ID cards when presented by the member.

UniCare makes going digital easy with the *Provider Digital Engagement Supplement*

From our digital member ID cards, EDI transactions, application programming interfaces and direct data entry, we cover everything you need to know in the *Provider Digital Engagement Supplement* to the provider manual, available by going to <https://provider.unicare.com> > Resources > Provider Training Academy > Training and tutorials > Provider Digital Engagement, and on the secure Availity Provider Portal. The supplement outlines our provider expectations, processes and self-service tools across all electronic channels Medicaid, including medical, dental and vision benefits.

The *Provider Digital Engagement Supplement* to the provider manual is another example of how UniCare is using digital technology to improve the health care experience. We are asking providers to go digital with UniCare no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration. Read the *Provider Digital Engagement Supplement* now by going to <https://provider.unicare.com> > Resources > Provider Training Academy > Training and tutorials > Provider Digital Engagement, and go digital with UniCare.

** Availity, LLC is an independent company providing administrative support services on behalf of UniCare Health Plan of West Virginia, Inc.*

UWV-NL-0324-20

Coding spotlight: HEDIS MY 2021

HEDIS overview

The National Committee for Quality Assurance (NCQA) is a non-profit organization that accredits and certifies health care organizations. The NCQA establishes and maintains the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS is a tool comprised of standardized performance measures used to compare managed care plans. The overall goal is to measure the value of health care based on compliance with HEDIS measures. HEDIS also allows stakeholders to evaluate physicians based on health care value rather than cost. This article will outline specific changes to the HEDIS measures as outlined by the NCQA. The changes are effective for the measurement year (MY) 2020 to 2021. It is important to note that the state health agency has the authority to determine which measures and rates managed care organizations should capture.

HEDIS data helps calculate national performance statistics and benchmarks and sets standards for measures in NCQA Accreditation.



[Read more online.](#)

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

UWV-NL-0336-20

Notifications on the Availity Portal

UniCare Health Plan of West Virginia, Inc. is now using the *Notification Center* on the Availity Portal* home page to communicate vital and time sensitive information. You will see a *Take Action* call out and a red flag in front of the message to make it easy to see new items requiring your attention.



We will use the *Notification Center* to update your organization if there are payment integrity requests for medical attachments or recommended training in the Custom Learning Center. Select the **Take Action** icon to access the custom learning recommended course.

There will also be a message posted in the *Notification Center* when a payment dispute decision is available. Selecting the **Take Action** icon will allow easy access to your appeals worklist for details.

Viewing the *Notification Center* updates should be included as part of your regular workflow so that you are aware of any outstanding action items.

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UWV-NL-0312-20



Transition to AIM Specialty Health *Small Joint Guidelines*

Effective December 1, 2020, UniCare Health Plan of West Virginia, Inc. (UniCare) will transition the clinical criteria for medical necessity review of CG-SURG-74 Total Ankle Replacement services to AIM Specialty Health® (AIM)* *Small Joint Guidelines*. These reviews will continue to be completed by the UniCare Utilization Management team.

You may access and download a copy of the AIM *Small Joint Guidelines* [here](#).

UWV-NL-0313-20

Transition to AIM Specialty Health *Rehabilitative Services Clinical Appropriateness Guidelines*

Effective December 8, 2020, UniCare Health Plan of West Virginia, Inc. will transition the clinical criteria for medical necessity review of certain outpatient rehabilitative services from our clinical guidelines for physical therapy CG-REHAB-04, occupational therapy CG-REHAB-05 and speech language pathology CG-REHAB-06 to AIM Specialty Health®* *Rehabilitative Service Clinical Appropriateness Guidelines*. These reviews will continue to be completed by the WV utilization management team.

Access and download a copy of the current and upcoming guidelines [here](#).

UWV-NL-0337-20

UniCare Health Plan of West Virginia, Inc. uses AIM Specialty Health clinical criteria when performing utilization reviews; AIM Specialty Health is a separate company.

Clinical Laboratory Improvement Amendments number — additional information

The purpose of this article is to provide additional information regarding submission of the *Clinical Laboratory Improvement Amendments (CLIA)* number on claims for laboratory services that include QW or 90 modifiers. As a reminder, claims filed without the *CLIA* number are considered incomplete and will reject.

Both paper and electronic claim formats accommodate the *CLIA* number:

- On the *CMS-1500* form, box 23 (Prior Authorization) is reserved for the *CLIA* number.
- On the 837P, REF segments are available: REF (X4) in loops 2300 and 2400, and REF (F4) in loop 2400.



Note: The *CLIA* number for the referring clinical laboratory should be included in REF (F4).

The following examples illustrate how the *CLIA* number as well as procedure code modifiers QW and 90 should be filed.

Claim format		Location(s) reserved for procedure modifier and <i>CLIA</i> number
Modifier QW — diagnostic lab service is a <i>CLIA</i> waived test		
<i>CLIA</i> waived tests — simple laboratory examinations and procedures that have an insignificant risk of an erroneous result		
<i>CMS-1500</i>	Procedure modifier QW: Box 24d	<i>CLIA</i> number: Box 23 Prior Authorization
<i>837P</i>	Procedure modifier QW: Loop 2400 SV101-3 (first position)	<i>CLIA</i> number: Loop 2300 or 2400 REF X4
Modifier 90 — Reference (outside) laboratory		
Referring laboratory — refers a specimen to another laboratory for testing Reference laboratory — receives a specimen from another laboratory and performs one or more tests on that specimen		
<i>CMS-1500</i>	Procedure modifier 90: Box 24d	<i>CLIA</i> number: Box 23 Prior Authorization
<i>837P</i>	Procedure modifier 90: Loop 2400 SV101-3 — SV101-6	<i>CLIA</i> number: Loop 2300 or 2400 REF X4 <i>CLIA</i> number — referring facility identification: Loop 2400 REF F4

Additional information regarding *CLIA* is available on the CMS website at <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA>.

