



healthlines

A newsletter for our providers

IN THIS EDITION

- Happy New Year from UCare
- Changes to Prior Authorization in 2007
- Prior Authorization Changes for UCare Complete Contracted Providers
- Minnesota Senior Health Options (MSHO) and Minnesota Disability Health Options (MnDHO) Formulary Transition Plan
- News and Notes
- Coding Zone
- Reminders

PNM Editorial Staff

Douglas Hauge
Marilee J. Moritz

Provider Assistance Center

612-676-3300 or
1-888-531-1493 (toll free)

UCare Minnesota

P.O. Box 52
Minneapolis, MN
55440-0052

Attn: Provider Network
Management

If you have comments and/or suggestions for future content, please email us at healthlines@ucare.org.

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

Note: Links contained within PDF are active.

Happy New Year from UCare

Happy New Year! Looking back, 2006 was quite a year for UCare. Service area expansions, implementation of the new Medicare Part D program, contracts with new providers, a location move for our central office, and our midyear training sessions for providers were just some of the exciting initiatives we undertook.



Nancy Feldman

But we're never too busy to take a moment to express our appreciation for the physicians, clinics, and care systems that have supported our growth for so many years. You have made it possible for us to serve Minnesotans through our state and federal plans, and to continuously refine our business processes. We welcome your ideas to improve the way we work with you and our members today and in the years ahead.

I also extend a hearty welcome to several new providers who joined our network last year. Large care systems such as MeritCare in northwestern Minnesota, and Park Nicollet Clinic in the Greater Twin Cities area are contributing significantly to the health and well-being of many of our members.

We're always striving to improve our systems and provide excellent service to you, our valued providers. Thank you for being such active partners in our journey.

Nancy Feldman
President and CEO

Changes to Prior Authorization in 2007

UCare Minnesota's new prior authorization requirements went into effect plan-wide Jan. 1, 2007. The most significant changes affecting your operations are the prior authorization thresholds for Skilled Nurse Visits, Therapies (OT/PT/ST), and Home Health Aid Visits. In addition, UCare will require prior authorization for all wheelchair purchase requests. Below are the 2006 and new 2007 thresholds.

Service	2006	2007
Skilled Nurse Visits	30 visits	20 visits
Therapies (OT/PT/ST)	50 visits	30 visits
Home Health Aid Visits	30 visits	20 visits
Wheelchair Purchases	Over \$1,000.00	All requests

Wheelchair purchases, regardless of purchase amount, require prior approval. This includes all manual and power wheelchairs. Rental wheelchairs will continue to require prior authorization after the fourth month of rental.

The 2007 Prior Authorization Grid is contained in Chapter 5 of our Provider Manual. You can access the Provider Manual online at www.ucare.org; just click on *Providers*, and then *Provider Manual*.

Prior Authorization Changes for UCare Complete Contracted Providers

Several changes in UCare's prior authorization requirements will go into effect **Jan. 22, 2007**. **These changes are specific to our UCare Complete members who are care-managed by AXIS Healthcare.** UCare will resume responsibility for prior authorization of all medically necessary services with the exception of DME. AXIS Healthcare will continue to provide care management services, receive requests for DME, complete PCA assessments, and authorize eligible waived services. Care coordination is an important part of our members' lives, and this is a process improvement for service provision and claims processing.

The complete list of services that require a prior authorization is contained in a grid format in Chapter 5 of the UCare Provider Manual:

<http://www.ucare.org/providers/provmanual.html#ch5>. Other significant changes affecting your operations are the prior authorization thresholds for Skilled Nurse Visits, Therapies (OT/PT/ST), and Home Health Aid Visits.

Additionally, prior authorization will be required for all wheelchair purchases regardless of purchase amount. This includes all manual and power wheelchairs. Rental wheelchairs will continue to require prior authorization after the fourth month of rental. Providers should contact AXIS Healthcare directly regarding all DME purchases and rentals.

