



## NEWS FOR MEDICA NETWORK PROVIDERS

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# General News

## Billing guidelines and best practices:

### For telemedicine services, appropriate documentation needed

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

Since the COVID-19 pandemic began, telemedicine, or telehealth, has become widely utilized. It is important for providers to stay current with Medica's telemedicine/telehealth policies for appropriate billing and payment expectations.

#### Telemedicine services eligible for billing

The Current Procedural Terminology (CPT<sup>®</sup>) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a telemedicine service may be the same codes that describe an encounter when the health care provider and patient are at the same site. Examples of telemedicine services eligible for billing and payment include:

- Consultations
- Telemedicine consults: emergency department or initial inpatient care
- Subsequent hospital care services
- Subsequent nursing facility care services
- End-stage renal disease services
- Individual medical nutrition therapy
- Individual and group diabetes self-management training
- Smoking cessation
- Alcohol and substance abuse (other than tobacco) structured assessment
- Intervention services
- Individual psychotherapy
- Psychiatric diagnostic interview examinations
- Family psychotherapy with or without patient present

#### Appropriate documentation

Documentation requirements vary by type of service. Providers should always make sure that documentation is legible and fully supports the service provided. Documentation that is lacking or not fully supporting the telemedicine claim may result in claim denial or payment recoupment.

With an expanded list of codes eligible for payment, Medica's emergency telemedicine/telehealth reimbursement policies continue to include visits from a member's home, FaceTime, Skype and audio-only for non-Medicaid members. Providers are encouraged to review these policies to get a refresher on codes, documentation requirements, and more. **See Medica's Telemedicine/Telehealth (Emergency) reimbursement policies.**

**Effective July 1, 2022:**

## **PCR withholding, payments to be discontinued soon**

*(This applies to Medica direct-contracted providers only.)*

Medica is suspending physician contingency reserve (PCR) withholding and payments to network providers for the Medica Prime Solution® (Medicare Cost) product effective July 1, 2022. The last date of service the withholding and payments will be applied to will be June 30, 2022. All outstanding withhold payments will be made to providers by late 2022. Medica reserves the right to re-implement PCR for the Medica Prime Solution product with timely written notice.

**Coming soon:**

## **Electronic prior authorization request option to be available soon on Medica.com**

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

By late summer 2022, Medica expects to offer a new enhancement for medical prior authorizations that will allow requests to be made online. This secure, time-saving option will be available as an added electronic submission feature through "Electronic Transactions" **on the Medica secure portal** . It will be available for all Medica members. As a future enhancement, tentatively expected late in the year, auto-approval of some prior authorization requests will also be an added feature for certain services.

Medica will offer training opportunities on electronic prior authorization in the near future.



## **Clinical News**

**Effective June 20, 2022:**

## **Medical policies and clinical guidelines to be updated**

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

Medica will soon update one or more utilization management (UM) policies, coverage policies and clinical guidelines. These upcoming policy changes will be effective June 20, 2022, unless otherwise noted.

Monthly update notifications for Medica's UM policies, coverage policies and clinical guidelines are available on an ongoing basis. **Update notifications are posted on Medica.com** at least 60 days prior to their effective date. The medical policy update notification for changes effective June 20, 2022, is already posted. Changes to policies are effective as of that date unless otherwise noted. ("Medical policy updates" notifications are available at Medica.com under For Providers, "Policies and Guidelines," then "Updates to Medical Policies.")

The medical policies themselves will be available online or as a hard copy:

- **View medical policies and clinical guidelines at Medica.com** as of their effective date; or
- Call the Medica Provider Literature Request Line for printed copies of documents, toll-free at 1 (800) 458-5512, option 1, then option 8, ext. 2-2355.

These policies apply to all Medica products including commercial, government, and individual and family plan (IFB) products unless other requirements apply due to state or federal mandated coverage, for example, or coverage criteria from the Centers for Medicare and Medicaid Services (CMS).

**Note:** The next policy update notification will be posted in May 2022 for policies that will be changing effective July 18, 2022. These upcoming policy changes will be effective as of that July 2022 date unless otherwise noted. The affected policies will then be available as noted above.



## Pharmacy News

**Effective July 1, 2022:**

### Medica plans to update member formularies

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

Medica is reviewing several medications and will be making changes in coverage status to drug formularies (drug lists) effective July 1, 2022. These upcoming changes apply to the following drug formularies:

- 2022 Medica Commercial Drug List
- 2022 Medica Drug Lists for Individual and Family Business (IFB)

(Drug lists are available at Medica.com under For Providers, "Pharmacy," then respective member types **under "Pharmacy Resources by Segment."**)

**Effective July 1, 2022:**

### Medica tentatively plans to update MHCP member drug list

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

Medica expects to make upcoming changes in coverage status to the 2022 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP), effective July 1, 2022. Any such changes are determined by the Minnesota

Department of Human Services (DHS) since Medica follows the DHS drug list. As with all Minnesota managed care organizations (MCOs) that follow the DHS drug list for MHCP patients, DHS provides Medica with advance notice of changes to the drug list, which Medica **posts as soon as possible to Medica.com**.

