

Provider Post

News and updates you need to know

Fall/Winter 2018

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Quality Champion – Daughters of Charity Health Centers, New Orleans, LA

Daughters of Charity Health Centers (DCHC) is the latest Louisiana provider to be recognized as an AmeriHealth Caritas Louisiana (ACLA) Quality Champion. Their ten (10) health centers provide primary and preventive health services. . By participating in ACLA's Perform Plus Community Partners Program, DCHC made a commitment to improving patient health, reducing unnecessary cost and promoting accountable care. That commitment was evident in their most recent outcomes report, which showed improvements in key measures, including a nearly 40% reduction in the number of preventable hospital admissions!

DCHC has taken steps to build comprehensive strategies for patient outreach, close patient care gaps and improve quality of care. Their population health team consists of full-time employees dedicated to analyzing care reports and identifying care gaps. They reach out to members to secure needed appointments and then follow up to make sure they kept them. If patients were unable to keep their appointment the team offers support. Their diligent work, deployed thoughtfully, has helped drive DCHC's stronger quality metrics, and help ensure that no patient is left behind.



Pictured L to R: Shiva Nagalingam, DCHC Director of Process Improvement and Operations; Nancy Gervais, ACLA Sr. Community Health Navigator; Dr. Rodney Wise, ACLA Chief Medical Officer; Michael G. Griffin, DCHC President and Chief Executive Officer; DCHC Population Health Associate, Beverly Robinson; Frank Folino, DCHC Vice President and Chief Operating Officer; Faleshia Carrere, ACLA Provider Communications Consultant; and Tricia Grayson, ACLA Director of Communications.



COMMUNITY WELLNESS CENTER

Please visit us at our new Community Wellness Center in New Orleans.

At your new local wellness center, you can learn how AmeriHealth Caritas Louisiana can help you with:

- Health screenings.
- Health education.
- Safety awareness.
- Benefits questions.
- Activities for the kids.
- And more!

All are welcome.

The AmeriHealth Caritas Louisiana Community Wellness Center is open:

- Monday from 10 a.m. – 7 p.m.
- Tuesday through Friday 10 a.m. – 4 p.m.
- The third Saturday of each month, from 10 a.m. – 1 p.m.

For more information, visit www.amerhealthcaritasla.com or call **1-888-756-0004**, 24 hours a day, seven days a week.

NOW OPEN!

**AmeriHealth Caritas Louisiana
Community Wellness Center**
Gentilly Shopping Center
3155 Gentilly Boulevard
New Orleans, LA 70122

Provider Trainings

AmeriHealth Caritas Louisiana offers face-to-face, webinar training, and other educational opportunities to our provider community.

Recent training topics have included:

- Enhancements to our secure provider portal, NaviNet
- Billing and claims updates
- Tools and available resources
- Cultural Competency

Check the Training page of our website at www.amerhealthcaritasla.com regularly for upcoming training opportunities available.

We are Transitioning from Fax to Email Notifications

You have spoken and we listened! **Effective January 1, 2019**, AmeriHealth Caritas Louisiana will begin sending important health plan news and information relevant to our provider community via email.

To help ensure that you are receiving all provider notices, please register for our free email service, *Network News*. Your information will be kept confidential. Everyone in your office is encouraged to register. It is easy!

- Simply complete the form found on the Provider's page under News and Updates by following this link, www.amerihealthcaritasla.com,
 - Click submit, and
 - Watch for a confirmation email. It is that simple! **Sign up today!**
-

Electronic funds transfer is available at no cost to AmeriHealth Caritas Louisiana providers!

AmeriHealth Caritas Louisiana contracts with Change Healthcare to give providers the option to receive payments through electronic funds transfer (EFT).

Benefits of using EFT include:

- Prompt, easy, secure payments.
- Eliminates the need to go to the bank or use mobile deposit to deposit checks.
- Allows you to view and print remittance advices online.
- Enables you to work with multiple payers in one easy-to-use application.

