



Wisconsin | Spring 2016

# practice**matters**



## For More Information

Call our Provider Services Center at **877-651-6677**

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

## In This Issue...

- A Message from Wisconsin's Chief Medical Officer
- Prior Authorization Requirement for Functional Endoscopic Sinus Surgery Procedures
- Reviews Help Ensure Members Receive Proper Care
- Member Rights and Responsibilities
- Get Updated Clinical Practice Guidelines
- Reminder to Enroll in Electronic Payments & Statements
- New Helicobacter Pylori Testing Medical Policy
- Case and Disease Management through the Person Centered Care Model



We hope you enjoy the spring edition of Practice Matters. In this issue, you can read about Electronic Payments & Statements, disease management, clinical practice guidelines, and much more. Happy spring!

**Important information for health care professionals and facilities**



**A Message from Wisconsin's Chief Medical Officer**

**Donna Davidoff, MD,  
UnitedHealthcare  
Community Plan  
of Wisconsin**

While it can be hard to notice change when you are caught up in the middle of it, it is easier when you reflect on how things used to be.

With all the progress in health care technology and procedures and our understanding of how people recover after a procedure, many things that used to require an extensive hospital stay are now done on an outpatient basis. A good example is eye surgery. Patients used to be confined to bed with sandbags around their head for days on end.

In keeping with this progressive trend, UnitedHealthcare Community Plan now reviews prior approval requests for certain procedures for a 23-hour stay rather than as automatic inpatient admissions as the initial determination. We follow MCG care guidelines for assistance in making determinations. At the time of the request for prior authorization, it is important to let us know about any factors such as active co-morbid conditions that would affect recovery. Any other relevant information should also be given to the reviewer at first contact. Once a decision is made, there is the option for a peer-to-peer conference to present any other information to be considered.

If a member does not go home within the 23-hour time frame, the case can be reviewed for extended stay consideration. If you provide information that supports the medical necessity for remaining as an inpatient, then the stay can be extended. The decisions are made by independent facility case managers (not UnitedHealthcare Community Plan case managers) who provide us with your supporting information for medical necessity of continued hospitalization.

As we all know, being an inpatient exposes a patient to potential adverse events related to infections and medication. As Dorothy said in the Wizard of Oz, "There's no place like home."

Together, we are improving quality of care, health outcomes and cost of care - and that is the positive change we all like to reflect on!



If you have any questions, please feel free to contact me at **414-443-4512**.

**Prior Authorization Requirement for Functional Endoscopic Sinus Surgery Procedures**

Beginning May 2, 2016, certain functional endoscopic sinus surgery procedures will require prior authorization for many UnitedHealthcare Commercial and UnitedHealthcare Community Plan Medicaid benefit plans, excluding Medicare Dual Special Needs Plans and Medicare Medicaid plans. This requirement was announced in the February issue of the Network Bulletin.

This change is part of our ongoing responsibility to regularly evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, better health outcomes and lower costs.

The following functional endoscopic sinus surgery procedures will require prior authorization to evaluate medical necessity in all sites of care:

Procedures	CPT Codes
Nasal/sinus endoscopy, surgical	31237, 31239, 31240, 31254, 31255, 31256, 31267, 31276, 31287, 31288

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## Important information for health care professionals and facilities

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In previous communications about this requirement, CPT code 31238 was included. Prior authorization will not be required for that procedure code. This requirement is effective for UnitedHealthcare Commercial and UnitedHealthcare Community Plan members for dates of service on or after May 2, 2016 in most states. For details, go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies, Protocols and Guides > Protocols > Prior Authorization for Functional Endoscopic Sinus Surgery FAQ.



If you have questions, please contact your local Network Management representative or call the provider services number on the back of the member's UnitedHealthcare ID card.

## Reviews Help Ensure Members Receive Proper Care

UnitedHealthcare Community Plan performs concurrent reviews on inpatient stays in acute, rehabilitation and skilled nursing facilities, as well as prior authorization reviews of selected services. A listing of services requiring prior authorization is available in the **Provider Manual**.

