Prestige HEALTH CHOICE® Leading the Way to Quality Care

Connections

A Provider's Link to the Prestige Health Plan 2017 Issue 1

Procedure code requirement for outpatient hospital encounters

To help ensure proper claims billing, Prestige Health Choice (Prestige) wants to remind all providers that effective October 14, 2016, the Florida Medicaid Management Information System (FMMIS) began checking for the presence of appropriate procedure codes on detail line items of institutional encounters (UB-04) containing outpatient hospital services. All outpatient hospital claims will require a CPT/HCPCS procedure code for all revenue codes billed with dates of service on or after October 14, 2016. Any revenue codes billed without an appropriate CPT/HCPCS code will be denied, and providers will have to resubmit the claim. This is in accordance with the Florida Medicaid Health Care Alert dated October 13, 2016. Below is a list of the affected revenue codes:

Revenue codes that now require a procedure code										
0261	0274	0278	030X	031X	032X	033X	034X	035X	036X	037X
038X	0391	040X	041X	042X	043X	044X	045X	046X	047X	048X
049X	051X	052X	053X	054X	0530	0561	0562	057X	059X	060X
061X	0623	0634	0635	0636	064X	065X	067X	0722	0723	0724
073X	074X	075X	0760	0761	0769	077X	078X	079X	0811	0812
0813	0814	083X	084X	085X	088X	090X	091X	092X	0940	0941
0943	0944	0945	0946	0947	0949	095X				

CMS-1500 form billing line limit

Per the Agency for Health Care Administration (AHCA) companion guide and Health Insurance Portability and Accountability Act (HIPAA) rules, claims billed on a CMS-1500 form are limited to no more than 50 billed lines. Any paper or electronic claim submitted on a CMS-1500 form that contains more than 50 lines will be rejected.

If you have any questions, please contact Prestige Provider Services at **1-800-617-5727**.

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The Bright Start® program and prenatal and postpartum member care

Bright Start program

Prestige has a maternity case management program called Bright Start. The program provides nursing review and counseling; nutrition review; prenatal, delivery, and postpartum services; and nursery care services in the hospital. Bright Start combines scheduled written and telephonic outreach that provides point-of-contact notification of health needs to members. Bright Start uses provider and community programs, partnerships, and creative outreach strategies to facilitate member access to required services.

All obstetrics (OB) and Federally Qualified Health Center (FQHC) providers should refer to plan and state requirements below when caring for prenatal and postpartum members. For more information or assistance with members who are high risk or are not consistently getting prenatal care, contact Bright Start at **1-855-371-8076**.

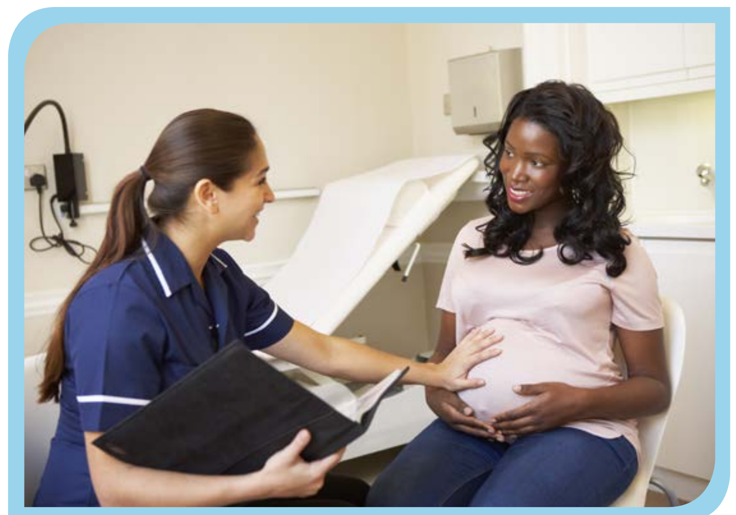
Pregnancy Notification Form

All prenatal and postpartum care requires the Pregnancy Notification Form for proper and expedient payment of services. This authorization form covers three OB ultrasounds, all scheduled prenatal visits, and up to four postpartum follow-up appointments.

The Pregnancy Notification Form is located at **www.prestigehealthchoice.com** and can be faxed to Prestige Bright Start department at **1-855-358-5852**, or submitted online via the secure provider portal at **www.availity.com**.

