Health Lines

March 2022

UCare Provider Manual Has Been Updated

UCare's Provider Manual contains critical information that providers need to effectively work with UCare and our members. It is important that providers reference it regularly for up-to-date content. The Provider Manual has been updated to reflect current business practices.

Please review the entire provider manual at https://www.ucare.org/providers/policies-resources/provider-manual.

Pay close attention to the following summary of key updates. Items with an asterisk (*) indicate a section that all UCare providers should review and are expected to be familiar with.

Helpful pages:
- *Cover page* - the date the document was last updated is shown on this page.
- *Table of Contents* - the Provider Manual is a PDF, the table of contents links to sections within.
- *Appendix* - as the year progresses, an appendix will be added. This appendix will contain a chart that will link to changes within updated sections and briefly describe the changes made.

Chapters that require close review:
- *Authorization and Notification Standards chapter**
- *Compliance and Fraud, Waste and Abuse chapter**
- *Mental Health and Substance Use Disorder Services chapter**

All three chapters were updated to reflect UCare's current practices.

Chapters with significant updates in 2022:
- *Working with UCare's Delegated Business Services chapter* - vision services coverage through Eye-Kraft was added. UCare offers this supplemental eyewear for

UCare Provider Website
www.ucare.org/providers

Provider Assistance Center
612-676-3300
1-888-531-1493 toll free

UCare's Minnesota Senior Health Options and UCare Connect + Medicare members.

- *Claims and Payment chapter* - clearinghouse information for HealthEC has been added. With the integration of Eye-Kraft, information has been added regarding eyewear claims for UCare's Minnesota Senior Health Options and UCare Connect + Medicare plans. Vaccines covered by Medicare Part D and a claims payment schedule have also been added.
- *Electronic Data Interchange (EDI) chapter* - there have been changes and additions to the Payer ID list to reflect our transition to a new claims platform and the taxonomy code requirements.
- *Health Promotion Programs chapter* - the OnePass program has replaced SilverSneakers, Mask and Sanitizer kits have been added to our offerings, evidence-based health management and wellness classes have been added, as well as the integration of the Healthy Savings food allowance.
- *Maternity, Obstetrics and Gynecology chapter* - there have been changes and additions to the sterilization and abortion sections within this chapter.

If you have questions, contact UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll-free.

Billing Modifiers for Capped Rental and Enteral Parenteral Nutrition Equipment

Reminder to all durable medical equipment (DME) providers who provide capped rental and enteral parenteral nutrition equipment.

CGS, a Medicare Administrative Contractor for the Centers for Medicare and Medicaid Services (CMS), offers an online [Modifier Finder Tool](#) to assist providers in determining the correct usage of modifiers. CGS indicates that the following modifiers should be used with capped rental and parenteral nutrition (PEN) pump codes (these modifiers are not listed on any other DMEPOS Categories). The modifiers signify which rental month is billed.

- KH - used only for the first month of rental
- KI - signifies the second and third months of rental
- KJ - represents the fourth month through the end of the rental period

It is important that the "K" modifiers are used correctly.

When the capped rental item was previously provided to a Medicare beneficiary* and a new rental period is now being requested, providers should add a narrative to the first month's claim that clearly explains why the item is being replaced (in addition to using the KH and RA modifiers) to avoid possible denials. For all other DMEPOS categories, these modifiers should not be appended to the claim lines.

If any of these modifiers are applied to other DME category codes, the claim lines will be denied. Providers who receive a denial due to either the incorrect billing of the "K" modifier or a missing narrative will need to correct the information and resubmit the [claim](#).

It is recommended that providers use [myCGS](#) or the [Jurisdiction B IVR](#) to verify if equipment was previously provided to a member.

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Reminder: Bill With Accurate Member Information

Providers must have policies and procedures in place to ensure accurate billing to UCare. This includes verifying that claims are billed under the correct member.

Effective Jan. 1, 2022, all members in **UCare's Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MnCare), UCare Connect, UCare Connect + Medicare, Minnesota Senior Care Plus (MSC+) and UCare's Minnesota Senior Health Options (MSHO)** plans received a new ID card with a new ID number. The new Member ID will be 9-digits long, and the starting number will be a 4 and a fixed, two-digit suffix, defaulting to 00 for subscriber. Claims without the new member number will be rejected. Please refer to the Oct. 28, 2021, Provider Bulletin on the [New Claims System webpage](#) for more details.

UCare occasionally identifies instances of mis-matched member claims. These claims require investigation and ultimately recoupment from providers, given the errors encountered. Examples include:
- A provider submitted a claim for someone who is not the actual patient but shares similar identifiers (name, date of birth, etc.).
- There are no similarities between the wrong member selected and the patient.

Reach out to UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll-free with questions.

No Cost Over-the-Counter COVID-19 Tests Available

Rapid at-home COVID-19 tests are covered for all UCare members during the public health emergency. Coverage varies, depending on the member's plan, and may require an order or prescription from a physician or licensed provider.