Minnesota Senior Health Options (MSHO) and Minnesota Disability Health Options (MnDHO) Formulary Transition Plan

When UCare incorporated Medicare Part D drug benefits into the benefit package for its Minnesota Senior Health Options (MSHO) and Minnesota Disabilities Health Option (MnDHO), we elected to grant a full year of transition to a closed formulary. This extension allowed our members to adjust to the dramatic changes brought about by Part D and passive enrollment into MSHO that occurred in 2006. This transition period was considerably longer than that required by the Centers for Medicare & Medicaid Services.

The new year is now upon us and members who have been receiving more costly non-formulary drugs will either need to switch drugs to formulary options, or their prescriber will need to request an exception if it is clinically justified for the patient to remain on a non-formulary drug.

If clinical circumstances such as intolerance of formulary options justify continued use of the non-formulary drug, prescriber must submit a request on behalf of the patient to UCare's pharmacy benefits manager, *ProCare RX*.

UCare health lines

Formulary exception requests for Part D can be downloaded from our web site at: http://www.ucare.org/repository/public/provmanual/_pdf/A CERT FRM FORMULARY EXCEPTION.pdf. After the form is completed, it should be faxed directly to *ProCare RX* using the fax number listed on the form. Please either complete a "transition to a formulary drug" form, or submit a formulary exception as soon as possible to avoid problems at the pharmacy. Prescriptions for non-formulary drugs will not process after **March 31, 2007**.

Members were advised by mail of this change, and also received instructions on how to request a Formulary Exception through their physician. We encourage members affected by this change to contact their physician for other medication options.

Please contact our Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free) if you have any questions.

News and Notes

Legislative changes

Newborn circumcision

As of Jan. 1, 2007, this procedure is no longer a covered service with UCare Minnesota. New legislation states: "Coverage for all newborn (through the first 28 days of life) circumcisions for medical necessity and religious practice must be authorized and processed for payment through the Minnesota Health Care Programs (MHCP), fee-for-service." Please visit the Minnesota Department of Human Services (DHS) web site at www.dhs.state.mn.us for additional information.

Medication Therapy Management Services (MTMS)

This service helps members with chronic conditions who take many medications. A pharmacist will meet with the member to learn how to make his or her drugs work the best they can to help the member stay safe and healthy. If the member is eligible for Medicare, he or she must receive these services through their Medicare Part D plan.

Before Jan. 1, 2007, eligible pharmacists billed the Minnesota Department of Human Services for these services. **Effective Jan. 1, 2007, the services are billed directly to UCare.** This change applies to members eligible under the Minnesota Senior Health Options (MSHO), Prepaid Medical Assistance Program (PMAP), Prepaid General Assistance Medical Care (PGAMC), and MinnesotaCare members, **excluding Limited Benefit Set members.**

High-end Technology Authorization Requirement Questions

Given the recent press coverage of high technology imaging overuse, we want you to know our views on this issue:

1. UCare shares the concern of other plans, payors and the medical community over the recent dramatic growth in utilization of high cost imaging studies (MRI, PET and CT scans in particular). The growth in use of many of these tests has been two or more times greater than the growth in other health care spending. Tests such as these are a major cost driver for health care.
2. Although some of the new imaging technology improves clinical care, in other cases the wrong tests are ordered or tests are ordered before other relevant evaluation or treatment have been tried. This results in costly tests that are wasted and in some cases results in unnecessary radiation exposure or further unnecessary testing to confirm false positive results.
3. Some health plans have either already implemented, or plan to do so soon, controls to reduce unnecessary testing which will require doctors or their staff to contact radiology benefit management companies prior to scheduling certain tests. **UCare does not have any such arrangements at this time but is evaluating this as an option to assure that UCare members get the correct special imaging test the first time.**
4. UCare is participating with an ICSI-sponsored work group consisting of government payers, health plans and medical groups working hard to develop a better "decision support system" that can be implemented at the physician's office to help screen out testing that is of limited value and avoid the need for cumbersome notification or authorization systems.

Minnesota Senior Health Options (MSHO) Care Coordinator Role

UCare Minnesota contracts with counties and care systems statewide to provide care coordination services for MSHO members. An important role of the Care Coordinator is to facilitate communication between all health care professionals. Please note that, as providers, you will be contacted by the Care Coordinator of your MSHO patient at least annually to provide updates on the patient's care plan. We appreciate your contributions as a member of this MSHO Care Coordinator team.