To register for EFT, complete the [E-Payment Enrollment Authorization Form](#); this form is also located on the AmeriHealth Caritas Louisiana website at www.amerihealthcaritasla.com > **Providers > Billing and claims > Electronic funds transfer** or visit the Change Healthcare Medical and Hospital EFT Enrollment Forms web page at <https://www.changehealthcare.com/support/customer-resources/enrollment-services/medical-hospital-eft-enrollment-forms>.

For questions, contact your Provider Network Account Executive.

Language Services Available

ACLA provides free language support services for our members:

- Telephonic Interpretation
- Onsite Interpretation (including sign language)
- Cultural Competency Training for our contracted providers

Visit our provider Cultural Competency and Language Services page on our website: [Cultural Competency and Language Services](#)

If you would like more information about cultural competency and how you can get free training for your staff, email us at clatraining@amerihealthcaritasla.com.

Provider Data Information Form (PDIF) Available in NaviNet

The PDIF can help reduce the need to send written correspondence and minimize time spent calling the Provider Services department with practice data updates. This feature lets you attest to and ensure the accuracy of your provider demographics and practice data. **This functionality is only available to professional provider groups at this time.**

The new Provider Data Information Form feature allows you to review your demographic and practice information on file, attest to the accuracy of the information, and make any necessary changes. The process is as follows:

- Log on to NAVINET.
- Click the PDIF (Provider Data Information Form) link.
- Click the Group Selection.
- Click the Location Selection.
- Review and make changes to the practitioner summaries, if applicable.
- Provide Required Documentation, if applicable.
- Attest and Submit.

Demographic changes will be reflected within the online provider directory within 14 business days. If the change is not reflected in 14 days, please contact your Provider Network Management account executive.

If your practice is not registered with NaviNet, we highly recommend registering. To register, please visit our website at www.amerihealthcaritasla.com > Providers > NaviNet and sign up or contact your provider account executive.

Hepatitis C SVR–12 Care Gap Alert in NaviNet

The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America recommend that patients being treated for Hepatitis C be screened 12 weeks after completion of treatment for sustained virological response (SVR)¹ An SVR result showing no detectable HCV in the blood 12 weeks after treatment is completed generally can be defined as a long-term cure of HCV infection,² if no further exposure to the Hepatitis C virus occurs.

It is recommended that you order quantitative HCV viral load testing for your patient 12 weeks after completion of therapy to determine whether treatment was effective. To assist you in identifying patients who were treated for Hepatitis C but have not had this test, we have developed a new Care Gap. The following Care Gap Alert will now appear in NaviNet (if applicable) when checking a member's eligibility and benefits and through the Reports Inquiry or Member Clinical Summary option:

- Members with a valid Rx dispensing event for a Hepatitis C treatment medication who have completed treatment at least four weeks ago.

This Care Gap will close when we receive lab results for at least one blood test, 12 weeks or longer post-treatment, to measure the patient's quantitative Hepatitis C viral load.

To review the complete specification documents for this measure, visit the Care Gaps section of our website at www.amerihealthcaritasla.com > Providers > NaviNet > Care Gaps. _____

¹"Monitoring Patients Who Are Starting HCV Treatment, Are on Treatment, or Have Completed Therapy," HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C, May 24, 2018, <https://www.hcvguidelines.org/evaluate/monitoring>.

²Charles Daniel, "Hepatitis C Treatment and Sustained Virologic Response: Understanding This Hepatitis C 'Cure'," verywellhealth.com, March 26, 2018, <https://www.verywellhealth.com/what-is-a-sustained-virologic-response-or-svr-1760132>.

Coding Corner

2018-2019 Flu Season Billing Updates

The **2018-2019 flu season** is here! Please review the AmeriHealth Caritas Louisiana billing instructions listed below. Participating providers may be reimbursed for administering the seasonal flu vaccine to our members. For a list of codes, please refer to the **Louisiana Medicaid Immunization Fee Schedules** at http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm.

