HEALTH | CHOICE
UTAH

PROVIDER NEWSLETTER

Q3 – 2023

HEALTH CHOICE
UTAH

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Network Services

Missing Documentation/Orders/Notes/Summary/Report/Chart (MDOC)

Post-service claims that require medical decision making and/or additional documentation to perform a review will deny for "Missing Documentation/Orders/Notes/Summary/Report/Chart (MDOC)" When claims are denied for MDOC, HCU has a simple and secure process for our providers to supply the information needed. In this article we will discuss how to determine if a claim is denied for MDOC, how to provide HCU with the necessary documentation, and review some common errors HCU sees on Hysterectomy and Sterilizations forms, which are often denied for missing/incomplete documentation.

How to know a claim is denied for missing documentation

The Remittance Advice(s) and Explanation(s) of Benefits on claims denied for MDOC will display Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) informing providers that medical records are needed.

The denial reason code on the claim will be 252 – "Attachment/Other Documentation is Required to ADJ" or M127 – "Missing Patient medical record for this service."

If there is ever any confusion or uncertainty on the reason a claim is denied, we encourage our providers to reach out to HCU Customer Service at 877-358-8797. Our staff will be able to assist in understanding the claim and denial reasons.

How to provide HCU with the missing documentation

For any 252 or M127 denials, providers can upload medical records to the following secure location: https://apps.healthchoiceutah.com/Forms/mdoc/mdoc

This can also be found on the HCU website by selecting Forms under the Providers drop down menu and opening the Medical Documentation Submission Form.

Using this online submission form, you will receive a confirmation number that can be documented in your files for easy follow-up and the files will be automatically submitted to our claims adjustment team to begin processing. Once submitted, the claim should adjust within 30 days.

Hysterectomy and Sterilization forms

Utah Medicaid requires specific forms to be properly filled out and submitted whenever these services are performed. Unless the forms are completed correctly, HCU will deny the claim as MDOC and require the form be re-submitted with the process outlined above. In the hopes of reducing the number of denials we have on these services; below are some common errors we see along with a visual our claims team utilizes when auditing these forms.

- **Hysterectomy Form** (click to view form)
  - Missing the date of the procedure or the date of the procedure does not match when services were rendered. This must be filled in and will automatically be rejected if not filled out correctly.
  - Only Section A/B/or C need to be filled out/signed. Not all of them – this won't cause an automatic rejection though if the provider signs them all – if the applicable section is signed.
- **Sterilization Form** (click to view form)
  - Form has specific date requirements attached to it which must be adhered to for claims to be adjudicated; if not filled out correctly, claim will be noted with what is missing.
  - The Signature Date of the Person Obtaining Consent *must* match the Patient Signature Date
  - The Alternative Final Paragraph is not crossed out.
  - The Provider Signature **must** be on/after the procedure date.

We encourage our providers to reach out to providers@healthchoiceutah.com or to your direct Provider Network Representative with any questions or concerns surrounding this process.

Health Choice Generations Plan Changes

This is a courtesy notice to let our providers know that, beginning January 1, 2024, Health Choice Utah will no longer offer the Health Choice Generations Medicare Advantage D-SNP plan. Our Health Choice Utah Medicaid product and network is not impacted by this change. We are also sending courtesy notices to our Generations members, advising them of this change. Generations members existing plan of coverage will remain in effect, without any change, through the remainder of 2023. Additional details, along with an official Notice of Nonrenewal as required by the Centers for Medicare & Medicaid Services (CMS), will be mailed to our members and Providers on or around October 1, 2023.

We are alerting our providers to this change early, in case questions arise from our Generation members, and to provide ample time to consider steps to support continuity of care for these members. Again, additional, and official details and notice will be sent

on or around October 1, 2023. Please advise your Generations patients who may have questions, to call 844-457-8943. We sincerely appreciate the care our providers give our Generations members and look forward to continuing our relationship in support of our other products and networks. Operations for the Health Choice Generations MA D-SNP plan will continue through December 31, 2024, to allow for claims run-out and provider assistance.

QUESTIONS?

- Claims and benefits – Generations Customer Service –844-457-8943
- Contracting and general questions – Provider Relations providers@healthchoiceutah.com or your Provider Network Representative
- Part D Prescription Medications (contracted with CVS Caremark®)–888-970-0851

Utah Medicaid Provider Training

Utah Medicaid will be offering the 2023 Statewide Provider Training in an online live webinar format. This year we are hosting a variety of trainings covering specific topics. Providers can sign up to attend multiple trainings. When registering, please provide specific questions you would like addressed during the training. This will assist staff in preparing the slides and obtaining answers ahead of time.

