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For more information and updates, please visit
www.ucare.org.

Welcome to *health lines*

You're reading the debut issue of *health lines*, created for UCare's provider network. Each quarter, *health lines* will bring you UCare news, coding, and other provider information to help us work together productively. We'll keep you up to date on details and developments that affect your practice and patients. And we'll provide you with effective tools and services to help you focus on what really matters: delivering outstanding patient care to thousands of UCare Minnesota members.

We want to hear from you, too. Do you have a coding question? Not sure where to submit a form? Need a phone number? Unclear about a policy matter? Never hesitate to give us a call at 612-676-3300 or 1-888-531-1493 (toll free). We'll get the answers you need as quickly as we can.

Thank you for being part of the UCare provider network. You are helping us grow bigger and better every day

Nancy Feldman, President and Chief Executive Officer



Nancy Feldman

UCare Minnesota expands *UCare for Seniors* Medicare Advantage plans

UCare Minnesota's Medicare Advantage product, known as *UCare for Seniors*, has been expanded across Minnesota and now reaches Medicare eligibles in 64 of the state's 87 counties.

The expansion offers two levels of comprehensive and affordable coverage in three geographic regions. The *UCare for Seniors* new Silver and Crystal Plans are now available in 33 counties comprising the southern third of Minnesota. In the greater Twin Cities, the *UCare for Seniors* Value and Classic Plans added two counties to their service area; coverage also was expanded to the entirety of four other counties. In northern Minnesota, the *UCare for Seniors* Grand and Superior Plans serve Minnesotans eligible for Medicare in four more counties.

UCare's MSHO expansion

UCare Minnesota also has expanded its Minnesota Senior Health Options (MSHO) product from nine to 52 counties across the state. More details will be published in a future *health lines*.

MPAF assessment change

Effective July 1, 2005, providers are no longer required to send the Minnesota Pregnancy Assessment Form to UCare. DHS now requires all providers of prenatal services to perform a standardized prenatal assessment, or equivalent, and maintain the assessment in the patient's medical record. Enhanced prenatal services will continue to be reimbursed.

New address for claims status adjustments

A new P.O. box has been set up for Claims Status Adjustments. It will help facilitate the process of filtering adjustments from regular claims. Please send adjustments to:

UCARE MINNESOTA
P.O. BOX 405
MINNEAPOLIS MN 55440-0405

Coordinators available for on-site training

Coordinators are available for on-site training. If you have questions about our products or would like to schedule a training session, please call 612-676-3260.

Coding zone

The importance of correctly coding services and procedures cannot be overemphasized. The use of correct and up-to-date coding will expedite payment and ensure correct reimbursement. To promote consistent and accurate claim payment, UCare will assist providers with interpretation and use of the coding systems and guidelines.

It is important to note that our responses and recommendations may not reflect actual payment outcome, as payment is determined when the claim is processed based on the terms of your provider contract.

Cross-over claims

For your convenience, Noridian Medicare Part A claims and WPS Part B claims cross over to UCare electronically.

EDI submissions

All EDI claims require a provider number and a group practice number, if associated with the provider. Most provider affiliations have a group practice, or sometimes multiple ones. The numbers are required on EDI claims, and they must be submitted according to the 837 format specifications.

EDI claim errors

The most common error is 059: Provider Not on File. This error usually occurs when the member's program does not match any of the provider's affiliation programs for the submitted group practice.

National Provider Identifier (NPI)

The Centers for Medicare & Medicaid Services (CMS) administrator announced a May 23, 2005, start date for the National Provider Identifier (NPI) enumeration process. The NPI is defined as the standard unique health identifier for health care providers, adopted by the Secretary of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996.

Reminder notes

The following changes were made to the 2005 Minnesota Health Care Programs authorization:

- Effective July 1, 2003, UCare no longer reviews retrospective authorization requests for non-contracted providers.
- Non-contracted providers need to have authorizations for all services from UCare Minnesota, unless the visit is being billed as family planning, emergent, or urgent care.
- Authorizations need to be requested at least 14 calendar days prior to non-urgent treatment.
- Primary care clinics may not authorize services to non-participating providers.
- All requests must be sent in writing to UCare's Clinical Services Department or the authorizing entity listed on the authorization grid.
- Additional information, such as medical necessity criteria, can be found online in Chapter 5 of the Provider Manual.
- Complete authorization requirements are available online in Chapter 2 of the Provider Manual.

You may view the authorization grids, along with Chapters 5 and 23, by accessing the online Provider Manual at www.ucare.org.

The CMS administrator's announcement informed health care providers about the NPI, described three ways to obtain an NPI, and provided guidance on what to do once their NPI had been obtained.

Providers may view the CMS announcement and obtain additional contacts and resources at http://www.cms.hhs.gov/hipaa/hipaa2/npi_provider.asp

Additionally, there is a new Medlearn Matters article available at <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0528.pdf>. UCare is currently reviewing the NPI and will notify providers once an implementation date is set.

2005 HCPCS Manual

The HCPCS Manual has been updated through April and will be posted on DHS's web site at www.dhs.state.mn.us.

X5362 (Assisted Living)

Please note that this code is not scheduled to transition to T2030 until Fall 2005.

CPT 41899 code change

UCare adopted DHS's guidelines on billing for dental procedures, hospitals, and ambulatory surgery centers, as reflected in Provider Update 149 at www.dhs.state.mn.us.

This update states that "Hospitals and ambulatory surgery centers must use specific CDT-4 or CPT code when billing for the facility component for dental services. CPT code 41899 may not be used when a more specific CDT-4 or CPT code is available." Effective immediately, UCare will no longer accept claims for services provided by hospitals and ambulatory surgery centers when billed CPT code 41899. Those charges will be denied with explanation code 48: Bill with specific CPT/HCPCS code.

