



Children's
Community Health Plan

Provider NOTES

SPRING 2016

INFORMATION FOR OUR HEALTHCARE PROVIDERS

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Talk to us!

Send your newsletter questions, article suggestions or comments to our *Provider Notes* editor at: cchp-providernews@chw.org

Or send by mail to:

Provider Relations
 Attn.: Provider Notes Editor
 P.O. Box 1997, MS 6280
 Milwaukee, WI 53201-1997



Let's get acquainted. Our new Provider Tool Kit can help.

Children's Community Health Plan appreciates and values your participation in our network, and partnering with us in providing high-quality, accessible health care to our members. The purpose of our Provider Tool Kit is to help our providers have the resources and tools, as well as the contact information they need and use the most, readily available.

Access to what you need, when you need it

In this tool kit, you'll find useful tools and resources to help you conduct business with us as efficiently as possible. Not sure how to file a corrected claim? How do I set-up electronic payments? How do I register for the provider portal? The answers to these questions and more are all in here!

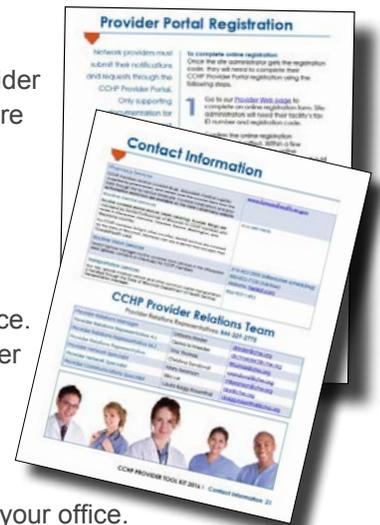
We're here to help

CCHP network providers have the support of a dedicated Provider Relations management team who strive to offer an exceptional provider experience. Our Provider Tool Kit, along with one-on-one provider orientations are a few ways we meet this goal.

How to get your CCHP Provider Tool Kit

Your Provider Relations representative would be happy to bring your very own copy of this tool kit to your office. At your office visit, you'll receive a flash drive version for you to download to your computer. The flash drive also has a folder of the most often requested CCHP provider forms.

If you would like a Provider Relations Representative to visit your office or organization, please contact us at **844-229-2775**. No time for an office visit? You can [download and print the most current version](#) from our website.





New enhancements added to CCHP's Inpatient Claims Review process

Children's Community Health Plan (CCHP) implemented enhancements to our payment policies that promote correct coding for inpatient diagnosis related groups (DRG) claims. The goal of this endeavor is to have claim reimbursement policies that are national in scope, simple to understand and come from highly respectable sources.

The enhancements were implemented to verify the accuracy of DRG payments made to our contracted facilities. CCHP uses the services of Inpatient Claims Review Services (ICRS) to conduct these claim reviews. ICRS is a nationwide healthcare cost management company that specializes in the review of inpatient claims.

Here's how it works

Your medical records department will receive a letter requesting records for specific paid claims. You will have 30 days to provide the requested medical records to ICRS. Reimbursement for medical records will be in accordance

with your contract.

Send the requested medical records to the following address:

Inpatient Claims Review Services
P.O. Box 260559
Plano, TX 75026-0559

For all questions or issues with your submittal, please call ICRS at **770-379-2323**.

Missing the deadline could result in an administrative denial

If ICRS doesn't receive the records within the required time frame, you will receive a second notice. Failure to submit the requested records will result in an administrative denial by CCHP and recovery of the original payment.

The Audit Determination letter

Your office will receive an Audit Determination letter form ICRS describing the outcome of the medical record and claim review.

