

# Sanford Health Plan Provider Perspective

December 2016

## Medical Policy Update

We have updated the following medical policies:

- MMF-09 Pediatric Feeding Disorders Program
- MMS-14 Synagis
- MMT-21 Telemedicine
- PR20 Patient Safety Standards

To view these policies, login to your secure mySanfordHealthPlan provider account here

## Eviti Oncology Authorization Requirement December 1, 2016 go live

Beginning December 1, 2016, all oncology treatments and services must be authorized through eviti|Connect. If you weren't able to attend one of our scheduled eviti webinars, email the Provider Relations team at [ProviderRelations@sanfordhealth.org](mailto:ProviderRelations@sanfordhealth.org) to schedule a webinar.

## Education opportunities

The following courses have been designed to save you time, make eviti|Connect user friendly and answer any questions you may have.

- Radiation Treatment Plan Entry
- Chemotherapy Treatment Plan Entry
- eviti|Advisor

## Learning objectives

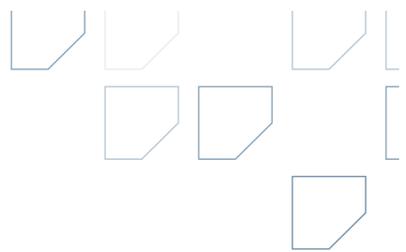
- Complete and submit a chemotherapy or radiation treatment plan
- Enter a patient's diagnosis and select an evidence-based regimen
- Use the provider dashboard to search for patients and view treatment plan statuses
- Register as an authorized eviti user
- Access the latest evidence-based guidelines

## Important information

- Register for an account at [connect.eviti.com](http://connect.eviti.com). eviti|Connect is a web based tool and does not require installation.
- Already have an account? Use your current account and you should see Sanford Health Plan as a Payer option.
- Providers are responsible for obtaining the authorization for oncology services and treatment as the patient will not know which drugs or radiation treatment will or can be administered.
- The servicing provider will not be paid if the ordering provider did not obtain an eviti code.
- The eviti code you receive will NOT be required to be on the claim that is submitted. Sanford Health Plan will coordinate information received from eviti to process claims.
- If Sanford Health Plan receives a claim when eviti was not used, the claim will be denied with reason code: EVREF - EVITI REFERRAL REQUIRED

If Sanford Health Plan receives a claim when eviti WAS used, but the service was not approved, the claim will be denied with reason code:  
EVDNY - EVITI TREATMENT PLAN DENIED

If you have questions about this new requirement, contact Provider Relations at (800) 601-5086.



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## Holiday office hours

The holiday season is upon us and Sanford Health Plan understands the importance of spending time with our families. Our offices will be closed during the following times:

- Friday, December 23 – Closing at 3pm CST
- Monday, December 26 - CLOSED
- Friday, December 30 – Closing at 3pm CST
- Monday, January 2 - CLOSED

## Careington discount card program

Sanford Health Plan has partnered with Careington International Corporation and will be offering a discount card program to our individual and small employer groups (both on and off the Marketplace). The program will be available during the first quarter of 2017 so look for more information in future newsletters. Careington International Corporation recently sent communication to dental providers. Dental providers who join this network will experience:

- **Increased patient base** through unlimited referrals to all new and existing Sanford Health Plan individual and small employer group members and access to all area Careington members
- **Free advertising** through weekly database updates with area agents and groups, inclusion in printed provider directories, and an online provider search that receives more than 250,000 hits per month
- **Exclusive discounts** on dental, hearing, eye exams and more for you and your entire staff through the Careington DDS Wellness program – at no cost to you or your practice

**IMPORTANT: The Careington discount program is not insurance and does not affect your dental agreement with Sanford Health Plan.** The Careington discount program provides discounts for all small group and individual plan members, adults and children, for services not covered by their medical insurance plan.

Dental providers: To join today, or if you have any questions about this new partnership and discount program, please contact a Careington Recruiter at (800) 441-0380, ext. 7143.

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## APC Coding and Billing Update

Sanford Health Plan reimburses outpatient pre-labor monitoring services separately based on individual provider contract percent of charges. The following billing and claim submission requirements will apply:

### Billing instructions:

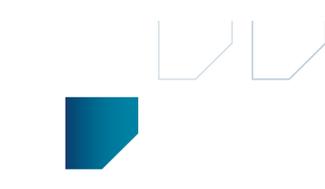
- Providers must bill pre-laboring monitoring services with revenue code 072x – Labor Room/Delivery (excluding revenue code 0723 – circumcision).
- Providers must bill the following HCPCS code for these services:
- S4005: Interim labor facility global (labor occurring but not resulting in delivery)
- Units must reflect the number of hours the patient was being monitored.
- Pre-labor monitoring using revenue code 072x and HCPCS S4005 should not be submitted on the same claim as observation using G0378 as this reflects duplication of services.
- Additional nursing charges in the labor/delivery room are not separately billable.
- Fetal monitoring and fetal stress or non-stress tests should be billed using revenue code 0732 with the appropriate CPT®/HCPCS code.

