Medicare Advantage Provider Newsletter

Q3 2025 Provider Newsletter

Aspirus Health Plan Medicare Advantage Provider Manual Updated

Aspirus Health Plan has updated the following chapters of the Medicare Advantage Provider Manual: Working with Delegated Business Services, Member Enrollment and Eligibility and Clinical Practice Guidelines – Medical & Mental Health and Substance Use Disorder. A new chapter, Integrated Care Management, was added to the Provider Manual. Providers are encouraged to review the new chapter in its entirety. Specific updates are called out in Appendix A.

Coverage Policies

Aspirus Health Plan Coverage Policies provide clarification and specificity for the Aspirus Health Plan Medicare contracts benefit sections. Aspirus Health Plan Coverage Policies are available on the Coverage Policies page.

The following coverage policy has been posted to the website with a Sept. 1, 2025, effective date:
- Skin-Substitute Grafts (Medicare) (CP-AMCR25-010A)

Quit Smoking and Vaping Program

Aspirus Health Plan Medicare Advantage members can get help at no charge to stop smoking, vaping or chewing tobacco through the tobacco and nicotine quit line. Nicotine patches, gum or lozenges are also available to eligible Aspirus Health Plan members.

Members can get help to kick the habit from the comfort of their own home by:
- Calling the tobacco and nicotine quit line at 1.855.260.9713 (toll-free) TTY: 711 Available 24 hours a day, seven days a week.
- Visiting online at myquitforlife.net/aspirus

Aspirus Health Plan's Provider Website
https://medicare.aspirushealthplan.com/providers

Aspirus Health Plan's Provider Assistance Center
715.631.7412 or 1.855.931.4851 toll-free

Contact Provider News
providernewsMA@aspirushealthplan.com

Aspirus Health Plan has partnered with UCare, based out of Minnesota, as the administrator for our Medicare Advantage Plan.

- Downloading the Rally Coach Quit for Life mobile app.

Chronic Care Improvement Program (CCIP)

Medicare Advantage plans are required to conduct Chronic Care Improvement Program (CCIP) initiatives. The intent is to promote effective chronic disease management and improvement of care. Aspirus Health Plan implements the CCIP program via a quarterly newsletter mailing to members diagnosed with two to six chronic conditions based on the Johns Hopkins Adjusted Clinical Group system.

The newsletters provide education and resources to assist members in managing their chronic conditions. Education topics are chosen based on population health data, annual education opportunities and member claims data. In 2025, the quarterly newsletter topics include Preventive Health, Medication Adherence and education customized to members based on their diagnosed chronic conditions. Each newsletter lists resources to assist members with managing their health.

Documentation Improvement: Common Diagnosis Coding Errors

Diagnosis documentation is a critical factor when documenting an office visit. The diagnosis is the reason why the visit occurred and substantiates the level of medical decision making involved in assessing and planning treatment. Unfortunately, the associated ICD-10-CM code is often inaccurate.

Here are a few common coding errors and solutions for correcting them:
- **Error:** The diagnosis code assigned does not match the documentation.
  Example: Patient had a partial foot amputation due to diabetes last year and a traumatic amputation code is assigned. ICD-10-CM contains a code grouping for "Factors Influencing Health Status and Contact with Health Services" that would be utilized to report these examples.
  Resolution: Review the current status of the patient and select the diagnosis that most clearly represents the diagnosis and status.
- **Error:** The diagnosis code is more specific than the documentation.
  Example: Documentation only states "depression" and the associated diagnosis code is for major depression, recurrent, moderate.
  Resolution: Completely document the specificity of the condition. The documentation and code selection must match.
- **Error:** An unspecified diagnosis is assigned when documentation supports higher specificity.
  Example: Reporting E11.9-Type 2 diabetes mellitus (DM 2) without complication, when the documentation clearly states DM 2 with circulatory issues.
  Resolution: This is the opposite of the previous error. The documentation clearly states a specific chronic condition, but the unspecified code is associated.
- **Error:** Coding history of a disease, when the condition is still active.
  Example: A common example of this error is found for cancer codes when patients are still receiving active management (medication, radiation, etc.).
  Resolution: Clearly document any condition being assessed and/or treated during the visit. If the condition is listed in the past medical history but the patient is taking a medication to treat it, this creates confusion for determining the disease state and assigning the appropriate diagnosis code.

