



CMO's Updated DME Precertification Guidelines

In an effort to improve the current process for obtaining authorizations for Durable Medical Equipment (DME) *for our EmblemHealth (HIP) members only*, CMO implemented new guidelines effective October 1, 2009. There are three categories of guidelines for EmblemHealth HIP DME: (1) **Basic DME**, (2) **DME requiring benefit/rider**, (3) **all other DME services requiring an authorization and the benefit**.

Category #1: **Basic DME**

(No authorization, no benefit/rider required):

All EmblemHealth (HIP) members are eligible for Basic DME which includes canes, walkers and crutches. For these basic DME items, it is not necessary to call, fax or enter a CareLink request for authorization. In order for this claim to pay, no authorization is required. The EmblemHealth (HIP) members simply need a prescription from their provider to have the claim paid. As a provider or vendor, if you submit a CareLink request for the below DME services, the Carelink system will automatically **APPROVE** this request. If you place your request by fax or phone, you will NOT receive an authorization approval letter as authorization is not needed.

We encourage providers and vendors to avoid sending authorization requests for these services (see our website at www.cmocares.com/health_provide for a complete list of codes).

Category #2: **DME requiring Benefit/rider** *(No authorization required):*

As you may know, **not all EmblemHealth (HIP) Commercial members** have a DME benefit/rider, whereas all Medicare and Medicaid members do have a DME benefit. Due to this, it is up to the member, requesting physician and vendor to verify the member's eligibility and benefit information before providing DME equipment to the member. If a member has the DME benefit/ rider, providers and vendors do not need to call, fax or enter a CareLink request for authorization, nor submit clinical information to CMO. For a complete list of DME services that do not require authorization if the member has the benefit, please visit the DME Guidelines Section of our website at:

www.cmocares.com/health_provide.

Please note: your claim will **NOT** be paid unless the patient has the necessary benefit (DME rider). If you are unsure as to whether or not a member has the DME rider, you may call CMO Customer Service at 1-914-377-4400 for benefit information

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or find this information on CareLink.

Category #3: **All other DME services** *(Authorization and Benefit required):*

All other DME services not listed in the **Basic DME** or **DME requiring benefit** categories on our website require both the member to have the benefit and an authorization must also be obtained *(including submission of clinical information to determine medical necessity)*.

If you have any questions regarding these guidelines, please call CMO Provider Relations at 1-914-377-4477.

Have You Registered for Post-N-Track?

As mentioned in the last issue of CMO Connections, CMO has implemented a new service called Post-N-Track. Post-N-Track allows our registered providers and staff to view member **eligibility** and **claims status online!** If you were calling about claims payments before to our Contact Center, you can now use our online portal. It is a very easy system to navigate-- we can walk you through the registration process and train you and your staff on how to use the

portal in minutes. Please note also that at this time, CMO is offering **eligibility** and **claims status** checking through our Post-N-Track Portal, however in the spring, CareLink will be going away and your staff will need to use Post-N-Track for authorizations. The first step is to email us at:

CMOProviderRelations@montefiore.org and let us know that you would like to start checking claims status and eligibility online.

One of our representatives will contact you regarding set-up and you will be checking CMO claims status online in no time!

As a reminder, we still have in place the **Interactive Voice Response (IVR)** system which allows 24/7 access to eligibility information and co-payment information over the phone. You can access the IVR by calling 1-888-MONTE-CMO.

CMO CONNECTIONS



The Care Guidance Program is now the Health Buddy® Program at Montefiore!

As part of a project funded by the Centers for Medicare and Medicaid Services (CMS), the Care Guidance Program has partnered with Robert Bosch Healthcare to offer *free in-home tele-monitoring and care management services to select fee-for-service Medicare beneficiaries in the Bronx.*

The Health Buddy Program is designed to help participants with complex medical needs improve their quality of life, prevent complications of their illness, and lower their healthcare costs by reducing the need for emergency room visits and avoidable hospitalizations.

Care management staff members are currently reaching out to the existing 1,800+ participants to transition them to the new program. This past fall, Medicare invited additional fee-for-service Bronx Medicare beneficiaries with complex medical needs to participate in the Health Buddy Program.

