

## Mutual of Omaha FAQ's

- **Referrals Required** even within TriHealth Group; all specialist, home healthcare, outpatient therapy, Cardiac and Pulmonary Rehab
- **Referral NOT needed:** Preventive women's care (all other requires referral), flu shots, pneumonia vaccine, emergency/urgent care, dialysis, dental, routine eye, audiology evaluations
- **Portal Issues** contact Lumeris [CustomerSupport@lumeris.com](mailto:CustomerSupport@lumeris.com) or 1-866-397-2812.
- MoO Follows the Medicare IPO list
- The information has been loaded to the **Managed Care LinkNet** page under the Mutual of Omaha tab.

If you experience any issues with Mutual of Omaha or would like **additional training for your team** please notify the Managed Care Team- [ManagedCare@TriHealth.com](mailto:ManagedCare@TriHealth.com)

❖ *Mutual of Omaha is working on Credentialing for Mid-Level Providers, ETA of Completion September 2019*





## **Anthem Prior Authorization (GreenPass) Program Update**

### Situation

Insurance verification team identified issue with Children's Hospital (prefix CWB) would require authorization. The CWB prefix is part of the Anthem Prior Authorization Pass and should not require authorization.

### Next Steps/Update

- Anthem is aggressively working to diagnosis and update their system to allow clean claims processing.
- To continue to alleviate any claims denials, please continue to pursue authorizations for members with this prefix in the interim.



**UPDATE: TriHealth has been EXEMPT from Site of Care. Drugs will need a prior authorization.**

**Anthem Federal Employee Health Benefit Program PPO Members now require prior approval for specific Specialty Drugs and Site of Care- Effective July 1, 2019**

- ✓ *“Effective 7.1.19 through 12.31.19 FEP is implementing a Prior Authorization program for 21 Specialty drugs. Without prior authorization, the 21 drugs will continue to be reviewed retrospectively for medical necessity, as they have been today.*
- ✓ *Between 7.1.19 and 12.31.19 the FEP program is utilizing this timeframe to assist physicians in also identifying alternate sites of care to administer the drug if medically appropriate. This will not however impact claims payment.*
- ✓ *Effective 1.1.2020 the Site of Care, as well as the drug, will require Prior Authorization for Medical Necessity review in order for the claim to be paid “.*

**To acquire Prior Approval please contact the Anthem Federal Employee Program Utilization Management Department at (800-860-2156).**

❖ **Managed Care sent an Objection Letter to Anthem on this program. As of today, please submit prior approval for the drugs until further notice.**

Code	Procedure Description
J0129	Abatacept injection ( <b>Orencia</b> )
J0490	Belimumab injection ( <b>Benlysta</b> )
J1459	Injection, immune globulin ( <b>Privigen</b> )
J1555	Injection, immune globulin ( <b>Cuvitru</b> )
J1556	Injection, immune globulin ( <b>Bivigam</b> )
J1557	Injection, immune globulin ( <b>Gammaplex</b> )
J1559	Injection, immune globulin ( <b>Hizentra</b> )
J1561	Injection, immune globulin ( <b>Gamunex-c/Gammaked</b> )
J1566	Injection, immune globulin ( <b>Carimune</b> )
J1568	Injection, immune globulin ( <b>Octagam</b> )
J1569	Injection, immune globulin ( <b>Gammagard liquid</b> )
J1572	Injection, immune globulin ( <b>Flebogamma</b> )
J1575	Injection, immune globulin/hyaluronidase ( <b>HyQvia</b> )
J1599	Injection, immune globulin ( <b>Panzyga</b> )
J1602	Golimumab IV ( <b>Simponi Aria</b> )
J1745	Infliximab not biosimilar ( <b>Remicade</b> )
J2323	Natalizumab injection ( <b>Tysabri</b> )
J3380	Vedolizumab Injection ( <b>Entyvio</b> )
Q5103	Infliximab dyyb biosimilar ( <b>Inflectra</b> )
Q5104	Infliximab abda biosimilar ( <b>Renflexis</b> )
Q5109	infliximab-qbt, biosimilar ( <b>Ixifi</b> )



