

# Provider Pulse

A Newsletter for our Provider Community

| Issue 3, 2020

## Cultural sensitivities

### Cultural competency impact on health care

It is important to be sensitive to ways in which sexual orientation, culture and faith may impact your patients' health care. Cultural beliefs can influence how an illness is perceived by a patient, or the way an individual and his or her family makes decisions about their health care. Cultural competency is critical to ensuring quality care and a positive patient experience. You can find resources on cultural competency at [Think Cultural Health](#).



## New Post-Acute Facility Prior Authorization Process for Medicare Advantage and Horizon NJ TotalCare (HMO D-SNP) Members

To make things more convenient for our network providers, we simplified the prior authorization process for post-acute facilities.

Beginning **January 1, 2021**, our internal Utilization Management teams will be managing prior authorization requests for Medicare Advantage and Horizon NJ TotalCare (HMO D-SNP) member admissions and continued stays in the following post-acute facilities:

- Inpatient Rehabilitation Facility (IRF)
- Sub-acute Rehabilitation Facility (SAR)
- Skilled Nursing Facility (SNF)

Starting **January 1, 2021**, please submit all post-acute facility prior authorization requests directly to Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) and/or Horizon NJ Health via our online Utilization Management Request Tool on [NaviNet.net](#) or by calling **1-800-682-9094 x89104**.

Effective **January 1, 2021**, you will no longer submit prior authorizations for post-acute facilities to NaviHealth. If a prior authorization was approved for days that extend beyond **December 31, 2020**, Horizon BCBSNJ will work with NaviHealth to transition the authorizations.

For training information or questions, please visit [our website](#).

### Monthly informational webinars

Provider Services offers informational webinars each month that cover a broad array of operational topics. Webinars will occur the third or fourth Friday of each month. You can view more information by visiting [horizonNJhealth.com/MonthlyOps2020](https://horizonNJhealth.com/MonthlyOps2020).



[horizonNJhealth.com](https://horizonNJhealth.com)

## A renewed focus on health



Now more than ever, we must renew our focus on preventive health. In today's environment, we know that many of our members have forgotten about or postponed their preventive care. We also know that this is a public health issue weighing on the minds of health care professionals. According to Jamie Reedy, MD, MPH, Chief of Population Health at Summit City, MD, "Our biggest concern is that patients won't come in for what's needed, and that we're going to diagnose things that could've been avoidable or preventable."

Horizon NJ Health is committed to helping you educate your patients, our members, on the importance of preventive health services, including well visits, screenings and immunizations for adults and children. To support your outreach efforts on preventive care to patients, we're reaching out to members who have not received screenings or other preventive measures over recent months to remind them of the importance of scheduling an appointment with their doctor.

### Flu and pneumococcal vaccines

In the current public health emergency, it is even more important that patients are reminded that getting the flu shot is vital to their health. Patients who only "sometimes" get vaccinated are of particular concern, as well as those with underlying conditions who are at risk of suffering serious health complications. Horizon NJ Health will support you and continue to encourage your patients to get the flu shot.

If your office doesn't have the bandwidth or resources to administer flu shots during these challenging times, many pharmacies and other retailers can provide flu shots at no cost. This can help eliminate additional administrative strains on your practice.

Other vaccines can also be administered including shingles, hepatitis A and B, and human papillomavirus1 (HPV).

In addition to encouraging your patients to get a flu shot, make sure they are up to date for the pneumococcal vaccine.

#### **There are two pneumococcal vaccines recommended for adults:**

- Prevnar 13® (PCV13)
- Pneumovax 23® (PPSV23)


### Breast cancer

The United States Preventive Services Task Force (USPSTF) recommends that women who are ages 50 to 74 years and are at average risk for breast cancer get a mammogram every two years. We encourage you to reach out to your patients in this age category if they have not already completed and/or scheduled a mammogram appointment. Also, we encourage you to talk to women who are ages 40 to 49 years about when to start and how often to get a mammogram.

### Prostate cancer

According to the Centers for Disease Control and Prevention (CDC), men who are ages 55 to 69 years should make individual decisions about being screened for prostate cancer with a prostate specific antigen (PSA) test. We encourage you to reach out to your patients in this age category if they have not already completed and/or scheduled a prostate exam.

**40% OF PARENTS** SAY THEIR CHILDREN MISSED VACCINATIONS DUE TO COVID-19



(Source: BCBSA. Childhood & Adolescent Vaccinations Trends. Sept 2020. A survey of 2,000 parents.)