Training Sessions:

- Claims/Billing
- Provider Enrollment
- Pharmacy Program
- Prior Authorization
- Healthcare Policy
- Managed Care & Additional Specialties (i.e., dental, applied behavior analysis, durable medical equipment, behavioral health)
- Utah Office of Inspector General
- Q&A Session

To register for the trainings and for more information, please visit the Medicaid training website here.

Prenatal and Postpartum Care

Provider Specialty: PCP, OB GYN, Prenatal Care Provider

Community Resource
Parents as Teachers is a home visiting based program that provides FREE support to moms with bimonthly visits in the patient's home. Visits focus on child development, support for new moms, postpartum depression screens and family wellbeing. Families relate to community resources (WIC, Lactation support, SNAP, Daycare, Depression support) as needed and supported with home nurse visits as needed. Program is offered Weber, Davis, Salt Lake, and Utah Counties.

parents as teachers

HEDIS Quality Measure PPC: PRENATAL AND POSTPARTUM CARE

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

Timeliness of Prenatal Care:

Percentage of deliveries that **received a prenatal care visit in the first trimester**, on or before the enrollment start date or within 42 days of enrollment in the organization.

Postpartum Care: percentage of deliveries that had a postpartum visit on or **between 7 and 84 days** after delivery.

Best Practices and Measure Tips

Prenatal Care

- A diagnosis of pregnancy (this must be included for PCP visits)
- Documentation indicating the women is pregnant or references the pregnancy.
- Standardized prenatal flow sheet. LMP, EDD, gestational age, gravity and parity, notation of positive pregnancy test result, OB history or prenatal risk assessment
- PE with auscultation of fetal heart tone, obstetric observations, measurement of fundus height
- Evidence of prenatal care procedure performed such as OB panel or Ultrasound.

Post-Partum Visit

- Notation of post-partum care visit "6-week check" "PP care"
- Assessment of breast feeding, healthy weight, BP check, abdomen check
- Perineal or cesarean incision wound check if applicable.

- Screening for depression
- Pelvic Exam: A pap test will count toward post-partum care as a pelvic exam.
- Documentation of discussion of any of the following
    - Infant care/ Breast feeding/ Resumption of physical activity, intercourse, family planning, sleep, or fatigue

Prenatal and Post-Partum Care

Coding support for PPC and Post-Partum Depression

Coding Support for Prenatal and Post-Partum Visits

DESCRIPTION	CODES
Online Assessments	**CPT:** 98969-98972, 99421-99423, 99444,99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063.
Prenatal Visits	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99483 **CPT-CAT-II:** G0463, T 1015
DESCRIPTION	**CODES**
Stand Alone Prenatal Visits	**CPT:** 99500 **CPT-CAT-II:** 0500F, 0501F, 0502F HCPCS**:** H1000, H1001, H1002, H1003, H1004
Cervical Cytology Lab Test	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **HCPCS:**G0123,G0124,G0141,G0143, G0144G0145,G0147,G0148,P3000, P3001,Q0091
Postpartum Visits	**CPT: 57170, 58300, 59430, 99501** **CPT-CAT-II: 0503F** **HCPCS: G0101** **ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2**
Telephone Visits	**CPT: 98966-98968, 99441-99443**

Importance of post-partum depression screening

Postpartum depression is depression that happens after you have a baby. About 1 in 9 postpartum people experience symptoms of postpartum depression. With this kind of depression, you may feel sad, hopeless, anxious, and/or disconnected from your baby for weeks or months. Postpartum depression lasts longer and is more intense than the "baby blues."

Help is available for your patients and support groups are offered in person and virtual.

THE emily EFFECT

September is National Pain Awareness Month

Raise public awareness around multidisciplinary approaches to pain management.

Chronic pain costs the nation up to $635 billion each year in medical treatment and lost productivity.

Chronic Pain is a debilitating condition that affects the lives of millions of adults in the United States of all ages, races, and socioeconomic levels. Pain is our nation's hidden epidemic.

During 2021 an estimated 20.9 % of U.S. adults were treated for chronic pain conditions

Opioid tolerance, dependence, and addiction are all manifestations of brain changes resulting from chronic opioid abuse. The opioid user's struggle for recovery is in great part a struggle to overcome the effects of these changes. Medications such as methadone, buprenorphine, and naltrexone act on the same brain structures and processes as addictive opioids, but with protective or normalizing effects. Despite the effectiveness of medications, they must be used in conjunction with appropriate psychosocial treatments.

