



NEWS FOR MEDICA NETWORK PROVIDERS

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General News

Reminder:

Appropriate documentation needed for telemedicine claims

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

As a reminder, with the widespread use of telemedicine, or telehealth, services, it is important for providers to stay current with Medica's telemedicine policies for appropriate billing and payment expectations.

Documentation for telemedicine

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 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 (Emergency)" reimbursement policies.**

Telemedicine services eligible for billing

The Current Procedural Terminology (CPT®) 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

Note: This list of services is slightly different in each of Medica's "Telemedicine (Emergency)" reimbursement policies, one for Minnesota Health Care Programs (MHCP) members and one for non-MHCP members. Refer to the applicable reimbursement policy based on member type.

PCA providers encouraged to review administrative requirements

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

Medica would like to remind personal care assistance (PCA) providers of their contractual administrative requirements, which conform with requirements from the Minnesota Department of Human Services (DHS). Recently, it was identified that not all requirements have been followed — specifically in the areas of timesheet documentation and PCA qualified professional (QP) supervision. Timesheets must be documented adequately to be in compliance with state statutes, and QP supervision of PCAs is also required by state statutes as an important component of ensuring that PCA recipients receive services appropriate for their needs. PCA providers are encouraged to review this information as well as all administrative requirements to ensure adherence. **See [Administrative Requirements for PCA Services on Medica.com](#).**

PCA providers are responsible for ensuring that they meet all relevant standards. Medica appreciates the cooperation of PCA providers in following the requirements to help ensure that PCA recipients receive appropriate, high-quality services.



Clinical News

Effective April 17, 2023:

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 April 17, 2023, 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 April 17, 2023, 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 March 2023 for policies that will be changing effective May 15, 2023. These upcoming policy changes will be effective as of that May 2023 date unless otherwise noted. The affected policies will then be available as noted above.



Pharmacy News

Effective May 1, 2023:

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 May 1, 2023, dates of service. Medica implements such policies as soon as possible after conducting a clinical review of 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	Hemgenix	etranacogene dezaparvovec-drlb
J3590	Tzield	teplizumab-mzww

These policies will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan SolutionsSM (MHPS) members and to Medica Medicare members in Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution[®] plans. They will *not* apply to Medica Prime Solution[®] (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 policies above will be available online or on hard copy:

- [View drug management policies](#) as of May 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective May 1, 2023:

Medica to implement new drug coverage policy

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

Medica will soon implement the following new drug coverage policy. This change will be effective with May 1, 2023, dates of service.

Drug coverage policies — New

Drug code	Drug brand name	Drug generic name
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J0172

Aduhelm

aducanumab-avwa

Member impact

Aduhelm (aducanumabavwa) will not be covered as it is considered experimental or investigative for indications including but not limited to FDA approved indications of Alzheimer disease in patients with mild cognitive impairment or mild dementia stage of disease. This policy will apply to Medica commercial, Individual and Family Business (IFB) and Medica Health Plan SolutionsSM (MHPS) members, except for Mayo Medical Plan members. For Medicare and Minnesota Health Care Programs (MHCP) members, this policy will apply unless these programs require different coverage.

The new drug coverage policy above will be available online or on hard copy:

- [View drug management policies](#) as of May 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

(Update to “Medica to implement 2 new drug coverage policies” article in [August 2022 edition of Medica Connections](#).)

Effective May 1, 2023:

Medica to add 3 new drug UM policies for Mayo Medical Plan

(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 for Mayo Medical Plan members. These changes will be effective with May 1, 2023, dates of service. 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
J9999	Elahere	mirvetuximab soravtansine
J9999	Tecvayli	teclistamab-cqyv
J3590	Xenpozyme	olipudase alfa

The new medical pharmacy drug UM policies above for Mayo Medical Plan members will be available online or on hard copy:

- [View drug management policies](#) as of May 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective March 1, 2023:

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 March 1, 2023. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of March 1, [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® and Medica AccessAbility Solution® 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.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: Secure online transactions

Providers who sign up for Medica's electronic transactions through the secure portal on Medica.com have access to many quick, convenient and secure functions, such as: checking patient eligibility and benefits; enrolling to receive electronic payments and statements; verifying claim status; looking up fee schedules; submitting inpatient admission notifications; and secure record submission for appeals and claim adjustments. If registered, providers can **log in and use electronic transactions**. To find out whether an account is active and being managed for a provider organization, call Medica's Provider Service Center at 1 (800) 458- 5512. And for more on this topic, **see an e-learning** called "Electronic Transactions on Medica.com," which covers how to access online transactions and navigate commonly used ones for optimal assistance with daily practice administration.

Provider administrative training webinar for March

(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	Mar. 15	11:30 a.m.- 1 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.](#)

Reminder:

Rawlings now handling COB, post-payment claim reviews

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

As previously announced, Medica is relying on a new vendor, the Rawlings Company, to help identify claim overpayments related to coordination of benefits (COB). The focus is on post-payment claim reviews and recovery, as well as member COB updates. If an overpayment is identified, Rawlings will recover the overpayment on behalf of Medica. This change applies to all Medica products and includes all medical and chiropractic claims. Questions regarding Medica COB reviews and appeals should be directed to Rawlings at 1 (888) 258-8060.

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