## Access digital and capitation panel rosters at your convenience



Having the information you need during these challenging times is important to help you care for your patients. You can conveniently access digital files of panel or capitation rosters when signed in to NaviNet® at any time, from any location. You can easily download and print digital files of the rosters.

- Digital panel rosters are available as a PDF and an Excel file. The Excel file allows you to sort information as needed.
- Digital panel rosters are updated monthly and will include case manager information for FIDE-SNP members.
- Capitation rosters are only available as an Excel file.

As of **September 1, 2020**, Horizon NJ Health and Horizon BCBSNJ discontinued mailing printed copies of panel and capitation rosters to providers.

### Where do I access digital panel or capitation rosters on NaviNet?

You can access a digital file of panel or capitation rosters once signed in to **NaviNet**.

- Click *Report Inquiry*.
- For your practice's panel roster:
  - Select *Administrative Reports*
  - Select *Panel Roster Report*
- For your practice's capitation roster:
  - Select *Financial Reports*
  - Select *Capitation Roster Report*

## Ensure you use the current Agreement



Doctors and other health care professionals (including behavioral health practitioners) who wish to join the Horizon Managed Care Network and Horizon PPO Network, or the Horizon NJ Health Networks, must include completed and signed Agreements with their initial credentialing applications.

To ensure that your initial credentialing application is processed, make sure you use the current Agreement. To see the correct footers that should be on your Agreements and how to access your Agreements, visit our **Updates and Announcement** webpage.

# Office Based Addictions Treatment



The Division of Medical Assistance and Health Services, in collaboration with the Division of Mental Health and Addiction Services, launched a new program that covers and supports Medication Assisted Treatment (MAT) and Office Based Addictions Treatment (OBAT). This program supports the delivery and coordination of multiple reimbursable services provided by Primary Care Providers (PCP) and community behavioral health specialists to NJ FamilyCare members with an addiction diagnosis.

NJ FamilyCare has designed the program to reimburse physicians for OBAT services through their managed care contracts. Any contracted provider who is Data 2000-waivered for prescribing buprenorphine may participate. Contact your Provider Representative if you would like to participate or become Data 2000-certified.

For more information on the OBAT program, please call Provider Services at **1-800-682-9091** or visit our **OBAT Program** webpage.

## Formulary changes



Changes were recently made to Horizon NJ Health's pharmacy formulary. You can find the **drug formulary guide** which includes an explanation and listing of step therapy, quantity/age limits, and drugs requiring prior authorization on the Horizon NJ Health website. Paper copies are available upon request. Here is a list of recent changes:

Formulary change description	Brand (generic) drug name	Alternatives (if applicable)
Formulary	Vesicare (solifenacin)	
Formulary	Zirabev (bevacizumab)	
Formulary	Trazimera (trastuzumab)	
Formulary	Valtoco (diazepam)	
Formulary	Palforzia [peanut (Arachis hypogaea) allergen powder]	
Formulary	Ruxience (rituximab)	
Formulary	Ubelvy (ubrogepant)	
Non-Formulary	Clindesse 2% Vaginal Cream (clindamycin)	Cleocin vaginal cream





## Fluoride Varnish Program – keeping children’s teeth healthy



Horizon NJ Health is committed to offering information that helps you provide the right care to your patients. That’s why Horizon NJ Health’s Pediatric Fluoride Varnish Program encourages pediatricians to apply fluoride varnish to children’s teeth, perform dental assessments, provide anticipatory guidance and promote routine dental visits for our young members.

Effective **October 1, 2020**, per our contract with the Division of Medical Assistance and Health Services (DMAHS), providers began receiving \$15 for each fluoride varnish application, up to four times a year, per patient, for members under the age of 4 years. Any claims denied after **July 1, 2020** through **September 30, 2020** will be reprocessed for payment.

For more information, visit our [Fluoride Varnish Program](#) webpage.

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## Important billing information for newborn services

If a newborn’s mother is covered under Horizon NJ Health’s Medicaid plan on the day of the newborn’s birth, Horizon NJ Health will provide health care coverage for the newborn from birth through the end of the month of the 60th day.

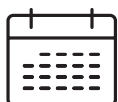
Providers are required to verify a newborn’s eligibility prior to providing care. Mothers receive a letter for their newborn that serves as a temporary enrollment notification for their baby to receive health care services for the first 60 days after birth.

