



Public Employees Insurance Agency

# ProviderNews

Timely News & Information Of Interest To Healthcare Providers

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Provider News  
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## Evaluation and Management Chart Audit Summary

PEIA has completed a chart audit of evaluation and management documentation (an "E&M Audit") from 79 physicians' practices. The E&M Audits covered 7 percent of the charts from the 79 practices. PEIA has sent each practice audited a report providing a full description of the audit, evaluation process, findings, and the error rate for the practice.

### To summarize the findings:

- Six physicians had no errors associated with their reviews.
- Forty-one had a 20%, or higher, error rate.
- The total overpayment amount was \$10,587.87.
- In the total sample of charts reviewed:
  - The accuracy rate was 69%;
  - Error rate was 27%; and,
  - Average overpayment was \$33.00.

Based on the audit results and the errors identified, PEIA will perform additional audits for Plan Year 2004 (July 1, 2003-June 30, 2004). The agency will extrapolate overpayments, based on the results of those audits, for all evaluation and management services PEIA has paid for each provider reviewed.

PEIA will conduct audits of out-patient hospital services, anesthesia services, and outpatient therapy services over the next several months.

PEIA's standards follow the Medicare E&M Documentation Guidelines, which are available on the web at: <http://www.cms.hhs.gov/medlearn/emdoc.asp>

## Out-of-state Costs Rising

*Medical costs in the PEIA PPB Plan are growing rapidly, and much of the growth is due to an increase in inpatient admissions to out-of-state hospitals. Keeping care in West Virginia, when appropriate, is a goal of the PEIA PPB Plan.*

To better control costs, PEIA is encouraging West Virginia providers to consider in-state referrals before out-of-state ones. Toward that end, Acordia National has designated a Provider Liaison, Paula McComas, RN, CCM, to work with providers and their staffs by distributing information and making suggestions about possible in-state care alternatives.

"Since West Virginia's geography makes camaraderie difficult among doctors from Mercer County all the way up to Hancock County or Wayne County over to Berkeley

County," said McComas, "we felt it would be good to offer our help with information regarding specialists, facilities and other factors that make good healthcare great."

McComas notes that by contacting the Provider Liaison, physicians can be sure that they are referring their patients to in-state providers where appropriate, and where the care isn't available in-state, that patients are referred to in-network providers when out-of state.

"Case managers at Acordia National deal with the entire state," she adds, "so we are in a position to know the best referral resources."

By keeping care in West Virginia, more of PEIA's financial resources can be distributed to West Virginia providers.

Contact McComas by fax at (304) 353-8732 or by e-mail at [Paula\\_McComas@acordianational.com](mailto:Paula_McComas@acordianational.com)



## Medical Appeals Process

### PEIA PPB PLAN: MEDICAL BENEFITS

#### L E V E L 1

Call Acordia to initiate a review of the claim or service denial in question.

#### L E V E L 2

For medical claims, you must appeal, in writing, to Acordia within sixty (60) days of the receipt of the EOB. Explain what you think the problem is and why you disagree with the decision. To appeal a denied precert request or out-of-state referral, send a letter within sixty (60) days of receipt of the denial to Acordia, including any additional information to support your case. All information pertinent to the appeal must be included with the appeal request — Acordia will not request this. Appeals requested by a provider will receive a response to that provider. Appeals from a member will receive a response to the member or his authorized representative. Acordia will respond to a second-level appeal either by reprocessing the claim and sending another EOB or by sending you a letter.

#### L E V E L 3

If Acordia denies the second-level appeal, you may initiate a third-level appeal, in writing, to the director of the PEIA. The review must be requested within sixty (60) days of receipt of the second-level appeal decision from Acordia. A copy of

Acordia's response to the second-level appeal **MUST** be included or the appeal will not be reviewed. All facts, issues, comments, letters, EOBs and other pertinent information about the case should be included.

- PEIA will consider the entire case, taking into account all documentation which has been provided. A decision in writing, explaining the reason for modifying or upholding the original disposition of the claim will be sent to the member or his authorized representative and/or the provider requesting the appeal.
- If additional information is required, PEIA will request it in writing. Additional information must be received within sixty (60) days of the letter date. If the information is not received, the case will be closed.