### Additional claims criteria:

- Patient presents with early labor and is sent home and then subsequently delivers at a later date; appropriate to submit separate charges or payment for pre-labor monitoring services.
- Patient presents on multiple, distinct, encounters with early labor; each encounter should be submitted separately
- Patient delivers while being monitored for early labor; no separate outpatient charges or payment should be submitted and should subsequently be included in the inpatient delivery stay.
- Other ancillary services will continue to be billed separately on the same claim.
- Additional services submitted will be subject to APC logic when the provider is under an APC contract.

### Sanford Health Plan has implemented the additional APC deviations:

- The Plan will process and reimburse observation claims spanning greater than 72 hours as follows:
  - » The first 72 hours of observation will be billed on one UB-04 claim line with the admit date of service;
  - » Any additional hours over 72 will be billed on a separate UB-04 claim line with a different date of service than the admit date.
  - » These two lines of observation, reflecting the entire stay, must be billed on the same UB-04 claim form.
  - » For observation billing, the admit date of service is defined to be the date when observation services are initiated.
- The following revenue codes require valid HCPCS codes and should be submitted with the most specific code available.
  - » 0253: Take Home Drugs
  - » 0273: Take Home Supplies



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Code A9270, non-covered item or service, should not be submitted to Sanford Health Plan for providers under APC contracts as this is a member liable denial per benefit design. Any take-home drugs or supplies without a specific code should be submitted on the generic revenue codes below:

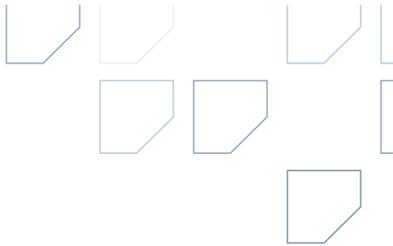
- » 0250: Pharmacy, General
- » 0270: Medical/Surgical Supplies, General

## Anesthesia Reimbursement Changes – beginning November 1, 2016

Beginning with services rendered November 1, 2016, Sanford Health Plan implemented industry standards for the adjudication of professional anesthesia services. Services performed in the team anesthesia model where a claim is submitted by both a physician and a certified registered nurse anesthetist (CRNA) with the appropriate modifiers will be reimbursed at 50% of the applicable fee schedule. The contracted rates reflect the rate for an individual practitioner providing the service. In addition, Sanford Health Plan will cap the time units used to reimburse labor epidurals to 5 units or 75 minutes to reflect the time the anesthesiologist or CRNA is in direct attendance with the patient. Bill the full charge amount for services when billing to Sanford Health Plan.

**Medically Directed Anesthesia** - Providers billing for the administration of anesthesia services are required to use valid five digit procedure codes plus the appropriate modifier code. Sanford Health Plan utilizes the base value unit, as reported by CMS, and the actual time units necessary to perform the anesthesia service to determine its reimbursement amount. The physician and the CRNA shall append the appropriate modifiers to all anesthesia services provided. Services submitted with medical direction or supervision, modifiers AD, QK, QX or QY, will be reimbursed at 50% of the allowed amount, due to the supervision/services shared between two providers. Time-based anesthesia services must be reported with actual anesthesia time in one-minute increments. Anesthesia time calculates a unit for every 15 minute interval, rounding up to the next unit for 8-14 minutes, rounding down for 1 to 7 minutes.

**Labor Epidurals** – Time related to neuraxial labor anesthesia is different than operative anesthesia according to the American Society of Anesthesiologists. The number of minutes and charges billed should only reflect the time the anesthesiologist or CRNA is present for preparation, insertion and monitoring of the epidural which should coincide with the intensity and direct time involved for performing and monitoring neuraxial labor analgesia. Complications that are present and that require the constant attendance of the anesthesiologist or CRNA should be appropriately billed with time units that reflect the full time the epidural catheter is in place but should not be the standard. Consistent with a method described in the ASA guidelines, Sanford Health Plan will cap the time units used to reimburse labor epidurals (CPT code 01967) at 5 Units (75 minutes) unless constant attendance by an anesthesiologist or CRNA is medically necessary.



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## 2017 Renewals and Member Eligibility Changes:

Sanford Health Plan is in the midst of the busiest time of year. As individuals and groups make deductible or benefit plan changes, it is important for you to check your patient's 2017 eligibility.

Sanford Health Plan provides multiple resources to providers to check eligibility.

- *mySanfordHealthPlan* [link to [sanfordhealthplan.com/providerlogin](http://sanfordhealthplan.com/providerlogin): a secure online portal available to providers.
- 270/271 real time transactions for eligibility, coverage or benefit inquiry & information
- Customer Service (800) 752-5863: NDPERS Customer Service (800) 499-3416.

We also have an ID card reference sheet [link available to this site?] available to providers. This was designed to help you recognize Sanford Health Plan products as they are presented at your office.