Reading Corner: Scholarly Articles Chronic Pain and Treatment Methods

- Relieving Pain in America: National Institute of Medicine
- The Neurobiology of Opioid Dependence: Implications for Treatment

Utah Pain Study:

This study is funded by the National Institute of Health (NIH) and led by Dr. Eric Garland, Ph.D., LCSW, at the University of Utah College of Social Work Center on Mindfulness and Integrative Health Intervention Development (C-MIIND)
The study is being conducted to understand the effectiveness of group behavioral treatment for persons with chronic pain conditions who are being treated with prescription opioid painkillers (e.g., Vicodin, OxyContin, Hydrocodone, Lortab, Tramadol, etc.). Study treatments involve learning psychological coping skills, receiving group support, and receiving state-of-the-art neurofeedback, participating in physical activity to improve coping with pain, stress, and medication-related cravings and problems.

- Participant Eligibility:
  - You have a chronic pain condition (back pain, arthritis, headaches, fibromyalgia, etc.)
  - You are taking prescription opioid painkillers (i.e. Vicodin, OxyContin, Hydrocodone, Lortab, Tramadol)
- Participant Compensation:
  - Free therapeutic treatment sessions
  - Financial compensation for completing the study procedures

- Contacts: Phone: 801-581-7508 Email: utahpainstudy@utah.edu

Upper Respiratory Treatment (URI)

Appropriate treatment for upper respiratory infection

Why it Matters

Most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often antibiotics are prescribed inappropriately. The misuse of antibiotics can have adverse clinical outcomes such as Clostridioides difficile infections and has public health implications including encouragement of antibiotic resistance (when antibiotics can no longer cure bacterial infections). Antibiotic resistance is a major health concern in the United States, with 2.8 antibiotic-resistant infections and 35,000 deaths occurring annually.

Measure Description

The percentage of episodes for patients 3 months of age and older with diagnosis of upper respiratory infection (URI) **that did not result in an antibiotic dispensing event**.

The measure is reported as an inverted rate (numerator/eligible population)

A higher rate indicates appropriate URI treatment (i.e. the proportion of episodes that **did not result in a antibiotic dispensing event**.

How to Improve HEDIS scores for URI Measure

- ✓ Do not prescribe an antibiotic for a URI diagnosis only.
- ✓ Submit any co-morbid/competing diagnosis codes that apply.
- ✓ Code and bill for all diagnoses based on patient assessment.
- ✓ Educate patient on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen (antibiotic can be prescribed, if necessary, after 3 days of initial diagnosis)
- ✓ Visit CDC website to view patient educational materials on antibiotic resistance and common infections.

According to the NCQA, over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents. It is the primary health concern among parents in the United States, topping drug abuse and smoking. Childhood obesity has both immediate and long-term effects on health and well-being.

Health lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

BMI PERCENTILE:

Documentation must include height, weight, and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source.
Either of the following meets criteria for BMI percentile:

- BMI percentile documented as a value (e.g., 85th percentile).
- BMI percentile plotted on an age-growth chart.

* Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.

NUTRITION COUNSELING:

Documentation must include a note indicating the date and at least one of the following:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education.
- Member received educational materials on nutrition during a face-to-face visit.
- Anticipatory guidance for nutrition.

PHYSICAL ACTIVITY COUNSELING:

Documentation must include a note indicating the date and at least one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face visit.
- Anticipatory guidance specific to the child's physical activity.

Childhood Immunizations (CIS) – COMBO 3

Description:
Children who turned two years of age during the measurement period who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps

and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); 4 PCV vaccines; on or before their second birthday.

SATISFYING THE MEASURE (Numerator)

- Patient had 4 DTaP vaccines administered on or before their 2nd birthday, and at least 42 days after their date of birth
  AND
- Patient had 3 IPV vaccines administered on or before their 2nd birthday, and at least 42 days after their date of birth
  AND
- Patient had 1 MMR vaccine administered on or between their 1st and 2nd birthdays
  OR
- Patient had at least one measles + rubella vaccination AND either a mumps vaccination or history of mumps before their second birthday
  OR
- Patient had a measles vaccination or history of measles AND patient had a mumps vaccination or history of mumps AND patient had a rubella vaccination or history of rubella before their second birthday
  AND
- Patient had 3 HiB vaccines administered on or before their 2nd birthday, and at least 42 days after their date of birth
  AND
- Patient had 3 hepatitis B vaccines administered on or before their 2nd birthday
  OR
- Patient had a history of hepatitis B before their second birthday
  AND
- Patient had 1 VZV vaccine administered on or between their 1st and 2nd birthdays
  OR
- Patient had a history of varicella zoster before their 2nd birthday
  AND
- Patient had 4 PCV vaccines administered on or before their 2nd birthday, and at least 42 days after their date of birth

DTaP	/ /		IPV	/ /	
	/ /			/ /	
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MMR	/ /		HiB	/ /	
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HepB	/ /		VZV	/ /	
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PCV	/ /			/ /		/ /
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Adolescent Immunizations (IMA) – COMBO 2

DESCRIPTION

Percent of adolescents who turned thirteen years old during the measurement year who have had 1
Meningococcal vaccine, 1 Tdap vaccine, and at least 2 HPV vaccines on or before their thirteenth birthday

SATISFYING THE MEASURE (Numerator)

- Patient had an MCV vaccine between their 11th and 13th birthdays.