To enroll the newborn into a health plan, the newborn’s family can contact the New Jersey State Board of Social Services or NJ FamilyCare to determine the newborn’s eligibility under a Medicaid program. Each newborn is issued an individual Horizon NJ Health member ID number for billing purposes. State guidelines allow 60 days for these claims (for newborn services) to be honored. They will not be paid after 60 days.

For more information, visit our [Updates and Announcement](#) webpage.



## Appointment scheduling standards



Horizon NJ Health has adopted the following appointment scheduling standards to ensure timely access to quality medical care. Compliance with these standards will be audited by periodic onsite review of physician offices and phone calls.

### Medical appointments

- Emergency services: immediately
- Urgent care: within 24 hours
- Symptomatic acute care: within 72 hours
- Routine care: within 28 days
- Specialist referrals: within four weeks or sooner, as medically indicated
- Urgent specialty care: within 24 hours of referral
- Baseline physicals for new adult enrollees: within 180 calendar days of initial enrollment
- Baseline physicals for new child enrollees and adult clients of DDD: within 90 days of initial enrollment or in accordance with EPSDT guidelines
- Prenatal care: within three weeks of a positive pregnancy test (home or laboratory), within three days of identification of a high-risk pregnancy, within seven days during first and second trimester and within three days in third trimester
- Routine physicals: within four weeks for routine physicals for school, camp, work or similar

- Lab and radiology services: within three weeks for routine care and 48 hours for urgent care
- Wait time in office: less than 45 minutes
- Initial pediatric appointments: within three months of enrollment

### Dental appointments

- Emergency dental treatment: no later than 48 hours, as condition warrants
- Urgent care appointments: within three days of referral
- Routine non-symptomatic appointment: within 30 days of referral

### Mental health/substance use disorder appointments (DDD, MLTSS and FIDE-SNP only)

- Emergency services: immediate; urgent care within 24 hours
- Routine care: within 10 days of request
- Waiting time in office: less than 45 minutes

For more information, review Section 12.18 of the **Provider Administrative Manual**.

## Urgent care network



Urgent care centers are a great alternative to the Emergency Department for members. Please remind members they can access our network of Urgent Care centers by visiting [horizonNJhealth.com/findadoctor](https://horizonNJhealth.com/findadoctor).

# Claim submission – save time with electronic submissions



Horizon NJ Health encourages all hospitals, physicians and health care professionals to submit claims electronically. If you need help with claim submissions, you can call Provider Services at **1-800-682-9091**.

- Submit all electronic claims to the Horizon NJ Health EDI Payer Number **22326**.
- You may also choose to contract with another EDI clearinghouse or vendor who already has access to TriZetto EDI services

In order to send claims electronically to Horizon NJ Health, a conditional acceptance report is generated and sent to the hospital or health care professional immediately.

- Horizon NJ Health utilizes the TriZetto Provider Solutions (TTPS) Direct Data Entry (DDE) Simple Claim. For FIDE-SNP members, claims should be submitted directly to Horizon NJ Health.
- Claims are received electronically and validated by the TTPS DDE SimpleClaim system.
- For more information on registering for TTPS DDE, please go to **trizettoprovider.com/horizon/simpleclaim**. If you have any further questions about registering with TTPS for DDE claim submission, please call TriZetto at **1-800-556-2231**.

## Address for paper claims and other billing forms:

Horizon NJ Health Claims Processing Department  
PO Box 24078  
Newark, NJ 07101

Horizon NJ Health does not accept handwritten or black and white claims. Claims must be submitted within 180 calendar days from the date of service.

## Claim appeals may be submitted via mail or fax:

Horizon NJ Health Claim Appeals Department  
PO Box 63000  
Newark, NJ 07101-8064  
Fax: **1-973-522-4678**

## Claim Receipt Notification Process

Claims are received electronically and validated by the TTPS DDE SimpleClaim system. In order to send claims electronically to Horizon NJ Health, a conditional acceptance report is generated and sent to the hospital or health care professional immediately. After this acceptance, you can view status of claims, adjusted claims and claim appeals on **NaviNet.net**. For questions about Behavioral Health claim submissions, please call **1-800-682-9091**.

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## Communicating with members

Clear and honest communication between you and your patients, our members, can help you and your patients make smart choices about their health. It is important that your patients are comfortable with you so they can be honest and upfront about their symptoms. Please encourage your patients to have an open dialogue with you. If a patient doesn't have any questions, make sure they understand their diagnosis, treatment and recovery.