#### Managed Care Plans

If you participate in one of the managed care plans offered by PEIA, please follow the instructions provided by that managed care plan when filing an appeal. If the appeal is for a claim or service denied to a member enrolled in the managed care plan through PEIA, you may also have the right to appeal to the PEIA director. Check our website at [www.wvpeia.com](http://www.wvpeia.com) for details. ☺

## Weight Management Program Expands Available Sites

In our summer issue we told you about PEIA's pilot program for weight-management. Under the pilot program 1,000 individuals are offered the basic program and another 500 are offered an enhanced program on a first-come, first-served basis.

The basic program is available statewide. The Enhanced Services pilot plan is now available at six sites, and several others are still in the application process. Sites currently approved for the plan are:

- City Hospital, Martinsburg
- Health South, Morgantown
- Medabolix, Charleston
- United Hospital Center, Clarksburg
- WVU - Human Performance Lab, Morgantown
- YMCA, Huntington

The program relies on the services of recognized weight management professionals including registered, licensed dietitians, exercise physiologists and personal trainers. PEIA-approved sites must have met American College of Sports Medicine guidelines and have submitted and won PEIA approval for their comprehensive weight management plan.



Members must submit biometric information and written approval from their physician. PEIA will be monitoring not only weight loss/maintenance, but improvements in risk factors.

Partners in Corporate Health (PCH) serves as the gatekeeper for this program. For more information or to enroll a patient in this program, contact PCH at 1-866-688-7494. More details are available on PEIA's web site at [www.wvpeia.com](http://www.wvpeia.com). ☺

# Annual Preferred Drug List Changes



PEIA's Preferred Drug List changed effective January 1, 2005. Letters announcing the changes were mailed to all providers who have prescribed, within the last six months, the drugs that are moving from preferred to non-preferred status.

PEIA wants providers to have the freedom to prescribe whichever medication is best for the patient, but we note that there is a substantial difference in the patient's copay between non-preferred and preferred or generic medications. We hope that, consistent with your best judgment, the less expensive medications will be prescribed when appropriate.

## Plan Copayments

Preferred drugs have a copayment of \$15 for up to a 34-day supply under PEIA PPB Plan A or \$20 for up to a 34-day supply under Plan B. Under both plans, generic drugs have a copay of just \$5.

The drugs on the left side of the chart moved to non-preferred status on January 1, 2005. Non-preferred drugs have a copayment of \$30 under PEIA PPB Plan A, and \$50 under Plan B. Alternative drugs (preferred or generic) with a lower copayment are listed on the right.

Moving to Non-Preferred	Preferred or Suggested Alternative
ACTOS	AVANDIA
BACTROBAN OINTMENT	mupirocin
BROMFED, -PD	bromfenex,-PD
CAFERGOT SUPPOSITORY	migergot
CAPEX SHAMPOO	OTC selenium sulfide*, ketoconazole
CELEXA	citalopram
CIPRO 100MG, SUSPENSION	ciprofloxacin
DEPO-PROVERA	medroxyprogesterone
DIFLUCAN	fluconazole
DUET	VINATE II
EFUDEX SOLUTION	fluorouracil
ESCLIM	generic patch, ALORA, CLIMARA
FEMHRT	PREFEST, PREMPRO, PREMPHASE
FOLGARD RX 2.2	generic folic acid/cyanocobalmin/pyridoxine
HUMIBID DM, LA	long acting guaifenesin tablet
LACLOTION	ammonium lactate
METROCREAM	metronidazole
MYCELEX	clotrimazole
NEURONTIN	gabapentin
NIZORAL SHAMPOO	ketoconazole
PHENERGAN	promethazine
PRECARE PRENATAL	NATALCARE
PRENATE GT	ADVANCED NATALCARE
PROCTOSOL-HC CREAM	proctozone-HC
PROMETHEGAN SUPPOSITORIES	promethazine
PURINETHOL	mercaptopurine
REMERON SOLTAB	mirtazapine soltab
SYNTHROID	levothyroxine sodium
WELLBUTRIN SR	bupropion sr
ZAROXOLYN	metolazone

\*OTC (over-the-counter) drugs are not covered.

As always, this formulary is subject to change throughout the year. This comparison is for the most commonly used medications. Thus, there may be additional items subject to change.