Other important reminders and contract requirements

- Providers must offer Florida's Healthy Start prenatal risk screening to each pregnant member as part of her first prenatal visit.
- Providers must use the Department of Health (DOH) prenatal risk form (DH Form 3134) available from the local county health department (CHD).
- Providers must keep a copy of completed screening instruments in members' medical records and provide a copy to the member.
- Providers must submit the completed DH Form 3134 to the CHD in the county where the prenatal screen was completed, within 10 business days of completion.
- Providers must screen all pregnant members for tobacco use, and provide or make referrals to smoking cessation counseling and appropriate treatment as needed.
- Providers must refer all infants, children under the age of 5, and pregnant, breast-feeding, and postpartum women to the local office of Women, Infants and Children (WIC).
- Providers must offer all women of childbearing age HIV counseling and HIV testing. Providers must also offer all pregnant women HIV counseling and testing at the initial prenatal care visit, and again at 28 and 32 weeks of pregnancy.
- Providers must attempt to obtain a signed objection if a pregnant woman declines an HIV test.
- Pregnant women who are infected with HIV are to be counseled about and offered the latest antiretroviral regimen recommended by the U.S. Department of Health & Human Services.
- Providers must screen all pregnant members receiving prenatal care for the hepatitis B surface antigen (HBsAg) during the first prenatal visit.



Pharmacy benefit management, prior authorization, and the preferred drug list

PerformRx provides pharmacy benefit management services to Prestige Health Choice. Providers are responsible for obtaining prior authorization when required. PerformRx specialty and non-specialty pharmacy prior authorization forms and criteria are available on the Prestige website at:

www.prestigehealthchoice.com/provider/itn/find-provider/index.aspx.

- You can fax prior authorization request to PerformRx at **1-855-825-2717**.
- Call Provider Services at **1-800-617-5727** for assistance.

The AHCA Preferred Drug List and Changes Summary Report, which lists changes made to the preferred drug list as a result of the last Pharmaceutical & Therapeutics Committee meeting, can be accessed from the same Prestige page above, or on AHCA's site:

ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml.

For pharmacy questions call the Pharmacy Help Desk at 1**-855-371-3963**, available 24 hours a day, 7 days a week.

Upon approval of a specialty authorization, you may forward the corresponding prescription to PerformSpecialty pharmacy for prompt service.

- Phone: **1-855-287-7888**
- Fax: **1-844-489-9565**

Present on Admission indicator update

Effective April 1, 2017, Prestige will no longer accept Present on Admission (POA) indicator "U" for the primary diagnosis. Claims submitted with POA indicator "U" as the primary diagnosis will be denied effective April 1, 2017.

If you have any questions, please contact Prestige Provider Services at **1-800-617-5727**.

Updating provider demographics

If there have been any changes to the information listed below, please contact your network representative or Provider Services at **1-800-617-5727**.

- Office phone number.
- Office addresses.
- Hours of operation.
- Acceptance of new patients.

Healthcare Effectiveness Data and Information Set (HEDIS®) training

Prestige offers HEDIS training that provides information, tools, and resources to meet quality goals toward obtaining successful HEDIS scores. The trainings are conducted on the second and third Thursday of every month, from 3 p.m. to 4 p.m., and will continue through the end of 2017.

The Prestige HEDIS training includes discussions on the topics below, followed by a Q&A session:

- HEDIS measures.
- HEDIS reporting tools and resources.
- Community engagement.
- Integrated case management.
- Healthy Behaviors Program.

To sign up for our next training, visit **www.prestigehealthchoice.com**, click on the Providers tab, then on Training and Education. If you have any questions, please contact Provider Services at **1-800-617-5727** or your account executive.

Utilization Management program

Prestige's Utilization Management (UM) staff (i.e., nurses, medical directors and pharmacists) regularly reviews the medical appropriateness of services for which authorization is requested. Approval or denial of coverage determinations for requested services is based on medical necessity, eligibility for outpatient and inpatient services, and benefit guidelines. The medical necessity review is performed using:

- Nationally accepted medical guidelines.
- Medical information, including Medicaid benefits and supporting clinical information.

Prestige does not reward health care providers for denying, limiting or delaying benefits or health care services. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

11631 Kew Gardens Ave.
Suite 200
Palm Beach Gardens, FL 22410

Fraud, Waste, and Abuse Tip Hotline: 1-866-833-9718, 24 hours a day, seven days a week.
Secure and confidential. You may remain anonymous.

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