

November 2021

PROVIDER NEWSLETTER

Table of Contents

COVID-19 information Page 2

Administration

Unspecified diagnosis reminder Page 3

Medical record reviews Page 4

Digital Tools:

Electronic data interchange process Page 5

Secure data sharing Page 6

Policy Updates

Medical drug benefit *Clinical Criteria* updates Page 7

Claims editing update for ICD-10-CM Excludes1 notes Page 7

Prior Authorization:

Prior authorization updates for specialty pharmacy Page 8

Quality Management

Opportunity to improve Early and Periodic Screening, Diagnostic, and Treatment Page 9

HEDIS measure: Comprehensive Diabetes Care — Retinal eye exam Page 9

Four things you can do to encourage cancer screenings for your women patients Page 10



Want to receive our *Provider Newsletter* and other communications via email?
Submit your information to us using the QR code to the left or click [here](#).



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

ADMINISTRATION

Unspecified diagnosis reminder

This is a reminder to all providers that we require laterality-specific coding when applicable. Therefore, claims processed on or after October 1, 2021, will be denied when ICD-10-CM laterality coding guidelines are not followed.

In accordance with the International Classification of Disease, 10th Revision, clinical modification (ICD-10-CM) correct coding guidelines, in which state Medicaid programs follow, we will begin to edit diagnosis in *Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue* for appropriate laterality billing.

ICD-10-CM diagnosis coding falls under *Health Insurance Portability and Accountability Act (HIPAA)* correct code sets and they are designed to specifically define laterality (e.g., left, right, unspecified, or exists bilaterally, etc.). Providers are required to submit the defined code in accordance with the condition. The ICD-10-CM guidelines for Coding and Reporting state (for Laterality coding), “Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. 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.”

The ICD-10-CM diagnosis code should correspond to the medical record, CPT® and HCPCS code(s), and/or modifiers billed.

If you have questions about this communication or need assistance with any other item, you can chat live with an associate via Availity,* or call our Customer Care Center at **800-782-0095**.

UWV-NL-0441-21



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



Medical record reviews

UniCare Health Plan of West Virginia, Inc. (UniCare) values its partnerships with our providers. UniCare collaborates with providers to improve quality is through medical record reviews. Medical record requests sent to providers detail specific member information that is needed.

Please note, compliance with requests to submit medical records is a standard component of our provider contracts, which includes specific language regarding turn-around times for submitting medical record at no cost to UniCare, including charges for vendor retrieval. Vendor charges for record retrieval are the provider's responsibility and not a billable charge to the health plan.

Each medical record request will have the channels in which the provider can submit the medical records back to UniCare. These channels include the options to mail, fax, and email, submit via SFTP or granting UniCare access to their electronic medical record keeping system.

UWV-NL-0444-21

ADMINISTRATION — DIGITAL TOOLS

Electronic data interchange process

Availity* serves as our electronic data interchange (EDI) partner for all electronic data and transactions. The Availity EDI processing generates response files for each submitted electronic file and delivers them to the submitter's Availity mailbox. It is important to review these responses to understand where your claims are in the process.

Electronic file submitter:

- If your organization uses a clearinghouse or vendor, they have an Availity mailbox to submit clients' files. Availity delivers the responses for claims to the same mailbox, and the clearinghouse or vendor is responsible for returning the results to their clients and resubmitting any files rejected for formatting, interchange, or transaction set errors. The submitter in this scenario is the clearinghouse or vendor.
- If your organization uses a practice management software, an Availity mailbox is set up during initial registration for your electronic file submissions. The submitter is your organization and is responsible for analyzing the responses to verify there are not any file errors or claim rejections that require correction and resubmission within timely filing guidelines.

Availity electronic file process:

1. **Submit electronic file to Availity** — Availity validates for file format and returns file acknowledgments to the submitter's Availity mailbox. If there are any edits at this point, the entire electronic file will not advance and will require resubmission within timely filing guidelines.