Resources to Reduce Patient Tobacco Use

Services and products for UCare members

Providers can capitalize on patients' New Year's resolutions to quit smoking (or chewing) by providing brief counseling and directing patients to resources available to them. The likelihood of tobacco cessation doubles with support in the form of pharmacotherapy, counseling, or a combination of the two. UCare offers both to its members:

- For UCare's PMAP patients, nicotine replacement therapy (NRT) products are covered through UCare's pharmacy benefit.
- Because co-pays may be cost-prohibitive for some members, UCare also offers free NRT products (patches, gum, or lozenges) to people who enroll in UCare's telephone-based **Mayo Clinic Tobacco Quitline Program (888-642-5566, TTY 866-257-2971)** This free program is available in multiple languages.
- Patients enrolled in *UCare for Seniors* do not have an NRT drug benefit; however, they can get free NRTs by enrolling in the Mayo Clinic Tobacco Quitline program.
- UCare members can get in-person support through group classes offered by the American Lung Association, and Unity and Mercy Hospitals in the Twin Cities area.
- Members can learn more about the options in their area by calling UCare's Customer services (phone number is on the back of their insurance card).

Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation are available at <http://www.surgeongeneral.gov/tobacco/prescrib.htm>.

CME opportunity for health care providers

ClearWay Minnesota now offers "Treating Tobacco Use and Dependence," a free CME program for health care professionals.

The program identifies effective interventions for tobacco use that can be offered during a patient's clinical/medical visit—even for patients who aren't willing to quit. Physicians, pharmacist, nurses, technicians, and allied health care professionals can receive one CME credit after reviewing course information, taking a short test, and submitting an evaluation.

For course objectives and more information, contact <http://www.medscape.com/viewprogram/3607>.

Multilingual Health Resource Exchange: Health in Any Language

Providers may have literature to help English-speaking patients understand their illness and treatment. But what about patients who speak Hmong, Russian, Spanish, Somali, or other languages?

The **Multilingual Health Resources Exchange** may have what you need. It's a great resource for hundreds of translated health materials.

The Exchange is collaboration between more than a dozen Minnesota health care organizations, including health systems, health plans like UCare, hospitals and hospital consortiums, clinics, the Minnesota Academy of Family Physicians Foundation, Stratis Health, and the Minnesota Department of Health. Representatives of these organizations share the responsibility and cost of creating and distributing health education materials for non-English speaking patients.

The Exchange seeks to:

- Share information about multilingual materials currently available that have been developed in Minnesota and nationwide.
- Share health education approaches that work for patients whose first language is not English.
- Develop a clearinghouse for multilingual written, audio and video health education resources.
- Jointly create new materials in multiple languages.

The Exchange's web site (online since April 2003 at www.health-exchange.net) provides centralized access to more than 1,800 patient education sheets and videos. New titles are added monthly. This easily searchable database is available to Exchange members. **UCare offers access to our provider network at no cost.** Contracted UCare providers can log into the web site with the user name of **ucare** and the password **ucare**. For a \$2,500 annual membership fee per organization, providers at partner organizations can download PDFs of brochures and other print materials. Users also can find easy links to other national sources of information about multilingual health education materials on the Exchange site.

At UCare, Carol Berg, Public Health Manager, observes that quick access to translated materials is a valuable addition to quality care. "Many patients and their families prefer to learn new information by seeing it in writing, as it may be difficult to remember all the information covered in the clinical setting," she notes. "But good translated materials are also a good reference for interpreters. The materials have accurate medical terminology in both English and the other language being translated."

Berg says there's another reason why it makes sense to provide non-English speaking patients with health information in their own language: It's the law. "Health care providers and organizations are required by federal law not to limit patient access to services based on language," she says.

For more information about the Exchange, call Carol Berg at 612-676-3635, or e-mail her at cberg@ucare.org.