Source: **National Institutes of Health**





## New Benefit: DIR Services for eligible members diagnosed with Autism Spectrum Disorder

Effective **July 1, 2020**, Horizon NJ Health began to cover medically necessary DIR (Developmental, Individual-differences and Relationship-based model) services for Core Medicaid, MLTSS, FIDE-SNP and DDD eligible beneficiaries under the age of 21 diagnosed with Autism Spectrum Disorder (ASD).

DIR provides a foundation for understanding human development and the critical role of social-emotional development. DIR can help to increase communication skills and improve attention, focus, social skills and memory. Along with other autism treatment, it can improve academic performance and decrease problematic behavior.

For more information, visit our [Updates and Announcements](#) webpage.

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## Balance billing prohibited

Horizon NJ Health, its subcontracted vendors or the State of New Jersey, are responsible for payment for all services included in the member's benefit package. Services not included in the benefit package are the responsibility of the member only if the hospital, physician or health care professional notifies the member in writing and in advance of providing the service(s) of this obligation. Members should not be billed for any service covered under their benefit package. Should Horizon NJ Health require a copay for any service or population group, an itemization of these items will be included in the benefit listing and will be available on the website. The practice of balance billing Medicaid/NJ FamilyCare and Fully Integrated Dual Eligible Special Needs Plan beneficiaries, whether eligible for Medicaid Fee-for-Service (FFS) benefits or enrolled in managed care, is prohibited under both federal and state law.

These prohibitions apply to both Medicaid/NJ FamilyCare-only beneficiaries, as well as those eligible for Medicare coverage or other insurance.

A provider enrolled in the Medicaid/NJ FamilyCare FFS program or in managed care is required to accept as payment in full the reimbursement rate established by the FFS program or managed care plan.

All costs related to the delivery of health care benefits to a Medicaid/NJ FamilyCare-eligible beneficiary, other than authorized cost sharing, are the responsibility of the FFS program, the managed care plan, Medicare (if applicable) and/or a third party payer (if applicable). If a provider receives a Medicaid FFS or managed care payment, the provider shall accept this payment as payment in full and shall not bill the beneficiary or anyone on the beneficiary's behalf for any additional charges.



# Medical Record Review for Healthcare Effectiveness Data and Information Set (HEDIS) Measurement Year 2020 (MY2020)

The HEDIS method is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). The chart-reporting season begins in mid-January and ends in early May. We collect the data several ways.

- Administrative measures use claims/encounters for hospitalizations, medical office visits and procedures, or pharmacy data.
- Hybrid measures combine data obtained from the member's medical record with administrative data.
- Survey measures compile data collected directly from members via the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

The ultimate goal is for providers to submit claims/encounters with coding that administratively captures all required HEDIS data via claims. We continue to collaborate with our providers to achieve this goal.

## Send charts securely with HorizonDocs

We understand how busy you are caring for our members. We appreciate all that you do. For that reason, we want to request and receive charts from your office as securely and efficiently as possible. Traditionally, we request charts via fax, postal service mail, MFT and email. However, as technology advances we continually search for the most secure way to exchange data. HorizonDocs, a secure data exchange, is the latest, most secure method to exchange PHI between appropriate parties. If you currently use NaviNet for other functions, training for the HorizonDocs repository is easy. If you are interested in using HorizonDocs, please contact your Clinical Quality Improvement Liaison (CQIL) or Network Specialist for more information.

## Responding timely

HEDIS MY2020 hybrid chart chase is a time sensitive process. We have 12 weeks to collect, review and process the medical record received. The deadline is non-negotiable and the standards are set by NCQA. Our deadline to receive charts is **May 3, 2021**. Receiving requested charts back in a timely fashion helps us meet the deadline.

If your office uses a copy service company, please inform Horizon NJ Health as soon as possible. Traditionally, copy service vendors take an average of 4 to 6 weeks to return requested charts. Please be mindful that this may create delays in our process. Due to PHI standards, we cannot send a chart request list directly to a copy service vendor.

To coordinate EHR access or if you have any questions, please email Mary Ann Hariton, HEDIS Manager, at **Maryann\_Hariton@HorizonBlue.com**.

HEDIS® is a registered mark of the National Committee on Quality Assurance.

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## Importance of coordination of care between Primary Care Physicians and behavioral health providers

Integrated care is a best practice model. Horizon NJ Health members benefit from collaboration because it improves the safety and efficacy of services to support better outcomes. Mental health, Substance Use Disorders and general health problems are frequently intertwined. Coordination of health care is essential to improve health outcomes, especially for those with chronic illnesses.