2. **HIPAA and payer specific edits** — The electronic file moves to the next phase, which is *HIPAA* and business editing. Examples include:
 - Valid subscriber ID for the date of service
 - Billing and coding validation

If an error occurs at this point, the individual claims with the errors must be corrected, resubmitted as an original claim and do not advance. The claims that do not have an edit will then route to the adjudication systems for second-level edit validation.

3. **UniCare Health Plan of West Virginia, Inc. payer receives electronic file from Availity** — For the Medicaid line of business, there is a second level of editing.

Edits for this second level return the *Delayed Payer Report (DPR)*. Only claims that pass will advance for adjudication and will be displayed using Availity claim status, electronic claim status transactions, Availity remittance inquiry, 835 electronic remittance advice, and paper *Explanation of Payment*. If there are edits, the claim requires resubmission within timely filing guidelines.



[Read more online.](#)

UWV-NL-0294-21/UWV-NL-0418-21

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

Secure data sharing

Secure data sharing:

- Decreases the costs and resources associated with medical record collection.
- Reduces the need for phone communication between you and UniCare Health Plan of West Virginia, Inc. (UniCare).
- Ensures your staff are not removed from daily office tasks to fulfill requests.
- Allows UniCare to conduct audits electronically, which eliminates the need for onsite audits.

Other benefits include:

- A potential increase in quality scores.
- Secure and fast file transferring (for example, medical records, *Gaps in Care Report*, *Performance Analysis Report*, etc.).
- An unlimited amount and size of medical record and electronic medical record (EMR) file transfers.
- Expedited, real-time data transfers.
- Potential risk reduction by securely storing PHI.

Secure data sharing is easy:

- **Secure file transfer protocol (SFTP):** SFTP is a network protocol for accessing, managing, and transferring files. Unlike the standard file transfer protocol, SFTP prevents passwords and sensitive information such as PHI from being exposed.
- **EMR data feeds:** EMR technology can now submit limited HEDIS® data not captured through claims submission by using a secure, one-way data feed reducing the burden of data collection.
- **Remote access:** Detailed documentation from medical records that cannot be submitted via claims or EMR data feeds can be abstracted directly from the EMR website.



What is provided?

SFTP and EMR:

- Training on required data field elements and the UniCare SFTP folder.
- Access to a dedicated data management representative.
- Monthly receipt of a data file and communication between UniCare and provider data management representatives.

Remote access to:

- Website portal.
- Website portal link.
- UniCare list of users.
- Provider contact for setup and support.

UWV-NL-0423-21

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

POLICY UPDATES

Medical drug benefit *Clinical Criteria* updates

On August 21, 2020, November 20, 2020, and June 24, 2021, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for UniCare Health Plan of West Virginia, Inc. These policies were developed, revised or reviewed to support clinical coding edits.



Read more online.

UWV-NL-0438-21

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).

Claims editing update for ICD-10-CM Excludes1 notes

Beginning with dates of service on or after December 1, 2021, UniCare Health Plan of West Virginia, Inc. will implement revised claims editing logic tied to Excludes1 notes from ICD-10-CM 2020 coding guidelines. To ensure the accurate processing of claims, use ICD-10-CM coding guidelines when selecting the most appropriate diagnosis for member encounters. Please remember to code to the highest level of specificity. For example, if there is an indication at the category level that a code can be billed with another range of codes, it is imperative to look for Excludes1 notes that may prohibit billing a specific code combination.

If you need assistance in determining proper coding guidance, the following site should be helpful:
<https://www.cdc.gov/nchs/icd/icd10cm.htm>.

What are Excludes1 notes?

One of the unique attributes of the ICD-10-CM code set and coding conventions is the concept of Excludes1 notes. An Excludes1 note indicates that the excluded code identified in the note should not be billed with the code or code range listed above the Excludes1 note. These notes appear below the affected codes; if the note appears under the Category (first three characters of a code), it applies to the entire series of codes within that category. If the Excludes1 note appears beneath a specific code (3, 4, 5, 6, or 7 characters in length), then it applies only to that specific code.