Claims and Payment Information for the Blood Lead Testing Special \$100 Year-end Bonus

We would like to thank the providers who participated in the blood lead testing year-end bonus program.

Here's some important information regarding claim submission and reimbursement.

Coding and Billing: The charges should be submitted on a CMS 1500 claim form rather than roster billing. The correct CPT code is **83655** and includes claims when UCare is the secondary payer, or if the lead test was sent to an outside laboratory for processing. If the blood lead test was sent to an outside laboratory – and the lab is billing us – we do require claim verification (so we know who did the test). It is important to identify this circumstance by appending a modifier -90 with \$0.00 dollars. This will allow us to accurately reflect that a blood lead test was performed.

In order for the reimbursement to be calculated and payout handled in a timely manner, please submit the claim no later than March 30, 2007.

Reimbursement: The additional \$100 bonus payment per blood lead testing performed will be calculated after claim receipt and adjudication. It will not be included in the payment for the blood lead test. A separate reimbursement check will be sent to participating providers.

Claim Submission: Please mail claims to:

UCare Minnesota
Attention: Claims
P.O. Box 52
Minneapolis, MN 55440-0052

Contact: Direct any questions to Ali Ralston at 612-676-3658, or e-mail her at aralston@ucare.org.

Provider Reporting Responsibilities and Requirements

Quality Complaint Reporting: *Primary Care Clinics are required to send a quarterly report to UCare Minnesota listing all written and verbal complaints that the clinic received from UCare members. Minnesota Rule requires that UCare conduct ongoing evaluation of all member complaints, including those from participating providers (Minnesota Rule 4685.110 Subpart 9). Failure to comply with this procedure is considered a breach in contractual responsibilities.*

Send the completed complaint form to UCare in any of the following ways:

- Fax: 612-884-2021
- Mail:
UCare Minnesota
Quality Management Administrative Assistant
P.O. Box 52
Minneapolis, MN 55440-0052
- If there are no complaints for the quarter in question, you may call the Quality Management Administrative Assistant with this information at: 612-676-3298 or 1-877-523-1517 (toll free).

For more information and to access the Quality Complaint Reporting Form please visit www.ucare.org and refer to Chapter 18 of our Provider Manual.

Keeping M.O.M.s. Healthy

UCare's Management of Maternity Services (M.O.M.s.) initiative works to ensure members have healthy pregnancies and babies. Programs available to your patients include:

- **Incentives** to encourage pregnant UCare members to go in early for prenatal care, as well as to attend the six-week postpartum visit.
 - ✓ A \$25 gift certificate after the initial prenatal appointment within the first trimester of pregnancy (or within 42 days of enrollment).
 - ✓ A \$25 gift certificate after the six-week postpartum visit.
 - ✓ Incentive coupons that can be printed from the "Providers" section of UCare's web site at www.ucare.org; just click on *Forms* in the left-hand menu, then scroll down to *Member Incentives*.

- **Telephone-based health education and needs assessment** for pregnant members, provided by the Mayo Pregnancy Advisor nurse line.
- **At no charge to members:**
 - ✓ Breast pumps.
 - ✓ Pregnancy-related classes.
 - ✓ Early Childhood and Family Education (ECFE) classes.
 - ✓ Car seats and car seat education.
 - ✓ Smoking cessation counseling and NRT through the Mayo Clinic Tobacco Quitline (MCTQ).

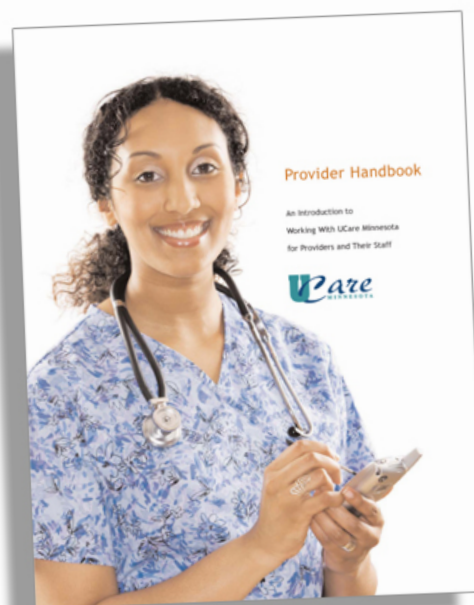
For more information about these programs, members can call UCare Customer Services at 1-800-203-7225 (toll free), or the Health Promotion department at 612-676-3351. For smoking cessation services, members can call MCTQ directly at 1-888-642-5566 (toll free).