Members who get vaccinated will receive a \$10 Care Card reward!

Flu vaccine reimbursement is made in the following manner:

Age:	Reimbursement:	Where to obtain toxoid:
Adult (Age 21 Years & Older)	Total payment is made through the billing of the toxoid code and the administration code.	Obtain the vaccine and supplies from regular vaccine supplier.
Age 19 through 20 Years	Total payment is made through the billing of the toxoid code and the administration code.	Obtain the vaccine and supplies from regular vaccine supplier.
Children/Adolescents (Birth through 18 years of age)	Toxoids available through the Vaccines for Children Program will be paid at zero (\$0.00). For these vaccines, reimbursement will be only for the administration of the vaccine, however, the toxoid and administration codes must be billed together to receive payment.	Provided at no cost to you through the Louisiana Department of Health's Vaccine for Children Program (VFC). For more information on VFC go to http://new.dhh.louisiana.gov/index.cfm/page/1016

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) will be paid for encounter codes billed but should report toxoid administration codes for data collection.

Neoplasm Disease – Current vs. Personal History

Health plan claims analysis reveals that malignant neoplasm or “active cancer” is a frequently over-coded diagnosis. It is important that accurate coding and correct documentation are used to distinguish between an active malignancy versus personal history of a malignancy. As you know, complete and correct coding is important for many reasons, including:

- It is vital for managed care organizations, such as Amerihealth Caritas Louisiana to have accurate and complete neoplasm diagnosis data on file to provide optimum care management for health plan members.
- It helps reduce future medical record inquiries for audits to support the reporting of chronic conditions.
- Adherence to ICD-10-CM coding conventions for diagnosis reporting is required under the Health Insurance Portability and Accountability Act (HIPAA) regulations¹.

Guidelines

Accurate coding of neoplastic disease requires understanding of the [CMS ICD-10 CM Official Guidelines in the ICD-10 Manual](#). The following tips and examples below may be helpful when coding for Neoplasm Disease:

- **Active/Current Malignant Neoplasm** - Assign the correct **active** neoplasm code for the primary malignancy until treatment is completed. This applies even when the primary malignancy has been excised but further treatment (e.g., radiation therapy, chemotherapy, or additional surgery) is directed to that site.

- **Personal History Of** - When a primary malignancy has been excised or eradicated and there is **no further treatment of the malignancy** directed to that site, and there is no evidence of any existing primary malignancy, a code from Category Z85, indicating there is a personal history of malignant neoplasm should be used for the site of the former malignancy.

Note: Leukemia, Multiple Myeloma, and Malignant Plasma Cell Neoplasms - Don't confuse personal history with "in remission". Codes for leukemia, multiple myeloma, and malignant plasma cell neoplasms **are considered active conditions** and must indicate whether the condition has achieved remission. Assign a code for personal history of leukemia when the physician documents that the leukemia no longer exists. The codes for personal history and in remission are only assigned when documented by the provider.

The "ICD-10-CM Table of Neoplasms" in the Alphabetic Index of the [CMS ICD-10 CM Official Guidelines in the ICD-10 Manual](#) lists the codes for **neoplasms** by anatomical site. For each site, there are six columns of codes identifying whether the **neoplasm** is malignant, benign, in situ, uncertain or unspecified behavior. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters.

Examples

1. **Situation:** Medical documentation states patient admitted to rule out metastatic bone cancer originating from the breast. The breast cancer was treated with mastectomy and adjunct chemotherapy 3 years ago.
Coding Example: Report the code that corresponds with a personal history of malignant neoplasm at the former site of the cancer because the breast cancer has been treated and is not an active diagnosis of breast cancer. (Category Z85.)
2. **Situation:** A patient with metastatic bone cancer originating from breast cancer that was eradicated 3 years ago is admitted for pain management.
Example Coding Categories:
G89 – Neoplasm related pain (acute) (chronic).
C79 – Secondary malignant neoplasm of bone.
Z85- Personal history of malignant neoplasm.
3. **Situation:** Patient with leukemia documented as "in remission" is admitted for autologous bone marrow transplantation. **Coding Example:** Use the appropriate code to designate the type of leukemia and in remission.