## Payment at Time of Service

We have had some complaints from PEIA PPB Plan members whose providers are requiring payment in full at the time of service. As you are probably aware, state law requires providers who treat PEIA patients to accept assignment of benefits from PEIA, and provides stiff penalties for providers who do not comply. This means that you cannot require payment in full at the time of service from PEIA-insured patients.

At the time of service, you may collect the patient's copayment, deductible (if it has not been met previously), and any applicable coinsurance if you know the maximum fee allowance for the service provided. Acordia has made it easy to determine if the patient has met his or her

deductible. This information is available on Acordia's website at [www.AcordiaNation.com](http://www.AcordiaNation.com) or through their Fax Back service.

To use Acordia's Fax Back line, dial 1-304-353-7820 or 1-888-440-7342. Enter the employee's social security number, birth date and your fax number using your telephone keypad. The Fax Back system will search the eligibility file and confirm whether the SSN and birth date combination is on file. If it is, the system will fax you information regarding the employee or dependent.

If you have questions about what you may collect and when, please contact Acordia National at 1-888-440-7342.

## Antibiotic Copay Waiver

For the past several years, PEIA has offered a copay waiver on generic antibiotics used to treat upper respiratory infections during the winter months.

We have chosen NOT to continue this program for 2005, due to clinical concerns about over-utilization of antibiotics.

Of course, PEIA continues to encourage the use of generic antibiotics when they are appropriate, but this year, members will have to pay the \$5 generic copay when purchasing generic antibiotics.

# Spreading the Word

## ABOUT PREVENTION

PEIA covers a wide variety of preventive care benefits and screenings, but comments from our members during recent Public Hearings suggest that our members are not aware of them. PEIA is launching an effort to educate our members and encourage providers to schedule age- and condition-appropriate screenings.

Health care providers are in a unique position to encourage their patients to have appropriate preventive care and screening procedures. Listed below are some common preventive care services and details of PEIA coverage for them.

### In-Network PPB Plan Preventive Care Benefits

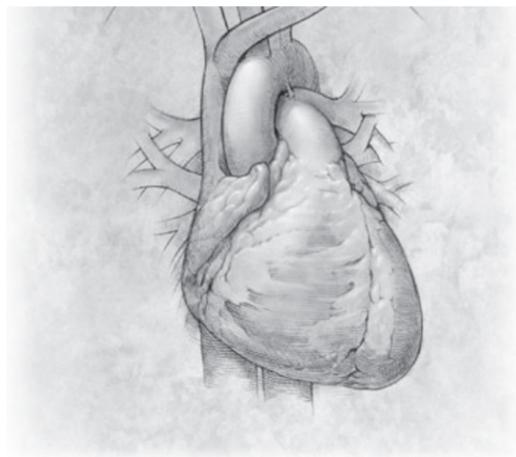
Benefit	CPT Codes	Coverage Description (in-network)	ICD-9
<b>Colorectal Cancer Screening</b>	G0104 G0105 G0106 G0107 G0120 G0121	Flexible sigmoidoscopy: 100 percent for screening every 48 mo. at age 50 and over Colonoscopy (high risk): 100 percent for screening every 24 mo. for pt. at high risk* X-ray, barium enema: 100 percent for screening every 4 yrs. at age 50 and over Fecal-occult blood test: 100 percent for screening every 12 mo. at age 50 and over X-ray, barium enema: 100 percent for screening every 24 mo. for pt. at high risk* Colonoscopy (not high risk): 100 percent for screening every 10 yrs. at age 50 and over	V20 - V202 V03 - V069 V70 - V723 V72.5 V72.8
<b>High-Risk Birth Score Program</b>	99381 - 99384 99391 - 99394	100 percent coverage for six office visits between the age of two weeks and 24 months in addition to well child visits.	V20 - V202 V03 - V069 V70 - V723
<b>Immunizations (adults)</b>	90476 - 90749	100 percent coverage for immunizations recommended by the American Academy of Family Physicians for adults and children over age 16. Others covered at 80 percent.	V20 - V202 V03 - V069 V70 - V723
<b>Immunizations (childhood)</b>	90476 - 90749	100 percent coverage in- and out-of-network including associated office visit for children through age 16.	V20 - V202 V03 - V069 V70 - V723
<b>Mammogram Screening</b>	76092	100 percent coverage for one screening per year. Other mammograms are covered with a diagnosis other than screening, but will be subject to the normal coinsurance and deductibles. There is a \$10 copayment for the associated office visit.	V20 - V202 V03 - V069 V70 - V723 V76.12
<b>Pap Smear Screening</b>	88141 - 88154	100 percent coverage for one screening per year. Others covered with a diagnosis other than screening, but are subject to the normal coinsurance/ deductibles. There is a \$10 copayment for the associated office visit.	V723
<b>Periodic Physicals (adults)</b>		\$10 copayment for a routine physical exam every 2 years for adults age 18 & over and adolescents age 16 to 18.	V20 - V202 V03 - V069 V70 - V723
<b>Prostate Cancer Screening</b>	84152, 84153, 84154	100 percent coverage for the PSA blood test for men age 50 & over and is covered once per year. There is a \$10 copayment for the associated office visit.	V20 - V202 V03 - V069 V70 - V723
<b>Tobacco Cessation</b>	99211	PEIA has a tobacco cessation program that includes coverage for Zyban® and nicotine withdrawal drugs. The drugs are covered under the prescription drug program after the member calls the PEIA Quit Line: <b>1-877-966-8784</b> . PEIA will cover prescription and over-the-counter (OTC) tobacco cessation products only if they are dispensed with a prescription. Coverage is limited to one twelve-week cycle per plan year, two cycles per lifetime. Zyban® is available for the Brand-preferred copayment. Nicotine withdrawal therapy is available for the generic copayment of \$5 for up to a 34-day supply. Pregnant women will be offered 100 percent coverage during any pregnancy.	305.1 V65.42
<b>Well Child Care</b>	99381 - 88384 99391 - 99394	100 percent coverage in- and out-of-network for preventive care as recommended by the American Academy of Pediatrics.	V20 - V202 V03 - V069 V70 - V723