Complete documentation is the best method for capturing the provider's work and the health status of the patient. Diagnosis documentation is key to establishing complete documentation and reducing common coding errors.

ASPIRUS® HEALTH PLAN

Ketamine Infusion Policy

On July 1, 2025, Aspirus Health Plan's Ketamine intravenous drug policy took effect for Medicare Advantage Plan members. Ketamine is considered investigational for the following conditions and will not be covered:

- Psychiatric disorders, including, but not limited to depression, bipolar disorder and posttraumatic stress disorder.
- Chronic pain, including, but not limited to nonmalignant pain, fibromyalgia, neuropathic pain, Complex Regional Pain Syndrome and Reflex Sympathetic Dystrophy.
- Headaches

Additionally, Aspirus Health Plan will not review excluded uses for medical necessity. Providers can find this policy and others in the [Medical Drug Policies Library](#).

Enhanced Medical Drug Biosimilar Step Therapy Criteria Update

On July 1, 2025, Aspirus Health Plan updated the biosimilar step therapy criteria within medical drug policies to require a trial of a preferred biosimilar product when all medical necessity criteria are met for Medicare Advantage Plan members. This includes, but is not limited to, an allergic reaction to a specific inactive ingredient in the preferred biologic or use for a diagnosis not approved for the preferred biosimilar product. The facility's unwillingness to order or stock the preferred product(s) will not be considered. Providers will find this policy in the [Medical Drug Policies Library](#).

Reminder: Appropriate Care Settings

The following guide is a reminder of the most appropriate settings for members to receive care when facing a health issue. **If a situation seems life-threatening, members should go to an emergency room as soon as possible or call 911.**

LOCATION	LEVEL OF CARE NEEDED	COMMON EXAMPLES (this list is not all-inclusive)
Primary Care Clinic	For non-emergent health needs.	- Preventive care – check-ups and vaccines - New symptoms - Treatment of long-term (chronic) conditions - Follow-up care after an illness or hospital stay - Prescription drugs
Urgent Care	When attention is necessary right away, but condition is non-life-threatening.	- Minor injuries and infections - Back pain - Sprains and strains - Headaches or migraines
Emergency Room	An emergency requiring immediate attention that may be life-threatening.	- Chest pain, shortness of breath or loss of consciousness - Possible heart attack, stroke, seizure or dangerous infection - Severe injuries - Heavy bleeding

	• Major burns
Nurse Line	Members have access to medical or health information by calling the Aspirus Health Plan 24/7 Nurse Line at 1.833.968.1769.

Providers Asked to Verify That They are Using Correct Payer ID for Medicare Advantage Claims

The Aspirus Health Plan Medicare Advantage Payer ID is 36483 for claims submissions. Providers are responsible for confirming with their clearinghouse that the correct Payer ID is being used to submit Medicare Advantage claims to Aspirus Health Plan. If you have questions about Electronic Data Interchange (EDI) transactions, please email EDIsupportMA@aspirushealthplan.com.

Ensuring Accurate Member ID Information

Accurate member information is key to smoother claim submissions. Providers should ask for a current member insurance card each time a member presents for services. This lets you update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing. The Aspirus Health Plan member ID number should be submitted on the claim exactly as provided. No digits should be added or excluded.

Please note that all Aspirus Health Plan members have their own unique member ID numbers (9-digit number beginning with a 4). Maintaining current insurance information for members is imperative to successful and timely claims processing. Wrong member information can cause suspected fraudulent claims investigations and HIPAA violations, so please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID#, birth date, address, etc.).

Aspirus Health Plan Provider Assistance Center Holiday Hours

The Provider Assistance Center (PAC) is open Monday through Friday, 8 am – 5 pm and can be reached at 715.631.7412 or 1.855.931.4851 toll-free.

The Provider Assistance Center is closed for the following holidays:
• Monday, Sept. 1, 2025 – Labor Day