Did you know that pregnancy may make your patients eligible for more health care assistance?

During pregnancy, a woman's eligibility for Medical Assistance increases from 100 percent of the Federal Poverty Level to 275 percent. For this change in eligibility to be formalized, a woman must tell her county worker that she is pregnant. If you see a patient for prenatal care who is currently on public programs, please encourage her to register her status with her county worker.

2007 UCare Minnesota Provider Handbook

The new **2007 UCare Minnesota Provider Handbook** is available! To download, visit us online at www.ucare.org, click on *Providers*, scroll down to *New Resources*, and then click on *2007 Provider Handbook*.



2007 UCare Minnesota Provider Handbook

Special AT&T TeleConference Presentations

UCare Minnesota is now offering special *AT&T TeleConference* presentations, which combine Web-based Internet technology and teleconference. There is no fee, and no travel is required.

Participants are given a login meeting number and code. At the time of the presentation, participants log into *AT&T TeleConference Services* to view the presentation and call into the teleconference number provided to listen to the presentation.

Upcoming presentations include:

UCare Product Overview (March 7, 2007)

Access UCare (March 7, 2007)

Medicare Advantage Product Overview (March 15, 2007)

Past presentations include:

Medicare Denials for SNFs

Please visit www.ucare.org and click on *Providers* for current sessions and to learn more about these special presentations.

Provider Manual Updates

The following chapters have recently been updated:

- Chapter 26: HCBS Waiver Services (Revised December 2006)
- Chapter 14: Obstetrics and Gynecology (Revised December 2006)
- Chapter 5: Prior Authorization, Referral and Notification (Revised December 2006)
- Chapter 6: Billing Information (Revised October 2006)

Note: The Provider Manual is updated periodically to include current information. You can access The Provider Manual online at www.ucare.org; just click on *Providers*, and then *Provider Manual*.

We appreciate your feedback regarding this manual. You can access our ***Provider Feedback Form*** online at www.ucare.org; just click on *Providers*, *Provider Manual*, and then *Provider Feedback Form*.

Access and Availability standards

UCare Minnesota wants to ensure that our members have access to health care services in a manner consistent with UCare's Access and Availability standards.

Below is a list of the standards we expect Primary Care Clinic and Ob/GYN clinics to maintain.

Access and Availability Topic	Expectation
Access to Appointments	Emergent: Immediate Urgent: 24 hours Sub acute: 1 week Routine: 3 weeks
Total Waiting Time for Appointments	15 minutes or less
Response to Telephone Calls from Patients	<ul style="list-style-type: none"> ▪ Calls answered in 4 rings or less ▪ Patients on hold for 2 minutes or less
Telephone Care (during office hours)	Patient medical phone calls are returned by M.D. or designee within: <ul style="list-style-type: none"> ▪ 30 minutes for urgent issues ▪ 6 hours or as arranged for non-urgent issues
After-hours Coverage	Required to provide 24 hours a day, 7 days a week on-call coverage. If clinic has a voicemail after hours, it must inform patient where they can obtain urgent care services.
Handicap Accessibility	Required

UCare will conduct "secret shopper" surveys in addition to a written survey during the year to review compliance with these Access and Availability standards.

Notice of Medicare Non-Coverage (NOMNC) Form

The Notice of Medicare Non-Coverage form (CMS-10095), used to notify Medicare Advantage members of their appeal rights at the end of their skilled care, will expire on March 31, 2007. The revised version of this form and its instructions are currently available on the Centers for Medicare & Medicaid Services (CMS) web site, www.cms.gov, and will soon be available for download on www.ucare.org.