  AND
- Patient had a Tdap vaccine between their 10th and 13th birthdays.

  AND
- Patient had at least 2 HPV vaccines (with different dates of service) between their 9th and 13th birthdays. Vaccines have to be at least 146 days apart.

MCV	/	/	Tdap	/	/
	/	/		/	/
	/	/		/	/
	/	/		/	/
HPV	/	/			
	/	/			
	/	/			
	/	/			

HPV Information for the Public

What is HPV?

Human papillomavirus (HPV) is a virus that infects the skin, genital area and lining of the cervix. It is spread during unprotected sex with an infected partner. There are many different types of papillomaviruses (about 100). Some types cause warts on the

skin, some types cause warts in the anal and genital areas, and some types cause cancer.

How common is HPV?
HPV is the most common sexually transmitted infection in the United States. HPV is so common that nearly all sexually active men and women will get at least one type of HPV at some point in their lives. Most people never know they have been infected and may spread it to a partner without knowing it. About 79 million Americans are currently infected with HPV, and about 14 million people are newly infected each year.

Can you get HPV from someone who does not have any symptoms?
Yes. In fact, most people do not know when they are infected with HPV. So, even if your partner does not have any symptoms of an HPV infection, he or she can still pass the virus to you.

Can HPV be cured?
No, but some types of HPV can be prevented by HPV vaccines. Most people with HPV never develop symptoms or health problems, and most HPV infections (9 out of 10) go away by themselves within two years.

Does the HPV vaccine work?
Yes. The HPV vaccine was originally studied in about 30,000 girls and young women between 9 and 26 years of age. Studies showed that the vaccine prevented 9 of 10 HPV infections and was completely effective at preventing continued infections and changes in HPV tests for women (Pap smear) that predict cervical cancer. Other studies showed that HPV vaccine prevented HPV infection, anal and genital warts, and anal cancer in men.

When should children be vaccinated?
The HPV vaccine is recommended for preteen boys and girls between 11 to 12 years of age, so they are protected before ever being exposed to the virus. If done during this age, there is only 2 doses required, 6 months apart from each other. If the series is not started until 15 years of age or older, three doses are required. The second dose is given at one or two months after the first dose, then the third dose is given six months after the first dose.

Cervical Cancer Screening (CCS)

Cervical cancer is a disease in which cells in the cervix (the lower, narrow end of the uterus) grow out of control. Cervical cancer was one of the most common causes of cancer death for American women; effective screening and early detection of cervical pre-cancers have led to a significant reduction in this death rate.

The percentage of women 21–64 years of age who were screened for cervical cancer using any of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.

The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to add Human Papillomavirus (HPV) testing once every five years as an additional preventive service benefit under the Medicare program for asymptomatic beneficiaries aged 30 to 65 years in conjunction with the Pap smear test. CMS will cover screening for cervical cancer with the appropriate U.S. Food and Drug Administration (FDA) approved/cleared laboratory tests, used consistent with FDA approved labeling and in compliance with the Clinical Laboratory Improvement Act (CLIA) regulations.

DO I NEED TO TEST FOR CERVICAL CANCER?	
×	**Under 21 years of age**
√	**21 years of age or older**
√	**Salpingectomy**
√	**Partial Hysterectomy**
√	**Tubal Ligation**
√	**Is there ANY part of the cervix remaining in the body?**
×	**Total Hysterectomy**

References

Parents as teachers family support program
https://parentsasteachers.org/

Post partum depression
https://www.plannedparenthood.org/learn/pregnancy/postpartum-depression?utm_source=google_cpc&utm_medium=ad_grant&utm_campaign=learn_pregnancy&gad=1&gclid=Cj0KCQjwtO-kBhDIARIsAL6Lore4il31Kf-VY1zdvpJGBBQVIwOfnVVHhbtAMkAnj25EV7KQ5l3pFpUaAogREALw_wcB

https://theemilyeffect.org/resources/utah-support-groups/
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https://nap.nationalacademies.org/catalog/13172/relieving-pain-in-america-a-blueprint-for-transforming-prevention-care

https://www.ncqa.org/hedis/measures/appropriate-treatment-for-upper-respiratory-infection/

https://immunize.utah.gov/hpv-information-for-the-public/

https://www.aafp.org/pubs/afp/issues/2000/0315/p1779.html