

The Provider Connection



A Newsletter from Provider Network Operations

eviCore Updates

- Advanced Imaging (MR, PET, CT, Nuclear Medicine)
- Ultrasound (OB & Non-OB)
- Cardiac Imaging (Myocardial Perfusion, Echo, Echo, Stress)
- Diagnostic Heart Cath, Cardiac MR, PET, CT)
- Joint Surgery
- Spine Surgery
- Interventional Pain Management

Please note: As of 11/1/18 Chiropractic and outpatient PT/OT/ST Health Options is now processing.

- We added a new Therapies: Notification & Prior Approval form to our website.
- Chiropractic Services: Notification visits 1-24; Prior Approval visits 25-40.
- PT/OT/ST: Notification visits 1-12; Prior Approval visits 13-60.

Place of Service Considerations:

- Emergency Department (ED): No Prior Approval required for services rendered in the ED.
- Inpatient stays: Elective procedures (Spine/Joint) are reviewed and approved for ambulatory settings only. Facility must notify Health Options of all admissions within 48 hours of admission or the stay may be denied.
- Observation stays: Prior Approval requirements apply; the above services and procedures performed during an Observation stay are processed through Health Options Medical Management team.

**Letters have been mailed referencing above changes.*

UM-Claim Code Match

Health Options implemented a new adjudication platform on 1/1/2018. We configured the platform to require 1:1 authorization-claim code match.

We are continuously working to optimize our claim adjudication process. Beginning with colonoscopies & EGDs, we are implementing bench procedures (pending automation) that our claim adjudicators will reference to ensure claims process according to code groupings.

We are tracking/trending provider feedback to develop future code groupings, and we welcome provider feedback to inform this work.

Retrospective Reviews

In 2018 we limited retrospective reviews to urgent cases/two business days (BD). In response to provider feedback, we modified the submission time frame to allow up to 10 BD for submission of all new/updated outpatient requests.

Post-service change to existing Observation Stay/Outpatient authorizations (CPT/HCPCS codes) are accepted up to 10 BD of DOS.

Observation Stays

Observation Stay Requirements

Health Options will perform Medical Necessity review for the entire stay. Notification is required within 24 hours (or by noon on the first business day after the weekend) even if the patient is already discharged. Delayed notification may result in an administrative denial for observation days prior to notification. An approved day of Observation Stay is based on the clinical presentation and is not necessarily for all services rendered during the stay. Submit all supporting clinical documentation as soon as feasible and within 10 BD of the 1st Obs. day.

Examples include but are not limited to:

- Genetic Testing
- Surgical Procedures
- Unlisted Procedures
- Diagnostic Imaging

If medical necessity is not met, line item may be denied. Facility/provider has appeal rights. Non-OB Observation Stays are limited to 48 hours. Admit or discharge to lower level of care.

Health Options will review the Observation claim submission, and if Health Options determines additional clinical information is needed to support medical necessity of any services/procedures rendered during an Observation Stay, a request will be made to the facility.

Medical Prior Approval Requirements

Inpatient Admissions:

- All inpatient stays (elective and unscheduled) require Prior Approval.
- Notification is required within 48 hours of admission (or by noon on the

first business day after the weekend) even if the patient is already discharged. Delayed notification may result in an administrative denial for days prior to notification.

- Prior Approval is required for all extended OB stays (beyond 48 hours vaginal delivery and 96 hours for cesarean section). Approval for OB stays will be approved consistent with Guidelines for Perinatal Care published by the American Academy of Pediatrics and the American College of Obstetrics and Gynecology.
- Health Options processes reviews for Inpatient admissions. Even if an elective procedure is pre-approved by Health Options or eviCore (these only apply to outpatient/ambulatory settings), notification is required within 48 hours and medical necessity review is required for the entire inpatient stay.

Interfacility Ambulance Transportation:

Prior Approval is required for all non-emergency ambulance transports and air transportation (except 911 responses).