## Document storage and exchange made easy — HorizonDocs

With HorizonDocs, there's no more searching through multiple emails or file folders for a document you received from, or sent to, Horizon NJ Health. Now, you can more efficiently exchange documents with Horizon NJ Health.

We have been rolling out HorizonDocs over the course of 2020. At this time, no further action is required. We will contact your office over the next several months for training.

### Once you have access, HorizonDocs will:

1. Provide a secure means to send and receive documents/information
2. Be accessed via NaviNet
3. Allow you to control access to documents based on Sensitivity Level
4. Send notifications when documents have been received

### Types of documents that may be exchanged:

Document exchange from Horizon NJ Health to a provider may include, but is not limited to:

- Lists of members who may require screenings
- Results & Recognition Incentive Reports
- Electronic Health Records (EHR) Data Submission Template

### Types of documents that must NOT be exchanged using HorizonDocs:

- Authorizations
- Risk Management Documents
- Claim Appeals
- Contracts
- Single Case Agreements (SCAs)

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## Quality Management

Quality Management works closely with all areas of Horizon NJ Health by sponsoring various committees and workgroups. These groups were formed to help achieve our quality program goals. The interdepartmental Quality Improvement Committee (QIC) meets monthly to review all quality metrics/goals.

# Ancillary Contracting & Servicing Representatives

CONTACT	SPECIALTIES
<p>Alana McDonald <b>1-609-537-2438</b>  <b>Alana_McDonald@HorizonBlue.com</b></p>	<p>Adult Family Care<sup>1</sup>            Adult Medical Day Care/Pediatric Medical Day Care            Caregiver Participant Training<sup>1</sup>            Chore Service (Cleaning/Maintenance)<sup>1</sup>            Cognitive Therapy<sup>1</sup>            Community Residential Services<sup>1</sup>            Community Transition Services<sup>1</sup>            Home Delivered Meals<sup>1</sup>            Medication Dispensing<sup>1</sup>            Non-Medical Transportation<sup>1</sup>            Personal Emergency Response System (PERS)<sup>1</sup>            Residential/Vehicle Modification<sup>1</sup>            Social Adult Day<sup>1</sup>            Traumatic Brain Injury (TBI)<sup>1</sup></p>
<p>Denice Berrios <b>1-609-537-2446</b>  <b>Denice_Berrios@HorizonBlue.com</b></p>	<p>Assisted Living Program<sup>1</sup>            Assisted Living Residence<sup>1</sup>            Comprehensive Personal Care Home<sup>1</sup>            Skilled Nursing Facility<sup>1</sup></p>
<p>Lynda Collier <b>1-609-537-2648</b>  <b>Lynda_Collier@HorizonBlue.com</b></p>	<p>Ambulance (Transportation)            Ambulatory Surgical Center (ASC) Lithotripsy            Comprehensive Outpatient Rehab Facility (CORF)            Home Infusion            Hospice            Lab            PT/OT/ST (In-Home/Outpatient)            Radiology            Sleep Studies</p>
<p>Stephen Fitch <b>1-862-241-5996</b>  <b>Stephen_Fitch@HorizonBlue.com</b></p>	<p>Special Projects            Electronic Visit Verification (EVV)</p>
<p>Walgena Daniels <b>1-609-537-2335</b>  <b>Walgena_Daniels@HorizonBlue.com</b></p>	<p>Dialysis            Hearing (Audiology)            Orthotic &amp; Prosthetic (O&amp;P)            Durable Medical Equipment (DME)</p>
<p>Lori Bembry <b>1-609-537-2427</b>  <b>Lori_Bembry@HorizonBlue.com</b></p>	<p>Ancillary Contracting Manager            Home Health            Home-Based Supportive Care<sup>1</sup>            Personal Care Assistant (PCA)            Respite (In-Home)<sup>1</sup>            Private Duty Nursing</p>

