MEDICA®

May 2018

Medica Connections®

For Medica network providers

GENERAL NEWS

Upcoming timeline, changes for 2018 Premium Designation program

Physicians included in the 2018 Premium Designation program will soon receive a letter notifying them of their latest designation, program changes for this year, and registration instructions to see their reports. Through the Premium program, individual physicians receive designations based on quality of care and cost efficiency.

The new Premium designations will be displayed online in the fall. The Medica provider-search tool on medica.com will be updated to reflect the new designations. The tentative timeline for the 2018 Premium program year includes:

- Annual designation announcement letters mailed in June 2018.
- Reconsiderations prior to public display due in July 2018.
- New designations for 2018 to display in September 2018.
- Final end date for 2018 reconsideration requests in November 2018.

New for 2018: Pediatric Internal Medicine will be a new subspecialty category within Internal Medicine. Also, the program will compare new evaluation results to the previous version's, using new criteria to determine when to use updated evaluation results rather than the previous version's. If the new version has a statistically higher cost-efficiency result, the program will use the new evaluation result to determine the 2018 designation.

As a reminder, UnitedHealthcare now administers all program activities of the Premium program on Medica's behalf. Materials for the 2018 program year will be available at the UHC provider website (UHCprovider.com/Premium) beginning in May 2018. And coming soon, UnitedHealthcare will launch a new website devoted to the Premium program, at UnitedHealthPremium.uhc.com.

Due by June 15, 2018:

Annual 'Disclosure of Ownership' forms needed soon

Each year, providers must submit an updated "Disclosure of Ownership" form in accordance with regulatory agency requirements. Providers should complete and return their Disclosure of Ownership Statement as soon as possible, but

no later than June 15, 2018. The form can be sent to Medica by e-mail at ProviderCertifications@medica.com.

This requirement is necessary for Medica to comply with contracts it holds with both the Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS). More details about this compliance requirement are available in the Medica Provider Administrative Manual.

Medica wishes to thank providers for their prompt response to this obligation.

CLINICAL NEWS

Effective June 18, 2018:

Medical policies and clinical guidelines to be updated

Medica will soon update one or more utilization management (UM) policies, coverage policies and clinical guidelines. These upcoming policy changes will be effective June 18, 2018, unless otherwise noted.

These policies apply to all Medica products including commercial, government, and individual and family business (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).

Monthly update notifications for Medica's policies are available on an ongoing basis. Update notifications are posted on medica.com prior to their effective date. The medical policy update notification for changes effective June 18, 2018, is already posted. Changes to policies are effective as of that date unless otherwise noted.

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.

Note: The next policy update notification will be posted in May 2018 for policies that will be changing effective July 16, 2018. These upcoming policy changes will be effective as of that July date unless otherwise noted.

Coding reminder:

Proper coding for documentation related to strokes

One of the most common coding errors seen in a chart review is coding related to cerebrovascular accidents (CVA), or strokes. For instance, sometimes an ICD-10 code for an initial CVA or stroke is used instead of a code for residual conditions left behind by a prior stroke. It is important to distinguish among: the initial encounter (treating the acute event); the sequela (treating the residuals of the stroke); and a personal history of stroke (no residual effects remain after the acute event).

After an initial stroke incident has occurred, generally one of two patient scenarios exist:

- The patient makes a recovery without any long-lasting effects; or
- The patient has deficits from the stroke (conditions left behind such as paralysis).

No long-term effects
If the patient recovers without any lingering problems related to the stroke, the code to be documented would be:

- Z86.73 – Personal history, transient ischemic attack (TIA), and cerebral infarction without residual deficits

Residual effects
If the patient has deficits present after the initial acute care episode (after discharge from the acute care setting), all deficits are coded as "sequelae of stroke" (subcategory I69.3x). ICD-10 category I69.xx is to be used to indicate conditions "related to CVA/stroke" as the cause of sequelae. The sequelae include residual conditions which may *occur at any time after the onset* of the initial acute condition. A few examples are:

- I69.391 – Dysphagia following cerebral infarction
- I69.354 – Hemiplegia and hemiparesis following cerebral infarction, affecting left non-dominant side

Documentation to reflect the patient's condition is significant. Here are short documentation scenarios and the order codes should be listed for proper record-keeping.