\* High risk is defined as a patient who faces a high risk for colorectal cancer because of:

- family history;
- prior experience of cancer or precursor neo-plastic polyps;
- history of chronic digestive disease condition (including inflammatory bowel disease, Crohn's disease, or ulcerative colitis); and
- presence of any appropriate recognized gene markers for colorectal cancer or other predisposing factors.

**NOTE:** If a patient is seen for a routine screening and a medical problem is diagnosed and treated, then service must be billed with the diagnostic CPT code in addition to the ICD-9 code for routine screening. In this case, only the screening allowance will be processed at 100 percent.

## Billing for The Dr. Dean Ornish Program for Reversing Heart Disease



*Recently there has been some confusion about the proper way to submit claims for participants in The Dr. Dean Ornish Program for Reversing Heart Disease.*



Acordia National prefers that facilities submit claims quarterly, with the claim broken down by month with each month's start and ending date given. For example, for a patient who began the program on April 22, Acordia should receive a bill broken down as follows for the first phase:

Time Frame	Code	Fee
4/22/04-5/21/04	S0430	\$1,440.00
5/23/04-6/20/04	S0430	\$1,296.00
6/25/04-7/18/04	S0430	\$ 864.00
		<u>\$3,600.00</u>

Acordia requests that charges be billed in quarterly increments on a CMS 1500 form. You also should indicate the quarter for which you are billing (i.e. October 1 - December 31) in the "from" and "to" dates:

Code	Stage	Charges	Quarter
S0340	1	\$3,600.00	First
S0341	2	\$1,080.00	Second
S0341	3	\$1,080.00	Third
S0342	4	\$1,440.00	Fourth
		<u>\$7,200.00</u>	

Remember, facilities collect a participant copay of \$50 per month.

## Face-to-Face Diabetes Management Update

*In mid-January, PEIA began reviewing second quarter data for the Face-to-Face Diabetes Management program with an eye toward expansion of the program. The pilot program is currently active in six counties. First quarter results from the pilot program were positive, and if the trend continues, the plan may expand to serve even more counties.*

In the event of an expansion, PEIA will sponsor the training program, "Pharmaceutical Care for Patients with Diabetes," in late February or early March. Pharmacists in the expansion counties will be notified about the training as soon as plans are complete.