Medicare Advantage

Covered products include UCare Medicare Plans, EssentiaCare, I-SNP (UCare Advocate Choice, UCare Advocate Plus), UCare's Minnesota Senior Health Options and UCare Connect + Medicare.

UCare covers FDA-authorized over-the-counter tests for COVID-19 when they are ordered or prescribed by a physician or licensed provider and obtained from a participating pharmacy. These tests are available at no cost to the member.
- Members cannot be reimbursed for tests they purchase with their own money, even if the member has a prescription for a test.
- Members with Healthy Savings over-the-counter coverage may use their Healthy Savings benefit to purchase at-home tests.
- Coverage is limited to eight tests every 30 days for each individual member (a two-pack counts as two tests).
- If additional tests are needed, they must be authorized in advance.

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State Public Programs
Covered products include Prepaid Medical Assistance Program, MinnesotaCare, UCare Connect and Minnesota Senior Care Plus.

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UCare Individual & Family Plans
Members can obtain up to eight FDA-authorized over-the-counter tests for COVID-19. These tests are available at no cost to the member every 30 days without a prescription via the following options:

- *Participating pharmacies* - members can obtain tests at no cost when they show their ID card at the pharmacy counter.
- *Retail stores or online vendors* - members who purchase FDA-authorized tests from a retail store or online vendor may request reimbursement for actual costs up to $12 per test. Additional information is available on UCare's website.
- *Express Scripts Mail Order Pharmacy* - members can order tests through UCare's pharmacy benefit manager, Express Scripts. Members access this option through their UCare member online account or by contacting Express Scripts directly. Members will need to create an online account.

Keeping UCare Members Active
One Pass
Eligible members include: UCare Medicare Plans, UCare Medicare Supplement, UCare Medicare with M Health Fairview & North Memorial Health, EssentiaCare, UCare's Minnesota Senior Health Options (MSHO), UCare Connect + Medicare and UCare Connect.

One Pass is a complete fitness solution for body and mind, available at no additional cost for eligible members. One Pass offers:

- Access to more than 20,000 participating fitness locations nationwide.
- More than 20,000 on-demand and live-streaming fitness classes.
- Workout builders to create personalized workouts.
- Home Fitness Kits available to members who are physically unable to visit a fitness location or who reside at least 15 miles from a participating fitness location.
- A personalized, online brain-training program to help improve memory, attention and focus.
- More than 30,000 social activities, community classes and events that are available for online or in-person participation.

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Members can visit ucare.org/onepass to find participating fitness locations and learn more.

Health Club Savings

Eligible members include: MinnesotaCare (MnCare), Prepaid Medical Assistance Program (PMAP), UCare Individual & Family Plans, UCare Individual & Family Plans with M Health Fairview, UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health and EssentiaCare.

Eligible UCare members who belong to a participating health club can receive a reimbursement for their health club membership fees each month. To participate, members need to show their UCare ID card when they sign up at a participating location. Online fitness classes at participating Health Club Savings locations may count toward the member monthly visit requirement. Classes must meet certain guidelines found here.

- UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health and EssentiaCare members can earn up to $30 a month toward their health club membership fees. This perk is available each month within the Health Club Savings program if the member does not participate in One Pass and their club is not in the One Pass network.
    - No monthly visit requirement.
    - Participating health clubs include:
        - Select Healthy Contributions clubs.
        - Select National Independent Health Club Association (NIHCA) clubs.
- MnCare, PMAP, UCare Individual & Family Plans, UCare Individual & Family Plans with M Health Fairview members can earn up to $20 a month toward their health club membership fees.
    - Must meet the monthly visit requirement of 12 visits.
    - Must be age 18 or older.
    - Participating health clubs include:
        - Life Time Fitness.
        - YMCA Twin Cities.
        - SNAP Fitness.
        - Healthy Contributions clubs.
        - National Independent Health Club Association (NIHCA) clubs.

Learn more about Health Club Savings here.

Documentation Improvement: Pulmonary Embolism

For accurate documentation and reporting of pulmonary embolism (PE), clinical documentation should include:

- Type of embolus.
    - Septic, saddle, or other or unspecified type.
- If it is acute or chronic.
    - If it's acute include whether it's with acute cor pulmonale or without acute cor pulmonale.
- If it is a provoked or unprovoked pulmonary embolism.
- Status of condition.
    - Stable, improved, and/or worsening.
- Medication, purpose of anticoagulant therapy and length of treatment.

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- If the medication is prophylaxis or preventative, then document and report diagnosis as history of pulmonary embolism.

Complete and accurate documentation will result in the appropriate diagnosis and ICD-10-CM code assignment. Documentation that clearly represents the specificity of the patient's diagnosis will support the patient's true heath status, medical necessity and quality care management.

ONLINE	**Call**	**EMAIL**	**MAIL**
www.ucare.org/providers	612-676-3300, 1-888-531-1493	providernews@ucare.org	UCare, P.O. Box 52, Minneapolis, MN 55440-0052

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