## **Modifier 63 Reminder: Professional**

Guidelines per Appendix A of the CPT Professional Edition codebook:

- ✓ Modifier 63 is only used when an invasive procedure is performed on neonates or infants up to a present body weight of 4 kg to indicate significantly increased complexity and physician or other qualified health care professional work commonly associated with these patients.
- ✓ Unless otherwise designated, this modifier should only be appended to the procedures/services identified in the modifier description.
- ✓ Based on the modifier description, modifier 63 is not valid for use with evaluation and management, anesthesia, radiology, pathology/laboratory, or medicine codes.
- ✓ Many procedures performed on infants for correction of congenital abnormalities include additional difficulty or complexity that are inherent to the procedure and are identified by the code nomenclature and the CPT parenthetical “do not use modifier 63 in conjunction with...”
- ✓ These codes are also identified in Appendix F of the CPT Professional Edition codebook.

*\*\*\*Please note, incorrect reporting of modifier 63 may result in claim denials.*



## **Modifier 79 Reminder: Professional**

### Billing For modifier 79

- ✓ According to Appendix A in the *CPT Professional Edition*, modifier 79 is used to indicate that a procedure or service is an “...unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period”.
- ✓ If the current procedure or service does not fall within the postoperative period of a previously performed 0, (same day), 10 or 90 day postoperative period, by the same provider or a provider in the same group practice, please consider the definition of modifier 79 when adding the modifier to a procedure or service.



**Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines**

Effective for dates of service on and after September 28, 2019

Brain Imaging Guideline contains updates to the following:

- Infection
- Multiple sclerosis and other white matter diseases
- Movement disorders (Adult only)
- Neurocognitive disorders (Adult only)
- Trauma
- Pituitary adenoma
- Tumor Hematoma or hemorrhage – intracranial or extracranial
- Hydrocephalus/ventricular assessment
- Pseudotumor cerebri
- Spontaneous intracranial hypotension
- Abnormality on neurologic exam
- Ataxia
- Dizziness or Vertigo
- Headache
- Hearing loss
- Tinnitus



**Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines**

Effective for dates of service on and after September 28, 2019

Extremity Imaging Guideline contains updates to the following:

- Congenital or developmental anomalies of the extremity (Pediatric only)
- Discoid meniscus (Pediatric only)
- Soft tissue infection
- Osteomyelitis
- Septic arthritis
- Bursitis
- Capitellar osteochondritis
- Fracture
- Patellar dislocation
- Patellar sleeve avulsion
- Trauma complications
- Bone lesions
- Soft tissue mass – not otherwise specified
- Lisfranc injury
- Labral tear – hip
- Labral tear – shoulder
- Meniscal tear and ligament tear of the knee
- Rotator cuff tear (Adult only)
- Avascular necrosis
- Lipohearthrosis (Pediatric only)
- Paget’s disease – new multimodality indication
- General Perioperative Imaging (including delayed hardware failure) not otherwise specified



**Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines**

Effective for dates of service on and after September 28, 2019

Spine Imaging Guideline contains updates to the following:

- Multiple sclerosis or other white matter disease
- Spinal infection
- Cervical injury
- Thoracic or lumbar injury
- Paget's disease
- Spontaneous (idiopathic) intracranial hypotension (SIH)
- Perioperative Imaging, including delayed hardware failure, not otherwise specified
- Neck pain (cervical)
- Mid-back pain (thoracic)

*Access AIM's ProviderPortalSM directly at [providerportal.com](http://providerportal.com).*

*Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.*

*Access AIM via the Availity Web Portal at [availity.com](http://availity.com).*

*Call the AIM Contact Center toll-free number 800-554-0580, 8:30 a.m.–7:00 p.m. ET.*



## **United HealthCare Document Vault!**

UHC letters are posted in the Document Vault on Link upon generation.

- Viewing documents through UHC Document Vault will reduce mail time and provide TriHealth the opportunity to keep claims movement
  - *Letters will continue through regular mail*
- United Healthcare Commercial and Medicare Advantage claim letters
- Notification/prior authorization letters
- Care provider remittance advice

[UHCprovider.com/documentvault](https://UHCprovider.com/documentvault)

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