To participate in the Face-to-Face program pharmacists must:

- Provide the program's specified services to enrolled PEIA PPB Plan members;
- Complete the diabetes certification program: "Pharmaceutical Care for Patients with Diabetes," a 27-hour program with self study and training seminar or a comparable certification program approved by PEIA;
- Complete the training for Internet Documentation of Assessment by CAMC Health Education and Research Institute; and
- Agree to comply with the practice requirements as set forth in the "Pharmaceutical Care for Patients with Diabetes" Certification Program.

Charges for the initial assessment and follow-up visits must be billed to Acordia National for reimbursement. Covered services include an \$80 allowance for initial assessment and up to \$40 per follow-up visit.

## New Modifier for Chiropractic Claims

Beginning March 1, 2005, PEIA will follow the Centers for Medicare & Medicaid Services' (CMS) lead and begin requiring chiropractors to distinguish between active/corrective therapy and maintenance therapy.

Chiropractic maintenance therapy is not a covered service under the PEIA PPB Plans. Active/corrective therapy is covered, with limitations.

All chiropractic claims for active/corrective treatment (98940, 98041, 98942 and 98943) with dates of service on or after March 1, 2005, must include the -AT (acute treatment) modifier. Do not use a modifier on claims for maintenance therapy.

PEIA limits benefits for outpatient therapies, including chiropractic, to a total of 20 visits per member per plan year for any combination of therapies. Only patients in case management will be granted more than 20 visits. If active/corrective chiropractic treatment exceeding PEIA's limit is necessary for patients in case management, precertification is required.

## OPPS Reminder

PEIA implemented a modified version of Medicare's Hospital Outpatient Prospective Payment System (OPPS) effective January 1, 2005.

PEIA staff provided training on the new system at HFMA's Revenue Cycle Workshop on November 10, 2004. To view a copy of the handouts from that session go to the Provider Page of the WV PEIA web

site at [www.wvpeia.gov](http://www.wvpeia.gov). A copy of the OPPS manual also is available on the web site. That manual is currently undergoing minor revisions and soon will be available to providers upon request.

When billing under OPPS, HCPCS codes are required and modifiers must be used to receive correct payment.

For more information, call Acordia National at **1-888-440-7342** or check PEIA's web site.

## Treasurer's Office to Assume Check Writing Role

PEIA and CHIP are in the process of changing the way we issue checks to health care providers.

Acordia National will continue to process claims for payment, however, instead of the checks being issued by a local bank, as has been our practice up to now, payments will be made by State warrants issued by the State Treasurer's Office. Details of the change are not final and no date has been set, but we send you a letter explaining the change in detail when we know more.

## Providers Have A Direct Line to Express Scripts!

Have you had a problem getting through to Express Scripts (ESI) to get prior authorization for a patient's medications?

You might find it easier if you use the pharmacists' and physicians' direct line for

questions about prior authorizations, step therapy and 5-day emergency supplies. Contact Express Scripts Prior Authorization Unit at **1-800-417-8164**.



## ProviderNews

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## Games for Health



Participant recruitment for PEIA's Games for Health Project has begun. This innovative project is designed to improve the cardiovascular health of at risk and overweight children, ages 7-12. Using an interactive video game that makes physical activity fun, West Virginia University will

be conducting research to determine its effects on health outcomes and attitudes toward exercise.

Qualified children will be provided the training and software to participate, and must be willing to travel to the Human Performance Lab at West Virginia University for three evaluation sessions over a six month period. Children can play the game in the privacy of their own homes. Parents must provide consent and be willing to answer questionnaires about family history, demographics, and lifestyle issues.

There is no cost to the participants, other than time and minimal travel expenses. Upon completion of the study, participants will keep pedometer, video game software, and game pad.

This study is conducted by Emily S. Murphy, MS; Linda Carson, EdD; Rachel Yeater, PhD; Guyton Hornsby, PhD; William Neal, MD; Irma Ullrich, MD; and Dave Donley, MS.

For recruitment, PEIA is primarily focusing on the Northern part of the state since the families will have to travel to WVU three times during the course of the project; however, we will accept anyone from anywhere in the state if they are willing to travel.

If you see PEIA-insured children in your practice who may qualify for this program, please refer them to Ms. Emily Murphy at WVU at **304-293-0767** to enroll.