If any of your patients are selected, please encourage them to participate. They can continue to see their own doctors, choose their own specialists and receive treatment from any hospital or facility they choose. There are a number of benefits to physicians as well, including:

- Patient monitoring by CMO- Care Management Company clinical staff via the Health Buddy device and communication with providers when problems are identified
- Availability of clinical staff who will communicate with and educate patients about their conditions and treatment plan thus freeing valuable office time
- Assistance addressing psychosocial stressors that impact the patient's ability to follow treatment plans
- No change to administrative or Medicare claims procedures

The CMO Health Buddy Program staff looks forward to working collaboratively with beneficiaries and providers to:

- Promote better health
- Help physicians manage high risk patients
- Reduce avoidable emergency room visits and hospital admissions
- Improve the quality of life for both patients and their caregivers

The Health Buddy Program at Montefiore is not an HMO, Medicare Advantage, managed care or other insurance plan. This demonstration program is free and available for beneficiaries selected by Medicare to participate. They remain in fee-for-service ("Original") Medicare with all their Medicare benefits. If you would like more information about the Health Buddy Program at Montefiore or about the Health Buddy device, please call Alessandra Taverna-Trani, Project Director, at **914-377-4691**.

Palliative Care Moves to Point of Care

Palliative Care consultation is now available to patients at two Montefiore Medical Group sites, **Bronx East and Grand Concourse**, through CMO.

Palliative care, historically associated with end of life and hospice, is now assisting with the management of patients with chronic illness, in both inpatient and outpatient settings. It is appropriate at any point in the trajectory of a chronic illness.

By controlling symptoms and helping patients and families set realistic goals of care with their physician, palliative care can preserve a patient's quality of life and reduce unnecessary hospitalizations and ER visits.

Linda Rodman, NP, Palliative Care Manager, sees patients by appointment at the Medical Groups. Family members

and physicians as well may participate in discussion of the patient's goals and how best to achieve them. Typical patients include those with dementia at any stage, CHF, COPD and cancer. Interventions may include assessing burden versus benefit of treatments, symptom management, emotional support and reassurance, as well as practical strategies to preserve dignity and quality of life in the face of progressive chronic illness.

If you are unfamiliar with the palliative care and symptom management services being offered by the CMO or would like to discuss the challenges you are facing in managing chronic illness, please contact Linda Rodman NP at **lrodman@montefiore.org**, Mary Jo Maloney RN at **mmaloney@montefiore.org** or Roxanne O'Brien RN, BSN at **robrien@montefiore.org**.

Documentation and Coding of Active Cancers

In the CMS Hierarchical Condition Category (HCCs) risk adjusted model, Medicare beneficiaries with diagnosis of active cancers are recognized to require significant resources to adequately support the care appropriate to their condition. CMS groups active cancers into four levels of diagnostic acuity. These levels are:

- I. **Metastatic Cancer and Acute Leukemia**
- II. **Lung, Upper Digestive Tract, and Other Severe Cancers**
- III. **Lymphatic, Head and Neck, Brain, and Other Major Cancers**
- IV. **Breast, Prostate, Colorectal and Other Cancers and Tumors**

In order to accurately communicate a patient's condition to Medicare, it is essential that sufficient diagnostic detail is provided in the clinical chart notes reflecting the face to face encounter with the patient. The neoplasm table in the ICD-9-CM code book establishes three categories of malignancy: primary, secondary and in-situ. Neoplasms should be coded as such and unknown sites must also be documented.

Active Cancers

Diagnosis: Current Cancers

Patients with cancer who are receiving active treatment for the condition should be reported with the malignant neoplasm code corresponding to the affected site. This applies when a patient has had cancer surgery, but is still receiving treatment for the disease.

Example:	<u>Chart documentation</u>	<u>ICD9 code</u>
	Malignant neoplasm of kidney	189.0

Diagnosis: Active Primary site with Secondary site Unknown/Unspecified

It is essential that metastases are documented and coded even if the primary or secondary tumor site is unknown or unspecified.

Example	<u>Chart documentation</u>	<u>ICD9 code</u>
	Primary Metastatic lung cancer	162.5
	Secondary site unspecified	199.1

History of Cancer

Patients with a history of cancer and no evidence of current cancer should be reported as "Personal history of malignant neoplasm" using a code from the V10 series. These codes require additional digits to identify the type of cancer and should be reported only when there is no evidence of current cancer and a patient's present problem, signs, or symptoms may be related to the cancer history or impact the plan of care.