If the Audit Determination changes the original amount paid, CCHP will adjust

the claim to pay any additional amount due. CCHP will inform you of the overpayment recovery amount, and:

- You'll have 30 days to sign and return a form indicating your agreement with ICRS's Audit Determination, or you may submit an appeal with supporting information to ICRS
- If you do not respond to these notifications, we assume you agree and CCHP will proceed with a payment adjustment in accordance with your contract
- If you disagree with ICRS's findings, you are allowed two cycles of appeals. CCHP considers the second appeal decision from ICRS to be final

We're here to help

If you have any questions about the claim review program, please contact your CCHP Provider Relations Representative at **844-229-2775**.

CCHP project addresses SUD in pregnancy, and helps families get a healthier start

By CCHP Medical Director,
Ken Schellhase, M.D.

Children's Community Health Plan (CCHP) has been developing a project to address substance use disorder (SUD) in pregnant women.

SUD has increased dramatically over the last decade

According to the American Society of Addiction Medicine, the prevalence of SUD has increased dramatically over the last decade in all segments of the American population¹. CCHP chose to focus on pregnant women because of the double effect of SUD in this group: infants born to women with SUD, particularly SUD involving opiates, are at high risk for having neonatal abstinence syndrome (NAS). Newborns with NAS often have long hospital stays in the NICU while they are gradually weaned from physical opiate dependence.

Identifying at-risk pregnant women

Using medical claims data, CCHP has developed an approach to identify pregnant women who appear to be at risk for having SUD. This project is still a work in progress, and we are proceeding cautiously due to the



privacy issues involved. However, the intent is that once we identify an at-risk pregnant woman, we will notify practitioners on her care team (chiefly those providing obstetrical care and primary care) in a manner consistent with privacy protections.

Our intent is twofold:

- First, we want to ensure that practitioners caring for these members are aware that there is a potential concern in order to spark a conversation between practitioner and member regarding this issue. (Note emphasis on the word potential — we realize that identifying women through claims data will not be wholly accurate.)

- Second, we want to facilitate education of the affected women and for practitioners through excellent materials developed by the Wisconsin Association for Perinatal Care (WAPC) regarding SUD in pregnancy.

Please look in future issues of our *Provider Notes* newsletter for updates on this project as we move forward.

¹ American Society of Addiction Medicine. Opioid Addiction 2016 Facts & Figures. Available at: <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>.



See what's
new at:

ChildrensCommunityHealthPlan.org

Be sure to watch the “Ask Dr. Ken Show” on CCHP’s Facebook page

Did you know that Children's Community Health Plan (CCHP) has a Facebook page? This is where members and providers can find our new “Dr. Ken Show.”

CCHP Medical Director, Ken Schellhase, M.D., takes common health questions generated from visitors (and sometimes staff) to our Facebook page, and tries to answer

them in an easy-to-understand, straightforward manner.

Recent questions have included whether “body cleanses” are good for you and whether diet soda does or doesn't help you lose weight.



Check it out on Facebook at:
<https://www.facebook.com/Childrens-Community-Health-Plan-1577595729142199/>



Handbook updates from ForwardHealth

Children’s Community Health Plan (CCHP) is committed to keeping you informed of changes that may affect your practice. CCHP follows ForwardHealth’s guidelines regarding these topics: hospital, inpatient status; claims submission, as well as covered and noncovered services for BadgerCare Plus and Medicaid members.

Inpatient status (Topic #1395)

Handbook area — Hospital, Inpatient

A member is considered an *inpatient* of a hospital when:

- A member is admitted to the hospital as an inpatient and is counted in the midnight census
- A member inpatient admission occurs and the member dies, is discharged following an obstetrical stay, or is transferred to another facility on the day of admission

A member is considered an *outpatient* of a hospital when:

- A member is admitted to the hospital but is discharged before being counted in the midnight census

Paper claim submission (Topic #2768)

Handbook area — Therapies: Physical, Occupational, and Speech and Language Pathology

Paper claims for physical therapy (PT), occupational therapy (OT), and speech and language (SPL) pathology services, must be submitted using the CMS 1500 Health Insurance Claim Form (02/2012), and will be denied if they are submitted on any other form. Providers should follow the instructions on the appropriate claim form when submitting claims for PT, OT, and SLP services. ForwardHealth doesn’t supply the CMS 1500 Health Insurance Claim Form (02/12). Providers can get the form from any federal forms supplier.