For this situation…	Use coding in this order…	Related notes
Stroke initial incident ("Acute embolic CVA with infarction")	I63.40 – Cerebral infarction due to embolism of unspecified cerebral artery	Specify exact artery to code correctly.
Stroke initial incident; prior stroke with no deficits ("Acute CVA, prior stoke with no deficits")	I63.9 – Cerebral infarction, unspecified (as to specific artery) Z86.73 – Personal history of transient ischemic attack	
Stroke initial incident with deficits from prior stroke ("Acute CVA with infarction; previous CVA with residual hemiplegia")	I63.9 – Cerebral infarction, unspecified (as to specific artery) I69.348 – Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	For I69.348, specify which side is affected.
History of TIA (or CVA)	Z86.73 – Personal history, transient ischemic attack (TIA), and cerebral infarction without residual deficits	

Medica launches interactive site with preventive guidelines

Medica recently launched a new interactive website aimed at educating members about recommended routine and preventive care. This new site allows visitors to explore recommended preventive care guidelines through an interactive experience based on age and gender. It guides them to learn when and where to find care, and where to find support from Medica's plan-specific health and wellness programs. The site also explains the difference between preventive and non-preventive services and emphasizes that when a member visits a network provider, preventive services are covered 100 percent by their Medica plan. See the new preventive care site.

While Medica continues to stress the importance of developing and maintaining a relationship with health care providers, it also strives to be a helpful health resource for members. Different immunizations and screenings are critical at different stages in life for optimal health. When health concerns are caught early, treatments are often available to manage a member's health and keep health care costs lower.

PHARMACY NEWS

Effective July 1, 2018:

Medica plans to update member formularies

Medica is reviewing several medications and will be making changes in coverage status to drug formularies (or drug lists) effective July 1, 2018. For certain Medica members, as noted below, these changes would be effective July 1, 2018, for *new* prescriptions, but not effective until August 1, 2018, for *existing* prescriptions.

These upcoming changes may apply to one or more of the following drug formularies:

- 2018 Medica Commercial Large Group Drug List — effective 7/1 for new prescriptions, 8/1 for existing
- 2018 Medica Commercial Small Group Drug List
- 2018 Medica Preferred Drug Lists for individual and family business (IFB)
- 2018 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP) — effective 7/1 for new prescriptions, 8/1 for existing
- 2018 Medica Over-the-Counter (OTC) Drug List for MHCP

The Medica MHCP and OTC formularies apply to the following products: Medica Choice Care℠ (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution® (Special Needs Basic Care program, or SNBC), and Medica DUAL Solution® (Minnesota Senior Health Options program, or MSHO), for non-Part D drugs. These changes will *not* apply to Medica Medicare Part D drug formularies.

Medica will post changes to its drug formularies on medica.com prior to their effective date. To see the latest Medica drug list changes as well as full drug formularies for each member type, refer to medica.com.

Medication request forms
A formulary exception 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 CVS Caremark.

Effective April 12, 2018:

Medica adds new UM policy for medical pharmacy drug

Medica has implemented the following new medical pharmacy drug utilization management (UM) policy. This change was effective with April 12, 2018, dates of service. Prior authorization is required for the corresponding medical pharmacy drug. Medica implemented this policy as soon as possible after conducting a clinical review of this new-to-market drug and approving it for coverage with a UM policy.

Medical pharmacy drug UM policies — New
Prior authorization is required.

Drug code	Drug brand name	Drug generic name
J3590/C9399	Luxturna	voretigene neparvovec-rzyl

This policy applies to Medica commercial members, individual and family business (IFB) members, Minnesota Health Care Programs (MHCP) members and Medica Medicare members in Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO) and Medica Advantage Solution® (Medicare Advantage). It does *not* apply to Medica Prime Solution® (Medicare Cost) members. The drug is subject to a pre-payment claims edit policy as well.

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

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

Effective July 1, 2018:

Medica to add new UM policies for medical pharmacy drugs

Medica will soon implement the following new medical pharmacy drug utilization management (UM) policies. These changes will be effective with July 1, 2018, 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
J2778	Lucentis	ranibizumab
J2503	Macugen	pegaptanibre

These policies will apply to Medica commercial members, individual and family business (IFB) members, Minnesota Health Care Programs (MHCP) members and Medica Medicare members in Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO) and Medica Advantage Solution® (Medicare Advantage). They will *not* apply to Medica Prime Solution® (Medicare Cost) 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 July 1, 2018; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective July 1, 2018:

Medica to require NDCs for additional HCPCS codes

Medica will soon implement a change for medications billed with a Healthcare Common Procedure Coding System (HCPCS) code. Medica already requires that claims with drug codes also include the corresponding national drug code (NDC) numbers and NDC units of measure along with the HCPCS code, although this has applied to J-codes in particular. Effective July 1, 2018, consistent with NDC reporting requirements outlined by Minnesota's Department of Human Services (DHS), Medica will require an NDC *for additional HCPCS codes* , whether J-codes or not, so that when providers submit these specific HCPCS codes for payment, they need to report the corresponding NDC as well as units. Otherwise, claims may be rejected. See the DHS list of HCPCS codes requiring an NDC number . This list may change so providers are encouraged to check back for HCPCS codes that are added periodically.

