



# practice matters

Important information from UnitedHealthcare Community Plan for physicians and other health care professionals and facilities serving UnitedHealthcare *hawk-i* members.

## UnitedHealthcare Supports World Elder Abuse Awareness Day June 15

Please join UnitedHealthcare on Monday, June 17, 2013 as we wear purple to observe World Elder Abuse Awareness Day.

UnitedHealthcare has made prevention of elder abuse a priority and formed a national advisory board to address this serious problem. Our efforts to help prevent abuse, neglect and exploitation include the following initiatives focused on member engagement, education and training, and community partnerships:



- Abuse and Neglect Clinical Training: *educating our care coordination teams*
- Mental Health First Aid: *promoting holistic care and community awareness*
- Caregiver Support: *supporting those who support our members*
- Community Pilot or Independent Study: *developing best practices to support our members*

- Peer Ambassador Program: *empowering and engaging our members as leaders in the community*
- World Elder Abuse Awareness Day Activities: *supporting national visibility through awareness campaigns*

For more information on elder abuse and neglect, please go to [ncea.aoa.gov](http://ncea.aoa.gov).

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### For more information



Call our Provider Service Center  
at 888-650-3462



Visit [UHCommunityPlan.com](http://UHCommunityPlan.com)

## Communication Between Behavioral Health Clinicians and PCPs

To help facilitate timely and effective communication between behavioral health clinicians and PCPs and/or other treating specialists, United Behavioral Health, operating as Optum, has developed a coordination of care checklist for your convenience. You may access the form on Optum's Provider Express Quick Links under "Forms" or simply document your coordination of care activities in progress notes or your own record-keeping system.

Coordination of care should occur at these times:

- Initiation of treatment
- Throughout treatment as clinically indicated
- Time of transfer to another treating clinician, facility, or program
- Conclusion of treatment

Member records should include documentation of activities between the treating clinician or facility and other behavioral health or medical clinicians, facilities and consultants. If our member refuses to allow coordination of care, please document the reason for refusal.

## Coordination of Care Between Primary Care Physicians and Specialists

UnitedHealthcare wants to underscore the importance of ongoing communication between Primary Care Physicians (PCP) and Specialists. Here is some information

on ways to keep the lines of communication open to support the best care possible for your patients who are UnitedHealthcare *hawk-i* members.

PCPs and specialists share responsibility for communicating essential patient information regarding consultations and referrals. Both groups agree that failure to consistently communicate threatens their ability to provide high-quality care. According to a recent study, there is a difference of opinion among providers regarding the frequency of information provided and received. Though 69.3 percent of PCPs said they send specialists notification of a patient's history, and the reason for the consultation all or most of the time, just 34.8 percent of specialists said they routinely receive such information, according to the study.

Meanwhile, 80.6 percent of specialists say they send consultation results to the referring physician all or most of the time, but only 62.2 percent of PCPs say they ever get that information. (*Arch Intern Med.* 2011 Jan10;171(1):56-65).

Relevant information from PCPs includes the patient's history, diagnostic tests and results and reason for the consultation. The specialist is responsible for communicating the results of the consultation and ongoing recommendations and treatment plans.

Information exchange between providers should be timely, relevant and accurate to facilitate ongoing patient management. The partnership between the PCP and the specialist is based on the consistent exchange of clinical information and this communication is a key factor in providing quality patient care.

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## Documenting Coordination of Care Activity in Treatment Records

We expect all network providers to coordinate care with the member's PCP and, if applicable, hospital staff and to document communications in the patient's record. Consistent and comprehensive information-sharing facilitates coordinated treatment efforts and decisions. Coordination of care can improve the overall quality of the member's care by:

- Confirming that a member followed through with a referral to a specialist.
- Minimizing potential adverse medication interactions.
- Allowing for more effective treatment management for members with co-morbid behavioral and medical disorders.
- Reducing the risk of relapse for patients with substance-use disorders.

If the patient refuses to allow the release of this information, the reason for the refusal should be documented in their record. PCPs continue to express interest in receiving more frequent and comprehensive information about their patients who are receiving behavioral health services. This communication is essential to the successful coordination of medical and behavioral care.

To help facilitate timely and effective communication between behavioral health clinicians and the member's PCP and/or other treating specialists, United Behavioral Health, operating under the brand Optum, has developed a Coordination of Care checklist to help you document coordination of care activities. You can find the form on Optum's Provider Express Quick Links under "Forms" or at [ubhonline.com/html/forms](http://ubhonline.com/html/forms).

Please use this form to document coordination of care activities or you may note them in progress notes or any another system you have developed for your practice.



We recommend that member records contain documentation of coordination of care activities between the treating clinician or facility and other behavioral health or medical clinicians, facilities and consultants. If the member refuses to allow coordination of care to occur, this refusal and the reason for the refusal must be documented. Coordination of care should occur at certain times in the member's care including:

- At the initiation of treatment
- Throughout treatment as clinically indicated
- At the time of transfer to another treating clinician, facility or program
- At the conclusion of treatment

We appreciate your efforts to coordinate care with other professionals to provide the best possible care for our members.

## Reminder: Prior Authorization Requirements for Polysomnography and Portable Monitoring for Sleep-Related Breathing Disorders for UnitedHealthcare Community Plan Members in Iowa

Please remember that unattended sleep testing performed in the home will NOT require prior authorization. However, requests for attended

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sleep testing performed in a facility or center will require prior authorization and is subject to medical necessity review to determine coverage. If a physician fails to obtain prior authorization for attended sleep studies before the test, the claim will be denied and the member may not be billed for the service in accordance with Medicaid requirements. UnitedHealthcare's standard appeal process will apply to any denied claims.

### Procedure Codes for Attended Sleep Testing That Require Prior Authorization

Whether the requested sleep test requires prior authorization with medical necessity review is based on the site of service.

Procedure codes for attended sleep testing which would require prior authorization include: CPT 95805, 95807, 95808, 95810 and 95811.



### How to Arrange Home Sleep Testing

UnitedHealthcare has contracted with Sleep Central, a division of Rotech Healthcare Inc., to deliver the home sleep testing device to the member's home, provide instructions and phone support, and deliver the test result using a network of board-certified sleep medicine physicians who perform the test interpretation. Sleep Central has clinicians on staff 24 hours a day, seven days a week to assist with home sleep testing questions. Contact Sleep Central business office Monday - Friday, 9 AM - 7 PM CT at 866-688-2981.

### For More Information

If you have prior authorization questions, please contact your local Network Management representative or Provider Services at 877-842-3210. You may also obtain additional information at [UHCCCommunityPlan.com](http://UHCCCommunityPlan.com).

### Electronic Solutions

#### COB (Secondary) EDI Claims Submissions are Preferred Electronically

- Please visit the EDI Section of Iowa's home page on [UHCCCommunityPlan.com](http://UHCCCommunityPlan.com), see the 837 Companion Guide, and share the setup guidelines with your clearinghouse or software vendor.
- Please do not send paper claim backup for claims that have already been submitted electronically.

#### Receive Payment for Claims Electronically

Electronic funds transfer (EFT) is safe, secure, efficient and more cost-effective than paper claim payments. Enroll today using the forms on the EDI Section of Iowa's home page on [UHCCCommunityPlan.com](http://UHCCCommunityPlan.com).

#### Receive Remittance Advice Electronically

Please contact your software vendor and/or clearinghouse to enroll in electronic remittance advice (ERA). UnitedHealthcare Community Plan's ERA Payer ID is 95378.



Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare *hawk-i* network.