The sending facility is required to notify Health Options when arranging inter-facility ambulance transport.

Reconsiderations/Appeals: Change

Notice of Claims and Authorization Reconsideration Timelines and General Appeals Information

At the request of you or your staff, Community Health Options (Health Options) will reconsider payment of previously adjudicated claims and denied authorizations under certain circumstances.

Please submit claim reconsideration requests within ninety (90) calendar days of the date on the most recent Explanation of Payment (EOP) depicting a new finalization of the claim for which you are seeking payment. A new finalization is one in which the claim has been paid, denied or recouped in a different manner than what appears on previous EOPs.

Some claim reconsideration requests do not require additional documentation. These types of reconsiderations include the following:

- Adjudication errors
- Claims processed incorrectly due to eligibility
- Benefit not applied
- Network Status

Claim reconsideration requests requiring supporting documentation include those related to:

- Timely filing
- Code edit disputes
- Payment disputes

Coordination of Benefits

All **claim reconsideration requests** must be mailed to Health Options at:

P.O. Box 1121 Mail Stop 400 Lewiston, Maine 04243

You are not required to utilize the reconsideration process and may appeal the denial of a claim or authorization. Appeals must be received within 180 calendar days of the date of the claim or authorization denial. If a request for reconsideration is denied, appeals must be submitted within sixty (60) calendar days of the denial. Claim and authorization appeals must include the appeal form, available on the Health Options website, and all supporting documentation. **Claim appeals** must be mailed to:

P.O. Box 1121 Mail Stop 100 Lewiston, Maine 04243

Authorization appeals must be mailed to

P.O. Box 1121 Mail Stop 800 Lewiston, Maine 04243

If you have questions about the information in this notice, please contact us at 1-855-624-6463.

News

New Telemedicine Program Coming in 2019

Beginning in 2019, all Members will have access to our new Health Options Online, a confidential video and telephonic behavioral health counseling service. Health Options Online provides a convenient way for you to quickly see a mental health or substance use disorder specialists through a fully interactive, HIPAA-compliant platform through your smartphone, tablet, or computer.

Policies and Procedures (P&P's)

Beginning later this month updated Policies and Procedures (P&P's) will be available on our website at

<https://www.healthoptions.org/providers/resources/>

New Infusion Therapy Options in Bangor

Infusion Therapy is now available to all members of the greater Bangor Community and beyond at the Penobscot Community Health Center (PCHC) Infusion Center in Bangor. The PCHC Infusion Center has semi-private rooms for patients and guests, heated recliners, a flat screen tv with Netflix and cable, an Android tablet with free wi-fi, as well as snacks and drinks.

As a Federally Qualified Health Center (FQHC), PCHC's mission is to improve health outcomes for all patients regardless of insurance status or ability pay. Opened in July, the PCHC Infusion Center provides patients with affordable infusion therapy in an outpatient setting. On average, the PCHC Infusion Center will cost 50 -70% less than the same care provided at a hospital, which can save thousands of dollars out-of-pocket and will potentially reduce the cost of infusion therapy in the area by \$9 million per year.

The PCHC Infusion center offers convenient hours, open 7 days a week, with zero wait times, and a 100% patient satisfaction rating. Patients can park just outside the office for quick entry, check-in is fast and easy, and patients won't have to travel through a large hospital or facility to get to treatment. Medication orders are prepared specifically for each patient, with no pharmacy wait, resulting in much shorter appointment times.

To start a referral, simply call the Infusion Center office at 207-404-8040. A

Referral Coordinator will request any necessary documentation and provide an order set to aid in safe and easy prescribing. The Referral Coordinator will handle everything from insurance authorizations to patient scheduling. For additional information, you can visit the PCHC Infusion Center online at www.pchc.com/infusion

Maine Community Health Options | (207) 402-3347 | provider@healthoptions.org | HealthOptions.org

STAY CONNECTED