Decisions regarding coverage are based on the individual benefit plan as well as appropriateness of care and service. We do not provide financial or other rewards to our physicians for issuing denials of coverage or for underutilizing services.

If a service is denied, the treating physician has the right to request a peer-to-peer discussion with the reviewing physician and a copy of the criteria used in the review. Members and practitioners also have the right to appeal denial decisions. Information on requesting an appeal is included in the denial letter.

Appeals are reviewed by a physician who was not involved in the initial denial decision and is of the same or similar specialty as the requesting physician.

## Member Rights and Responsibilities

The UnitedHealthcare Community Plan Member Rights and Responsibilities can be found in the **Provider Manual**. Member Rights and Responsibilities are distributed to new members upon enrollment and then annually.

## Get Updated Clinical Practice Guidelines

Clinical Practice Guidelines are available at [UHCommunityPlan.com](http://UHCommunityPlan.com). UnitedHealthcare Community Plan promotes the use of nationally recognized evidence-based clinical guidelines to support practitioners in making decisions about health care. Guidelines are available for diabetes, asthma, perinatal care, preventive services, Attention Deficit Hyperactivity Disorder, depression and many other conditions.



To view a complete list of the most current guidelines, go to [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Health Care Professionals > Wisconsin > Clinical Practice Guidelines.

## Reminder to Enroll in Electronic Payments & Statements

Electronic Payments and Statements (EPS) is UnitedHealthcare's solution for electronic remittance advice (ERA) and electronic funds transfer (EFT). It allows you to receive direct deposit of claim payments into your designated bank account(s) and access explanation of benefits (EOBs)/remittance advice online or via 835 ERA files. You can use EPS to access and manage payment information.

You can learn more by:

- Visiting [WelcometoEPS.com](http://WelcometoEPS.com)
- Watching a [short video](#) demo
- Attending a live 30-minute [webinar](#) for an overview and answers to questions



Enroll in EPS [online](#) or send us a completed [enrollment form](#). If you have questions, please call [866-842-3278](tel:866-842-3278), option 5.

## New Helicobacter Pylori Testing Medical Policy

UnitedHealthcare introduced a new medical policy, effective March 1, 2016 for UnitedHealthcare Community Plan members, for the testing, evaluation and management of dyspepsia and peptic ulcer disease (PUD).

The new medical policy describes the American Gastroenterological Association guidelines stating that serology testing (CPT code 86677) which does not test for an active Helicobacter pylori (H. pylori) infection should no longer be used. Stool antigen test or urea breath test should be used rather than serology testing to both diagnose and confirm eradication of an active H. pylori infection.

H. pylori is a class I carcinogen linked as a causative agent in PUD gastric adenocarcinoma and mucosa-associated lymphoid tissue (MALT) lymphoma. The medical policy reflects a “test, treat, retest and confirm eradication” policy

in cases of H. pylori infection linked to the development of PUD, gastric malignancy and dyspeptic symptoms, instead of moving directly to proton pump inhibitor (PPI) therapy.

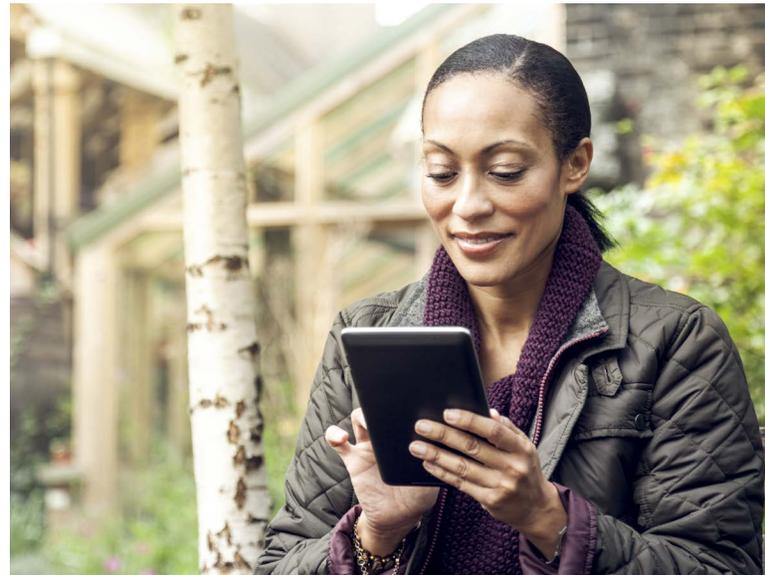
UnitedHealthcare developed the H. pylori testing policy from guidelines issued by the American Gastroenterological Association and the American College of Gastroenterology that emphasize:

- Eliminating serology use because studies show that about 50 percent of patients with a positive H. pylori serology do not actually have an active infection (blood tests do not reliably detect active H. pylori infections and are considered investigational)
- Testing, treating and retesting for active H. pylori infection before prescribing PPI



UnitedHealthcare's medical policy and information on the recommended tests can be found at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies, Protocols and Guides > Policies > UnitedHealthcare Community Plan Medical Policies and Coverage Determination Guidelines > Helicobacter Pylori Serology Testing.

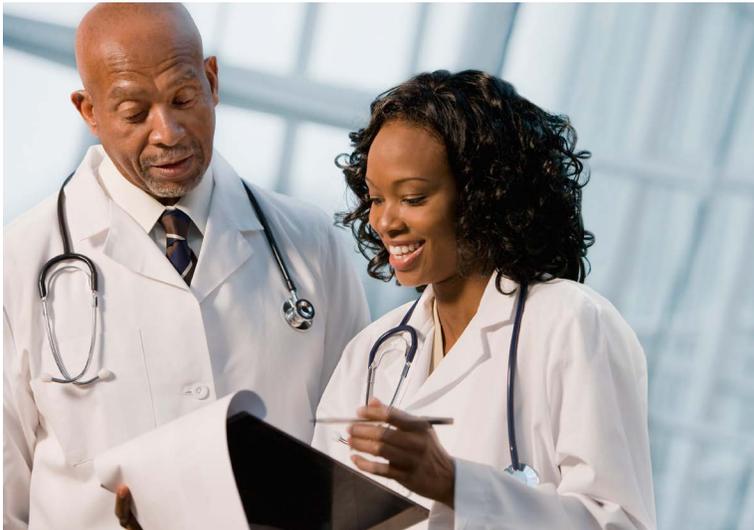
If you have any questions, please contact your Provider Advocate.



## Case and Disease Management through the Person-Centered Care Model

UnitedHealthcare Community Plan's **Person Centered Care Model (PCCM)** is a holistic approach to care, case and disease management for members with complex needs. Medical, behavioral, social and environmental needs are addressed through the coordination of physicians, hospitals and community services. Through the program, we seek to:

- Engage with primary care physicians and other health care professionals and key partners to expand access to quality health care so our members can get the care they need.
- Support the physician/patient relationship by facilitating regular appointments, removing barriers to care and helping to ensure members see their physician on a regular basis.
- Provide the treating physician a direct link with UnitedHealthcare Community Plan to best facilitate the ongoing care and treatment of the member within the benefit structure available to the member



### What are some of the things the PCCM program can provide members?

- Develop and monitor an individualized care plan by telephonic or face-to-face contact.
- Help them understand and manage their condition, including self-monitoring and medical testing.
- Improve adherence to treatment plans and medication use.
- Reduce unnecessary hospital admissions and emergency room visits related to complications of the disease and its treatment.
- Improve coordination of care by providing information about the member's condition to caregivers who have the member's consent.
- Help effectively manage their conditions and comorbidities, including depression, cognitive deficits, physical limitations, health behaviors and psychosocial issues.
- Provide additional resources as appropriate.

### Areas of expertise:

- Asthma
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Congestive Heart Failure
- Maternity



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



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