It isn't known if CMS will indicate a timeframe in which the revised form must be used, or when they will disallow the existing form. Please look for further communication from both UCare and CMS about the implementation of this form.

Healthy Learner Model (HLM)

UCare was a partner with Minneapolis Public Schools as it developed and implemented the Healthy Learner Model (HLM). This model focuses on students with asthma to provide a comprehensive care approach that coordinates asthma care between the school health office staff, students with asthma and their families, and community providers.

Since it began in 1999, the HLM also has educated classroom teachers and school staff about working with students with asthma. A similar approach also has been adopted by Saint Paul School Public Schools.

The Healthy Learner Model encourages providers to fax the asthma action plan for every child with asthma they see to the numbers below for children enrolled in these public school systems:

Minneapolis Public Schools: 612-668-8055

Saint Paul Public Schools: 651-632-3731

This action helps school staff reinforce the asthma action plan for these students.

“Healthy Learner Model for Student Chronic Condition Management” and the “Healthy Learner Asthma Initiative” are feature articles in the December 2006 *Journal of the School Nursing* (JOSN).

Coding Zone

Note: Correct coding is of utmost importance. 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 the use of coding systems and guidelines.

Modifier 50 - Bilateral Procedures

The 50 modifier is used for surgeries or procedures that are performed on both sides of the body at the same time. UCare follows CMS guidelines for bilateral-eligible codes. The procedures that are bilateral-eligible codes are indicated in the Medicare Physician Fee Schedule Relative Value File (MPFSRVU). The 50 modifier is only appropriate when the bilateral surgery indicator is “1” or “3,” and the service(s) must have been performed bilaterally. The MPFSRVU database may be accessed at <http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage>

When the procedure is done bilaterally and the indicator for the procedure is “1” or “3,” report the procedure code once; append the 50 modifier and report one unit of service. It is not appropriate to report modifier 50 if the bilateral indicator is 0, 2, or 9. CPT codes with bilateral in their description should not be submitted with the 50 modifier.

Claims Payment

UCare Minnesota maintains a 30-day turnaround time on all clean claims received. A clean claim is defined as a claim that has no defect or impropriety, including any lack of any required substantiating documentation or particular circumstance requiring special treatment that prevents timely payment from being made on the claim (42 CFR 447.45 and 447.46, and Minnesota Statutes, section 62Q.75).

UCare accompanies all payments with an Explanation of Payment (EOP) that outlines billing information submitted, along with the UCare claim processing information. We list payment/non-payment code explanations at the bottom of each EOP.

Read your EOPs as you receive them. Address questions about an EOP to the Provider Assistance Center at 612-676-3300 or 1-888-531-1493, not by resubmission of the claim.

***** Please note: UCare Minnesota recommends that you keep copies of your EOPs according to your business record retention policies.**

Unlisted Procedures

When billing for a service or procedure, select the code that accurately identifies the procedure or service performed. If there is no code that identifies the procedure or service performed, then report this using the appropriate unlisted procedure or service code. Unlisted procedure codes, also referred to as NOC (not otherwise classified) codes, are typically XXX99 codes.

The billed service must be identified to process these codes. Enter a concise description of the procedure/service on the claim, or attach the documentation with the claim. If the required information is not submitted, the procedure/service will be disallowed and the provider will need to submit medical records/documentation for review.

Acceptance of New CMS 1500 Claim Form

The 1500 claim form underwent changes to accommodate the reporting of the National Provider Identifier (NPI). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. This standard unique identifier is the National Provider Identifier (NPI). All HIPAA-covered health care providers, health plans, and clearinghouses must start using NPIs by the May 23, 2007, compliance date.

Health care providers could begin using the new CMS 1500 claim form on Nov. 1, 2006. The older version will no longer be accepted as of April 1, 2007.

The National Uniform Claim Committee (NUCC) provides valuable information about changes to the new form. Please visit its web site at www.nucc.org.

Acceptance of the New UB-04 Claim Form

The UB-92 facility claim form will be replaced by a new claim form called UB-04.

The new UB-04 claim form accommodates the NPI, in addition to other changes and modifications.