The Medica MHCP drug list applies to the following products: Medica Choice Care<sup>SM</sup> (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution<sup>®</sup> (for Special Needs Basic Care program, or SNBC) and both Medica DUAL Solution<sup>®</sup> (for Minnesota Senior Health Options program, or MSHO) and Medica AccessAbility Solution Enhanced, for non-Part D drugs. Any changes will not apply to Medica Medicare Part D drug formularies.

(Drug lists are available at Medica.com under For Providers, “Pharmacy,” then respective member types under “Pharmacy Resources by Segment.”)

**Effective June 1, 2022:**

## Medica to add new UM policies for 2 new medical pharmacy drugs

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

Medica will soon implement the following new medical pharmacy drug utilization management (UM) policies. These changes will be effective with June 1, 2022, dates of service. Medica implements such policies as soon as possible after conducting a clinical review of these new-to-market drugs and approving them for coverage with UM policies. Prior authorization will be required for the corresponding medical pharmacy drugs.

### Medical pharmacy drug UM policies — New

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name
J3590	Enjaymo	sutimlimab-jome
J3590	Vabysmo	faricimab-svoa

These policies will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions<sup>SM</sup> (MHPS) members and to Medica Medicare members in Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution<sup>®</sup> plans. They will *not* apply to Medica Prime Solution<sup>®</sup> (Medicare Cost) or Mayo Medical Plan members. The drugs will be subject to pre-payment claims edit policies as well.

The new medical pharmacy drug UM policy above will be available online or on hard copy:

- **View drug management policies** as of June 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Effective May 1, 2022:**

# Upcoming changes to Medica Part D drug formularies

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

Medica posts changes to its Part D drug formularies on Medica.com 60 days prior to the effective date of change. The latest lists will notify Medicare enrollees of drugs that will either be removed from the Medica Part D formulary or be subject to a change in preferred or tiered cost-sharing status effective May 1, 2022. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of May 1, 2022, [view the latest Medicare Part D drug formulary changes](#).

Medica periodically makes changes to its Medicare Part D formularies: the Medicare Part D Closed Formulary and the Medica DUAL Solution<sup>®</sup> and Medica AccessAbility Solution<sup>®</sup> Enhanced List of Covered Drugs. The Medica Medicare Part D drug formularies are available online or on paper:

- [View Medica formularies](#).
- [Download formularies for free at epocrates.com](#).
- Call the Medica Provider Literature Request Line for printed copies of documents.

## Medication request forms

A medication request form should be used when requesting a formulary exception. It is important to fill out the form as completely as possible and to cite which medications have been tried and failed. This includes the dosages used and the identified reason for failure (e.g., side effects or lack of efficacy). The more complete the information provided, the quicker the review, with less likelihood of Medica needing to request more information. To request formulary exceptions, providers can submit an exception form or call Express Scripts.



## Network News

**Effective July 1, 2022:**

### Medica to make quarterly update to Medicare fee schedules

*(This applies to Medica direct-contracted providers only.)*

Effective with July 1, 2022, dates of service, Medica will implement the quarterly update to its Medicare physician fee schedules for applicable Medica products. This fee schedule change will implement updates from the Centers for Medicare and Medicaid Services (CMS) and have an impact on home infusion therapy and public health agency providers, as well as physicians. Medica will make these updates within 30 days of the CMS quarterly files becoming publicly available. By day 10 after each effective date, in order to keep these quarterly updates timely, Medica will move ahead and post updated Medicare rates with the files CMS has published at that time.

This fee schedule change incorporates CMS relative value units (RVUs) and conversion factor as well as various Medicare non-RVU fee maximums (such as labs, injections, immunizations, etc.). In addition, Medica will update its Medicare fee schedules with rates for codes without a fee maximum established. Overall reimbursement for providers will depend on specialty and mix of services provided.

Details on Medicare changes to drug fees, which typically see the greatest impact from these quarterly CMS updates, **are available online from CMS**. Providers who have questions may contact their Medica contract manager.

**Effective July 1, 2022:**

## **Medica to make quarterly update to reference lab fee schedule**

*(This applies to Medica direct-contracted providers only.)*

Effective with July 1, 2022, dates of service, or as soon thereafter as the CMS quarterly reference lab fee schedule updates are publicly available, Medica will implement the next quarterly update to its standard reference lab fee schedule, for all Medica products. This quarterly update will reflect any applicable Centers for Medicare and Medicaid Services (CMS) reference lab code or fee schedule updates that are effective July 1, 2022. The reimbursement impact of this CMS quarterly update will vary based on mix of services provided.

Details on Medicare changes to lab fees **are available online from CMS**. Providers who have questions may contact their Medica contract manager.