¹¹"HIPAA administrative simplification: modifications to medical data code set standards to adopt ICD-10-CM and ICD-10-PCS. Final rule," Federal Registry, January 16, 2009; 74(11):3328-62, accessed July 23, 2018, <https://www.ncbi.nlm.nih.gov/pubmed/19385111>.

Hypertensive Disease & ICD-10-CM

Claims analysis shows that hypertensive disease is a frequently under-coded diagnosis. Coding correctly for hypertension using **ICD-10-CM** can be daunting unless you know the rules. Correct coding is important for many reasons, including:

- Adherence to **ICD-10-CM** coding conventions for reporting diagnoses is required under the Health Insurance Portability and Accountability Act (HIPAA) regulations.¹
- It is vital for managed care organizations, such as AmeriHealth Caritas Louisiana to have accurate and complete hypertension diagnosis data on file to provide optimum care management and coverage.

When coding hypertension, it is important to consider the [Official Guidelines in the ICD-10 Manual](#), which include instructions about "causal relationships". When assigning diagnosis codes for hypertension, in most cases there is a **presumed causal relationship** between hypertension and heart involvement, and between hypertension and kidney involvement. In this case, the presumption allows coders to associate hypertension and chronic heart and or chronic kidney disease even when the medical record does not definitively indicate they are related.²

Below is a quick reference guide to correct coding for Hypertensive Disease.

Hypertensive Disease Coding Guide³

Hypertension	Heart Disease	Heart Failure	Kidney Disease	ICD-10 CM Code
Yes	No	No	No	I10, (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) Hypertension
Yes	Yes	No	No	I11.9 Hypertensive heart disease without heart failure
Yes	Yes	Yes*	No	I11.0, Hypertensive heart disease with heart failure
Yes	No	No	Yes**	I12.9, Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease.
Yes	No	No	Yes**	I12.0, Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
Yes	Yes	Yes*	Yes**	I13.0, Hypertensive heart and chronic kidney disease with heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Yes	Yes	Yes*	Yes**	I13.2, Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end-stage renal disease
Yes	Yes	No	Yes**	I13.10, Hypertensive heart and chronic kidney disease without heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease.
Yes	Yes	No	Yes**	I13.11, Hypertensive heart and chronic kidney disease without heart failure and with stage 5 chronic kidney disease, or end-stage renal disease

*Also requires type of heart failure to be coded – Category I50

**Also requires type of kidney disease to be coded – Category N18

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¹“HIPAA administrative simplification: modifications to medical data code set standards to adopt ICD-10-CM and ICD-10-PCS. Final rule,” Federal Registry, January 16, 2009; 74(11):3328-62, accessed July 23, 2018, <https://www.ncbi.nlm.nih.gov/pubmed/19385111>.

²Carol J. Buck, *CD-10 CM Official Guidelines: 2018 ICD-10-CM For Hospitals* (Elsevier, 2018), p. 18.

³Kenneth D. Beckman, MD, MBA, CPE, CPC, “How to Document and Code for Hypertensive Diseases in ICD-10,” *Fam Pract Manag.* 2014 Mar-Apr;21(2):5-9, <http://www.aafp.org/fpm/2014/0300/p5.html> (accessed July 23, 2018).

Online Resources

Here is a look at what is new or has been recently added to our website at www.amerhealthcaritasla.com:

- [Cultural Competency Provider Guide](#)
- [Provider Reference Guide](#)
- [Claims Filing Instructions](#)
- [Provider Trainings](#)

Questions

If you have questions about any of the content in this Provider Update, please contact your Provider Account Executive or call Provider Services at 1-888-922-0007. A list of account executives and their respective areas can be found on our website at www.amerhealthcaritasla.com > Providers > Resources.