Revenue Codes (Topic #5808)

Handbook area — Outpatient Substance Abuse

For a list of allowable revenue codes for outpatient substance abuse treatment services provided by outpatient substance abuse clinics, please see the table shown below or refer to the [UB-04 Uniform Billing Manual](#). Providers are required to use these revenue codes when requesting prior authorizations and submitting claims for outpatient substance abuse services.

Not all providers may be reimbursed for all substance abuse services. Please note the following:

- Outpatient substance abuse services (other than group therapy and medication management) that are provided by a psychiatrist or psychologist to a hospital inpatient member are NOT separately billable for that member, and must be billed on the CMS 1500 Health Insurance Claim Form (02/12)
- For maximum allowable fees and copayment rates, providers should refer to the maximum allowable fee schedule

Substance Abuse Treatment Revenue Codes

REVENUE CODE	DESCRIPTION	ENROLLED PROVIDERS WHO MAY PERFORM SERVICE	MODIFIER	ALLOWABLE ICD (INTERNATIONAL CLASSIFICATION OF DISEASES) DIAGNOSES*	SERVICES COVERED?
0944	Drug rehabilitation	Bachelor’s degree level	HN	F12.10-F12.19; F12.20-F12.29 F13.10-F13.19; F13.20-F13.29 F14.10-F14.19; F14.20-F14.29 F15.10-F 15.19; F15.20-F15.29 F16.10-F16.19; F16.20-F16.29 F17.20-F17.299 F18.10-F18.19; F18.20-F18.29 F19.10-F19.19; F19.20-F19.29	For individual services only.
		Master’s degree level	HO		
		Doctoral level	HP		
0945	Alcohol rehabilitation	Bachelor’s degree level	HN	F10.120-F10.19 F10.20-F10.29	For individual services only.
		Master’s degree level	HO		
		Doctoral level	HP		
0953	Other therapeutic services — Chemical Dependency (Drug and Alcohol) [Note: Use denote services related to treatment for concurrent drug and alcohol abuse.]	Bachelor’s degree level	HN	F10.120-F10.19; F10.220-F10.29 F11.10-F11.19; F12.10-F12.19; F12.20-F12.29 F13.10-F13.19; F13.20-F13.29 F14.10-F14.19; F14.20-F14.29 F15.10-F15.19; F15.20-F15.29 F16.10-F16.19; F16.20-F16.29 F17.20-F17.299 F18.10-F18.19; F18.20-F18.29 F19.10-F19.19; F19.20-F19.29	For individual services only.
		Master’s degree level	HO		
		Doctoral level	HP		

*The lists of allowable ICD diagnosis codes for outpatient substance abuse treatment or outpatient mental health services are inclusive. However, not all Medicaid-covered outpatient substance abuse treatment or mental health services are appropriate or allowable.

Handbook updates from ForwardHealth (continued)

Revenue Codes (Topic #6124)

Handbook area — Outpatient Mental Health

A list of allowable revenue codes for the outpatient mental health benefit for services is available in the table shown below or in the [UB-04 Uniform Billing Manual](#). Providers are required to use these revenue codes when requesting prior authorizations and submitting claims for outpatient mental health services.