Example	<u>Chart documentation</u>	<u>ICD9 code</u>
	Personal history of malignant Neoplasm, Kidney	V10.52

Patients with active cancers require extensive clinical services to address their ongoing care. It is important that our IPA providers accurately communicate the full extent of a patient's disease so that the network can continue to provide the highest quality of care available.

If you have any questions related to HCC Coding guidelines, please contact any member of CMO's Coding Staff:

- Bill Scesney 914-377-4701
- Debrarose Toscano 914-377-4745
- Jessica Acosta 914-377-4654
- Tina Palmer 914-377-4681
- Anna Matos 914-378-6078

Seasonal and H1N1 Vaccine and Administration Coding

When coding the flu vaccine, whether seasonal or H1N1, claims must be submitted with both the administration code and the vaccine code together.

Both the Seasonal flu and the H1N1 flu vaccines may be administered on the same day, however, keep in mind that Correct Coding Initiative edits may require the use of modifier 59 to allow both administration codes to pay. (e.g., 90655 reported with 90663 – 59 or 90471 reported with G0008-59).

Be sure to match each vaccine code to its correct method of administration code. An intranasal or oral vaccine must be reported with an intranasal or oral administration code.

For reporting **Seasonal Flu** (not Influenza A [H1N1] vaccines) use codes:

Code	Description	Comments
90655 – 90658	Intramuscular (IM) vaccine	Be aware of the age restrictions on some of the codes.
90465 – 90466	IM administration codes	With physician face-to-face counseling.
90471 – 90472	IM administration codes	Not accompanied by face-to-face counseling.
90660	Intranasal vaccine	
90467 – 90468	Intranasal or Oral administration	With physician face-to-face counseling.
90473 – 90474	Intranasal or Oral administration	Do not report 90473 in conjunction with 90471 or 90472.

Note: Medicare billing requires the use of Administration code **G0008** and submission of diagnosis code **V04.81** for Seasonal flu.

For reporting **H1N1 (Influenza A) flu** vaccine use codes:

Code	Description	Comments
90470	H1N1 immunization administration (intramuscular or intranasal) including counseling when performed	Payable equal to G0008.
90663*	Influenza virus vaccine, pandemic formulation, H1N1	Not payable as it's provided free of charge from the government.
G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)	Payable equal to G0008.
G9142*	Influenza A (H1N1) vaccine, any route of administration	Not payable as it's provided free of charge from the government.

Note: New diagnosis code **488.1** was established for H1N1 effective 10/1/09.

*CMO is recommending that **90663** and **G9142** be billed with a \$0 charge to avoid receiving "No Base Code" denials.

IPA Insider Classifieds

Do you have office space to lease? In search of new partners or office staff? Or maybe you have a new service or program to announce?

Let us help you communicate to all IPA members.

If you are interested in advertising in our newsletter free of charge, please email CMOnews@montefiore.org or call **914.377.4477**.

MODERN OFFICE SPACE AVAILABLE FOR RENT

Location: 3220 Fairfield Avenue, Riverdale (one block east of the Henry Hudson Parkway). 800 sq. ft. fully furnished includes: separate ground floor entrance from the street, reception area and waiting room, consultation room, two exam rooms and a small office.

If interested please contact Dr. Norman Sas at 917.807.9828.

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STORE FRONT OFFICE SPACE AVAILABLE FOR LEASE

Location: East Gunhill Road (3 blocks east of Montefiore Medical Center). This 3,000 sq. ft. space will be available starting 3/1/2010, if interested please call Denise at 718.654.1882 or 646.533.8683

PROVIDERS

Are you moving?

If you are or have changed your Tax ID, CMO needs to be informed.



Please send an updated W9 form to:

CMO Provider Relations

100 Corporate Boulevard, Ste. 100

Yonkers, NY 10701

Fax: 914.377.4794

For more information about **CMO Connections**, please contact CMO Provider Relations at 914.377.4477.

CMO - The Care Management Company, 200 Corporate Blvd. South, Yonkers, New York 10701

Corporate Telephone: **914.377.4400** | Fax: **914.476.4825**

Email: CMOnews@montefiore.org | Website: www.CMOCares.com