UWV-NL-0327-20

Resources to support your pregnant and postpartum patients and their families

Across the nation, too many women continue to experience pregnancy-related complications and death. More than 700 women die each year in the United States as a result of complications related to pregnancy or delivery.¹ Many of these deaths are preventable. In addition, significant racial and ethnic disparities exist in maternal morbidity and mortality. For example, Black/African American and American Indian/Alaska Native women are two to three times more likely to die from pregnancy-related complications compared to White women.² UniCare Health Plan of West Virginia, Inc. recognizes your role at the front lines of defense to support your diverse pregnant and postpartum patients. We want to ensure you have the right tools and resources to help your patients understand their risks and key maternal warning signs.

The Centers for Disease Control and Prevention (CDC) recently launched the **Hear Her** campaign to raise awareness of pregnancy-related complications, risks and death. The Hear Her campaign aims to increase knowledge of the symptoms women should seek medical attention for during pregnancy and in the year after delivery, such as vision changes and chest pain. Resources are available for pregnant and postpartum women, partners, families and friends, and health care providers.

The Hear Her campaign reminds us of the importance of listening to women. As a health care provider, you have an opportunity to listen to pregnant women, engage in an open conversation to make certain their concerns are adequately addressed, and help your patients understand urgent maternal warning signs.



In addition, the Council on Patient Safety in Women's Health Care developed a tool to help women identify urgent maternal warning signs. The **Urgent Maternal Warning Signs tool** helps women recognize the symptoms they may experience during and after pregnancy that could indicate a life-threatening condition. The tool also provides additional information on the symptoms and conditions that place women at increased risk for pregnancy-related death.

If you have a pregnant member in your care who would benefit from case management, call us at **1-800-782-0095**. Members can also call our 24/7 NurseLine at the number on their member ID card.

References

- 1 Centers for Disease Control and Prevention. (2020, August 13). *Reproductive Health: Maternal Mortality*. Retrieved from <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>.
- 2 Centers for Disease Control and Prevention. (2019, September 5). *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths*. Retrieved from <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

UWV-NL-0315-20

FDA approvals and expedited pathways used — new molecular entities

UniCare Health Plan of West Virginia, Inc. (UniCare) reviews the activities of the Food and Drug Administration (FDA)'s approval of drugs and biologics on a regular basis to understand the potential effects for our providers and members.

The FDA approves new drugs and biologics using various pathways. Recent studies on the effectiveness of drugs and biologics going through different FDA pathways illustrates the importance of clinicians being aware of the clinical data behind a drug or biologic approval in making informed decisions.

Standard review	The standard review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public; watches for problems once drugs and biologics are available to the public; monitors drug/biologic information and advertising; and protects drug/biologic quality. Follow this link to learn more about the standard review process.
Fast track	Fast track is a process designed to facilitate the development and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. Follow this link to learn more about the fast track process.
Priority review	A priority review designation means FDA's goal is to take action on an application within six months. Follow this link to learn more about the priority review process.
Breakthrough therapy	This process is designed to expedite the development and review of drugs/biologics which may demonstrate substantial improvement over available therapy. Follow this link to learn more about the breakthrough therapy review process.
Orphan review	This refers to the review of drugs that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. Follow this link to learn more about the orphan drug review process.
Accelerated approval	These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. To learn more about the accelerated approval process, follow this link .

UWV-NL-0326-20



Read more online.

Update to reimbursement policy usage

Reimbursement Policies serve as a guide to assist you with accurate claim submissions and outline the basis for reimbursement if services are covered by the member's UniCare Health Plan of West Virginia, Inc. (UniCare) benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. Covered services do not guarantee reimbursement unless specific criteria are met.



You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claims submissions. Services should be billed with CPT[®] codes, HCPCS codes and/or revenue codes. The codes denote the service and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, UniCare may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

UniCare reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by provider or state contract language or state/federal requirements or mandates. System logic or set-up may prevent the loading of policies into the claims platforms in the same manner as described; however, UniCare strives to minimize these variations.

UWV-NL-0329-20

Policy Update

Split-Care Surgical Modifiers

(Policy 11-005, effective 03/01/21)

Reimbursement is based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure.

Currently:

- Modifier 54 (surgical care only) is reimbursed at 70%.
- Modifier 55 (postoperative management only) is reimbursed at 20%.
- Modifier 56 (preoperative management only) is reimbursed at 10%.

Effective March 1, 2021, UniCare Health Plan of West Virginia, Inc. will continue to reimburse on a percentage of the fee schedule, or contracted negotiated rates for the surgical procedure. However, the following rates have been amended:

- Modifier 54 (surgical care only) is reimbursed at 80%.
- Modifier 55 (postoperative management only) is reimbursed at 15%.
- Modifier 56 (preoperative management only) is reimbursed at 5%.



For additional information, review the Split-Care Surgical Modifiers reimbursement policy at <https://provider.unicare.com>.

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