Read more online.

UWV-NL-0435-21

POLICY UPDATES — PRIOR AUTHORIZATION

Prior authorization updates for specialty pharmacy

Effective for dates of service on and after November 1, 2021, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of national drug code (NDC) on your claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.



<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug	Drug classification
ING-CC-0170	J1823	Uplizna	Immunosuppressive agents
ING-CC-0168	J9999, C9073	Tecartus	CAR-T
ING-CC-0171	J9223	Zepzelca	Cancer
ING-CC-0169	J9316	Phesgo	Cancer
ING-CC-0175	J9015	Proleukin	Cancer
ING-CC-0176	J9032	Beleodaq	Cancer
ING-CC-0178	J9262	Synribo	Cancer
ING-CC-0177	J3304	Zilretta	Osteoarthritis
ING-CC-0002	Q5122	Nyvepria	Blood cell deficiency

UWVPEC-1970-21

QUALITY MANAGEMENT

Opportunity to improve Early and Periodic Screening, Diagnostic, and Treatment

UniCare Health Plan of West Virginia, Inc. (UniCare) is providing an opportunity for providers to partner with us to improve Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) rates. UniCare would like to co-brand our EPSDT happy birthday mailers with your logo. UniCare mails the EPSDT birthday reminders to the members assigned to the practice or provider. The mailer includes the following verbiage: *Call your Child's PCP now and set up a routine medical checkup. Ask if your child's vaccines are up-to-date. The PCP's phone number is on your child's member ID card.*

If you would like to participate, please send a request to wvqualitymanagement@anthem.com.

UWV-NL-0445-21

HEDIS measure: Comprehensive Diabetes Care — Retinal eye exam

We are committed to working with you to improve the quality of care and health outcomes for your patients. HEDIS® is a tool we use to measure many aspects of performance. This tip sheet details documentation and codes that can be submitted by PCPs to close diabetic retinal exam (DRE) gaps.

Acceptable medical record documentation

PCPs can provide valuable information to close DRE gaps in care by screening or monitoring for diabetic retinal disease when there is documentation in the medical record of one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, PCP, or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional, (in other words, optometrist or ophthalmologist), the date the procedure was done, and the results.
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
- Documentation of a negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year, where the results indicate retinopathy was not present.



[Read more online.](#)

UWV-NL-0446-21

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

Four things you can do to encourage cancer screenings for your women patients

The American Cancer Society estimates there will be approximately 1,898,160 cancer cases diagnosed in 2021. That's the equivalent of 5,200 new cases every day.¹ The good news is, patients say they are more likely to get screened when you recommend it. What else can you do to influence cancer screenings?²

1. Understand the power of the physician recommendation:

- Your recommendation is the most influential factor in whether a person decides to get screened.
- Patients are 90% more likely to get a screening when they reported a physician recommendation.
- “My doctor did not recommend it,” is the primary reason for screening avoidance.

2. Measure the screening rates in your practice; it may not be as high as you think:

- Set goals to get screening rates up.
- Follow the HEDIS[®] guidelines included in this article to help accurately track your care gap closures.

3. More screening doesn't have to mean more work for you:

- Reach out to us about available member data — We may be able to help identify those members who are due for screenings.
- Develop a reminder system, which has been demonstrated to be effective, to remind you and staff that patients have screenings due.

4. Help members access benefit information about screenings to eliminate the cost barrier:

- Log on to [Availity.com](https://www.availity.com)^{*} and use the *Patient Registration* tab to run an Eligibility and Benefits Inquiry.
- Members can access their benefit information by logging on to mss.unicare.com/west-virginia and selecting the *Benefits* tab, or by using [UniCare mobile app](#).



Read more online.

1 CA: A Cancer Journal for Clinicians. Cancer Statistics, 2021 <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21654>

2 http://thecanceryoucanprevent.org/wp-content/uploads/14893-80_2018-PROVIDER-PHYS-4-PAGER-11-10.pdf

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

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