**Effective July 1, 2022:**

## **Medica to make update to MHCP physician fee schedule**

*(This applies to Medica direct-contracted providers in Minnesota only.)*

Effective with July 1, 2022, dates of service, Medica will implement a revised physician fee schedule for its enrollees in Minnesota Health Care Programs (MHCP) products. The revised Medica MHCP fee schedule will be based on the fee schedule used by the Minnesota Department of Human Services (DHS) to pay providers for services provided to its fee-for-service enrollees. Updates to Medica's MHCP fee schedule will follow DHS professional fee schedule updates.

The effect on reimbursement overall for specific clinics will vary by specialty and mix of services provided. Providers who have questions may contact their Medica contract manager.

## **Fourth-quarter PCR checks to be mailed in May 2022**

*(This applies to Medica direct-contracted providers only.)*

By the end of May 2022, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the fourth quarter of 2021. This represents a 100-percent return of the fourth-quarter 2021 PCR withhold, plus interest, for the Medica Prime Solution<sup>®</sup> (Medicare Cost) product. Checks will cover PCR withheld for claims with dates of service of October 1, 2021, through December 31, 2021, and dates paid of October 1, 2021, through March 31, 2022.

**Note:** PCR will be discontinued as of July 1, 2022. **See details above.**

## **Temporary rate increase approved for PCA services**

*(This applies to Medica direct-contracted providers in Minnesota only.)*

The Minnesota Department of Human Services (DHS) received approval from the federal Centers for Medicare and Medicaid Services (CMS) to implement a temporary 5% increase on certain current personal care assistance (PCA) services to help address the ongoing workforce shortage. This temporary 5% increase is in effect for April 1, 2022, through June 30, 2022, dates of service (DOS). This rate increase applies to Medica DUAL Solution® (for Minnesota Senior Health Options, or MSHO) and Medica Choice Care MSC+ products for almost all PCA services that are billed with a T1019 code, to include all modifiers, with the exception of PCA supervision (T1019 UA). Medica will implement this temporary 5% increase as a rate change in Medica's PCA fee schedule.

Medica PCA providers must include the temporary 5% increase in the claim billed amount (for example, T1019 is billed at  $\$4.90 \times 1.05 = \$5.15/\text{unit}$ ). *This is different than DHS*, which is adjusting individual PCA claims to pay the temporary 5% increase as an add-on amount. In order to be eligible for Medica to pay this temporarily increased rate, Medica network PCA providers must complete the DHS attestation. Failure to complete the DHS attestation may result in a future Medica claim adjustment to recoup the temporary increased amount for the PCA claim. For any affected PCA claims that have already been paid, providers will need to rebill Medica with the appropriately adjusted amounts.



## Administrative News



### SELF-SERVICE RESOURCES

## Featured this month: Appeals and grievances e-learning

Interested in learning more about Medica's appeals and grievances process? This new interactive e-learning walks through a high-level overview of both provider and member-initiated appeals, including how to define key terms, the overall appeals process, and second-level appeal rights. Understanding this process will help providers follow the appropriate steps and have a seamless experience when submitting appeals to Medica.

**[Check out this training.](#)**

## Provider administrative training webinar for May

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

Medica offers educational sessions on various administrative topics. The following class is available by webinar for Medica network providers, at no charge.

## Training class topic

*"Setup and Billing for Elderly Waiver and Housing Stabilization Providers"*

Elderly waiver (EW) and housing stabilization providers serve an important function in the care of Medica members. Since working with a health plan can offer a variety of challenges, this training will walk providers through requirements as well as tools and services available to assist them, including tips for billing. This class will also focus on: an overview of housing stabilization benefits; getting set up as an EW or housing stabilization provider; role of the care coordinator and role of Medica's Provider Service Center; how to obtain an authorization; the claims submission process; and what to do if a claim is not processed as expected.

## Class schedule

Topic	Date	Time
Setup and Billing for Elderly Waiver and Housing Stabilization Providers	May 12	11 a.m.-12:30 p.m. CT

For webinar trainings, login information and class materials are e-mailed close to the class date. To ensure that training materials are received prior to a class, providers should sign up as soon as possible. The times reflected above allow for questions and group discussion. Session times may vary based on the number of participants and depth of group involvement.

## Registration

The registration deadline is one week prior to each class date. [Register online for the class above.](#)

## Effective July 1, 2022:

# Medica to update reimbursement policy

*(This applies to Medica leased-network providers as well as direct-contracted providers.)*

Medica will soon update the reimbursement policy indicated below, effective on or after July 1, 2022, dates of processing. Such policies define when specific services are reimbursable based on the reported codes.

## Inappropriate Primary Diagnosis

Medica's Inappropriate Primary Diagnosis reimbursement policy will be revised to further align with ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification) guidelines, stating which diagnosis codes should always be sequenced as secondary or subsequent on a CMS-1500 claim form or its electronic equivalent. Consistent with CMS, Medica will apply diagnosis coding guidelines to identify diagnosis codes that should never be billed as primary.

This policy will continue to apply for all Medica members including Medicare Advantage members as they follow CMS guidelines with no deviations. The updated Medica policy will be available online or on hard copy:

- [View Medica's reimbursement policies](#) as of July 1, 2022; or
- Call the Medica Provider Literature Request Line for printed copies of documents.



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