Health care providers may begin submitting claims with the new format on March 1, 2007. The older version will no longer be accepted as of May 23, 2007.

The National Uniform Billing Committee provides valuable information about the changes and modifications. Please visit its web site at www.nubc.org.

Unsuccessful TPL Billing

Providers may bill UCare in cases when three (3) unsuccessful attempts have been made to collect from a third party payer within 90 days, except where the third party payer has already made payment to the recipient.

The following information is required for payment to be considered:

- A copy of the first claim sent to the third party payer.
- Documentation of two further billing attempts.
- Written communication the provider has received from the third party payer.

Claims must be billed to UCare within 12 months of the date of service to qualify for payment determination.

Please fax claims and documentation to:

UCare Minnesota
Attn: Claims Manager/Supervisor
Subject: Unsuccessful TPL Billing
Fax Number: 612-676-6501

If the provider receives payment from the third party payer, this payment information must be sent to UCare with a Status Adjustment Form.

Winter 2007
Coding Zone

Important UCare Minnesota Phone Numbers

Provider Assistance Center: 612-676-3300 or 1-888-531-1493 (toll free)

- Claims/Billing questions.
- Referral questions.
- Benefit questions.
- General information about UCare.
- Clinic staff contact.
- Updates/revisions of your staff, patient acceptance, location or available services.

UCare fax: 612-676-6501 (Please include the intended recipient's name so the fax is delivered promptly.)

UCare Claims Department fax: 612-884-2000

- Referral and authorizations entry *only*.

Behavioral Health Care Providers (BHP):

763-525-9919 or 1-800-361-0491 (toll free)

- Authorizations for mental health and chemical dependency services.
- Authorizations for non-covered benefits or out-of-network providers.

Doral Dental Services of Minnesota, Inc.:

1-800-341-8478 (toll free)

- Authorizations for dental services.
- Dental network questions.
- Claims questions for dental services.

ChiroCare of Minnesota, Inc.: 1-800-873-4575 (toll free)

Part of American Chiropractic Network (ACN)

- Authorizations for chiropractic services.
- Chiropractic network questions.
- Claims questions for chiropractic services.

Reminders

▪ **Hospital Replacement Claims**

Effective Oct. 1, 2006, UCare now accepts replacement hospital claims. To bill a hospital replacement claim on a UB-92 (UB04), the bill type must end with a 7 (XX7). It is no longer necessary to send replacement claims with a claim status adjustment form.

▪ **2007 ICD-9 Diagnosis Code Changes**

Effective Oct. 1, 2006, providers must use the 2007 International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM) codes for claims submitted with dates of service Oct. 1, 2006, and after. *Reminder: There is no grace period.* The following web site provides a comprehensive list of coding updates, deletions and revisions:

http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_Summarytables.asp#TopOfPage

- Don't forget to sign up for our **Provider List Server** to receive news and updates, including *health lines*, via e-mail. To sign up, visit us online at www.ucare.org, click on *Providers*, scroll down to *E-mail List Server*, and then click on *Subscribe*.

- You may obtain UCare's specific **Pharmacy Request Forms** regarding prior authorizations, exceptions, and non-formulary requests at www.ucare.org; just click on *Providers*, and then *Formularies*. Once the form(s) is completed, please fax your request directly to **ProCare RX** at 1-800-662-0590.

- UCare's **Coding Consultant Service** is available to providers for coding and billing issues. Coding questions should be sent via e-mail to codingconsultant@ucare.org. *Note: There is a four-day turnaround time on these requests.*



Claims, Benefits, and
General Provider Questions

Prior Authorizations and
Nursing Home Admissions

Call: Provider Assistance
Center (PAC)

Phone: 612-676-3300 or
1-888-531-1493 (toll free)

Call: Clinical Intake and
Operations

Phone: 612-676-6705 or
1-877-447-4384 (toll free)

Fax: 612-884-2499 or
1-866-610-7215 (toll free)

If you have comments and/or suggestions
for future content, please
e-mail us at healthlines@ucare.org.

Provider Assistance Center
612-676-3300 or
1-888-531-1493 (toll free)

Important phone numbers for easy reference.