Not all providers may be reimbursed for all mental health services. Refer to the table below to determine which enrolled providers may be reimbursed for a particular service. Please note the following:

- Outpatient mental health services (other than group therapy and medication management) that are provided by a psychiatrist or psychologist to a hospital inpatient member are NOT separately billable for that member, and must be billed on the CMS 1500 Health Insurance Claim Form (02/12)
- For maximum allowable fees and copayment rates, providers should refer to the maximum allowable fee schedule

Outpatient Mental Health Revenue Codes (submitted only on the UB-04 Claim Form)

REVENUE CODE	CATEGORY	DESCRIPTION	ENROLLED PROVIDERS WHO MAY PERFORM SERVICE	ALLOWABLE ICD (INTERNATIONAL CLASSIFICATION OF DISEASES) DIAGNOSES*	TELEHEALTH SERVICES COVERED?
0900	Psychiatric/Psychological Treatments	General classification	Master's degree level	F07.9-F09; F20.0-F69 F90.0-F99	For individual services only.
			Doctoral level		
			Psychiatrist		
0902	Psychiatric/Psychological Treatments	Milieu therapy	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctoral level		
			Psychiatrist		
0903	Psychiatric/Psychological Treatments	Play therapy	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctoral level		
			Psychiatrist		
0909	Psychiatric/Psychological Treatments	Other psychiatric/psychological treatment	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctor's degree level		
			Psychiatrist		
0910	Psychiatric/Psychological Treatments	General classification	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctoral degree level		
			Psychiatrist		
0911	Psychiatric/Psychological Treatments	Rehabilitation	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctoral degree level		
			Psychiatrist		
0914	Psychiatric/Psychological Treatments	Individual therapy	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctor's degree level		
			Psychiatrist		
0915	Psychiatric/Psychological Treatments	Group therapy	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctoral level		
			Psychiatrist		
0916	Psychiatric/Psychological Treatments	Family therapy	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctoral level		
			Psychiatrist		
0919	Psychiatric/Psychological Treatments	Other psychiatric/psychological service	Master's degree level	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Doctoral level		
			Psychiatrist		
0510	Clinic	Medication check	Psychiatrist	F07.9-F09; F20.0-F69; F90.0-F99	For individual services only.
			Advanced practice nurse prescriber (APNP) — psychiatric		
			Physician assistant		

Our dental provider network is growing!

For Children's Community Health Plan members who live in Milwaukee, Kenosha, Ozaukee, Racine, Washington, and Waukesha counties, we have expanded our dental provider network to include:

Grafton

- Sweet Smiles: 262-377-0807

Milwaukee

- Evolution Dental Care: 414-210-6222
- Familia Dental MKE: 888-988-4066

Racine

- Familia Dental Racine: 888-988-4066
- Lake Dental Group: 262-633-0775
- Ultimate Dental Care: 262-619-1949

Go to mydentalpro.net for an up-to-date list of dental providers who participate in the Children's Community Health Plan network.



Be more efficient when submitting a corrected claim

We understand there are times when it's necessary to submit a correction to a previously processed claim.

To ensure it's processed as quickly as possible, please remember to enter the resubmission code and/or original reference number in box 22 of the CMS 1500 Health Insurance Claim Form (02/12) or in box 64 of the CMS 1450/UB-04 Form.

See our [Corrected Claim Submittal Guide](#) on our website for more detailed instructions.

What is the Electronic Data Interchange (EDI) Setup Form?

Emdeon® through Dean Health Plan (DHP) manages providers' claims payments from various payers with electronic funds transfer (EFT) payments, which are directly deposited into the provider's bank account.

The EDI Setup Form provides DHP with key information for your organization's EFTs. CCHP requires providers who use EFTs to complete our [EDI Setup form](#), which is available on our website.

Affirmative statement about incentives

Children's Community Health Plan (CCHP) wants its members to get the best possible care when they need it most. To ensure this, we use a prior authorization process, which is part of our Utilization Management (UM) program. UM decision-making is based only on appropriateness of care and service, and existence of coverage.

CCHP does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

For more information about our prior authorization process, go to our provider website at childrenscommunityhealthplan.org.



Thank you for serving our members. Children's Community Health Plan (CCHP) publishes *Provider Notes* quarterly. CCHP is an HMO for BadgerCare Plus eligible children and adults living in Brown, Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, and Winnebago counties. A member of Children's Hospital and Health System. © All rights reserved. PC041601 (04/2016)