This requirement will apply to all Medica products. Medica currently rejects claims with HCPCS J-codes for drugs if they lack NDC numbers and NDC units of measure.

(Update to "By mid-March, NDC, NDC units needed with HCPCS codes" article in the March 2017 edition of *Medica*

Connections.)

Effective July 1, 2018:

Medica to update opioid prescription quantity limits

Medica, along with its pharmacy benefit manager (PBM) CVS Caremark, works to keep providers and members informed about changes to prescription benefits. Starting July 1, 2018, the amount of opioid medication that Medica will cover for its commercial large group members is changing. These new drug quantity limits are being put in place to help ensure safe and effective use of opioid medication for pain management. This new strategy also aligns with guidelines issued by the Centers for Disease Control and Prevention (CDC).

Beginning with July 1, 2018, dates of service, coverage will be provided for opioid medications without prior authorization when initial quantities are less than 90 morphine milligram equivalents (MME) per day. Prior authorization review *will be required* to determine coverage for additional quantities above this initial limit. These quantity limits will accumulate across all drugs of similar dose limitations. Limitations will *not* be set up for patients with cancer, a terminal condition or pain being managed through hospice or palliative care.

As examples, here are several highly prescribed opioids affected by this change:

- Morphine (immediate-release and extended-release formulations including Kadian, MS Contin)
- Oxycodone (immediate-release and extended-release formulations including Xtampza, Oxycontin)
- Tramadol (immediate-release and extended-release formulations)
- Duragesic
- Methadone
- Hydromorphone
- Meperidine
- Codeine

Members affected by these upcoming changes will receive a letter identifying which of their opioid prescription drugs have a new retail pharmacy limit. Medica will also notify providers who prescribed these drugs. Medica encourages members and prescribers to work together to appropriately adjust prescriptions to support this change in strategy with these new limits.

Effective July 1, 2018:

Upcoming changes to Medica Part D drug formularies

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 July 1, 2018. Medica also notifies affected Medica members in their Medicare Pard D Explanation of Benefits (EOB) statements mailed out monthly.

As of May 1, 2018, view the latest Medicare Part D drug formulary changes.

Medica periodically makes changes to its Medicare Part D formularies: the Medica Prime Solution® Part D closed formulary (4-tier + specialty tier) and the Medica DUAL Solution® Part D closed formulary. 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 CVS Caremark.

NETWORK NEWS

Effective July 1, 2018:

Medica to update Medicare physician fee schedule

Beginning with July 1, 2018, dates of service, Medica will implement the quarterly update to its Medicare physician fee schedule for applicable Medica products. This fee schedule change will reflect the July 2018 Centers for Medicare and Medicaid Services (CMS) update applicable to reimbursement for injectable drugs and immunizations. The reimbursement impact of this quarterly update will vary based on specialty and mix of services provided.

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

Effective July 1, 2018:

Medica to update reference lab fee schedule quarterly

Beginning with July 1, 2018, dates of service, or as soon thereafter as the CMS quarterly reference lab fee schedule updates are publicly available, Medica will implement quarterly updates to its standard reference lab fee schedule for applicable Medica products. This first 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, 2018. The reimbursement impact of CMS quarterly updates will vary based on mix of services provided.

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

Third-quarter PCR checks to be mailed in April 2018

By the end of April 2018, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the fourth quarter of 2017. This represents a 100-percent return of the fourth-quarter 2017 PCR withhold, plus interest, for the Medica Prime Solution® Medicare product. Checks will cover PCR withheld for claims with dates of service of October 1, 2017, through December 31, 2017, and dates paid of October 1, 2017, through March 31, 2018.

ADMINISTRATIVE NEWS

Provider College administrative training topic for May

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

Training class topic
"Resources for Helping Yourself" (class code: RH)
Medica is continually updating services and resources available to network providers. This webinar will walk through self-service options available to providers, including resources on medica.com. These services and resources assist providers in running their offices more efficiently.

Class schedule

Class code	Topic	Date	Time	Notes
RH-WM	Resources for Helping Yourself	May 29	10-11 am	Class code with "WM" means offered via webinar in May

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 time reflected above allows 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 the class date. Register online for the session above.

SELECTCARE/LABORCARE NEWS

Latest UHC provider bulletin available online

UnitedHealthcare (UHC) has published the latest edition of its *Network Bulletin* (April 2018). Highlights that may be of interest to LaborCare® network providers include:

- Claim adjustments related to Intensity Modulated Radiation Therapy (IMRT) Policy
- Prior authorization for sinuplasty and functional endoscopic sinus surgery — delayed until July 2018
- New prior authorization requirement for Trogarzo (ibalizumab) — scheduled for July 2018
- Additional codes for genetic and molecular testing to require prior authorization — scheduled for July 2018

View the April 2018 UHC provider bulletin.

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