<sup>1</sup>MLTSS Services

**Note:** If you are a Behavioral Health Provider, please see page 13 for contact information.



# Provider Relations Representatives

PROVIDER SERVICES: 1-800-682-9091

## MAUREEN HANSON

(Essex, Hunterdon, Passaic,  
Somerset, Sussex, Warren)  
1-609-537-2152

## ANGELICA MIRANDA

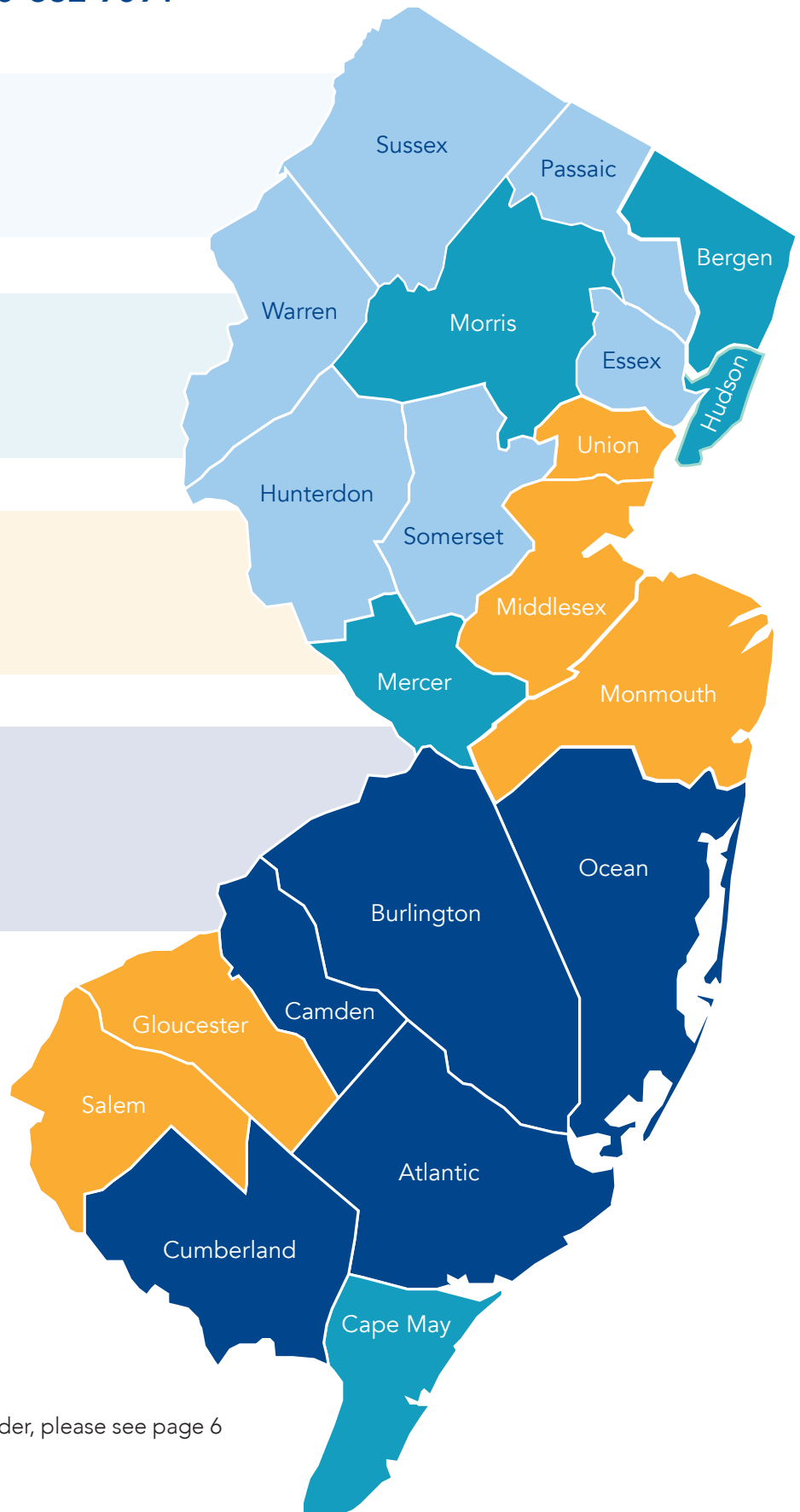
(Bergen, Cape May,<sup>1</sup> Hudson,  
Mercer, Morris)  
1-609-537-2336

## WILLIAM MITCHELL

(Gloucester,<sup>1</sup> Middlesex,  
Monmouth, Salem,<sup>1</sup> Union)  
1-609-537-2596

## CHERYL GILBERT SUPERVISOR

(Atlantic,<sup>1</sup> Burlington, Camden,  
Cumberland,<sup>1</sup> Ocean)  
1-609-537-2634



<sup>1</sup>Temporary coverage

Note: If you are a Behavioral Health Provider, please see page 6 for contact information.

# Behavioral Health Representatives

## LATANYA MCLEAN BARKLEY

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## MICHELLE MCCUSKER

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## DOTTIE LAISI

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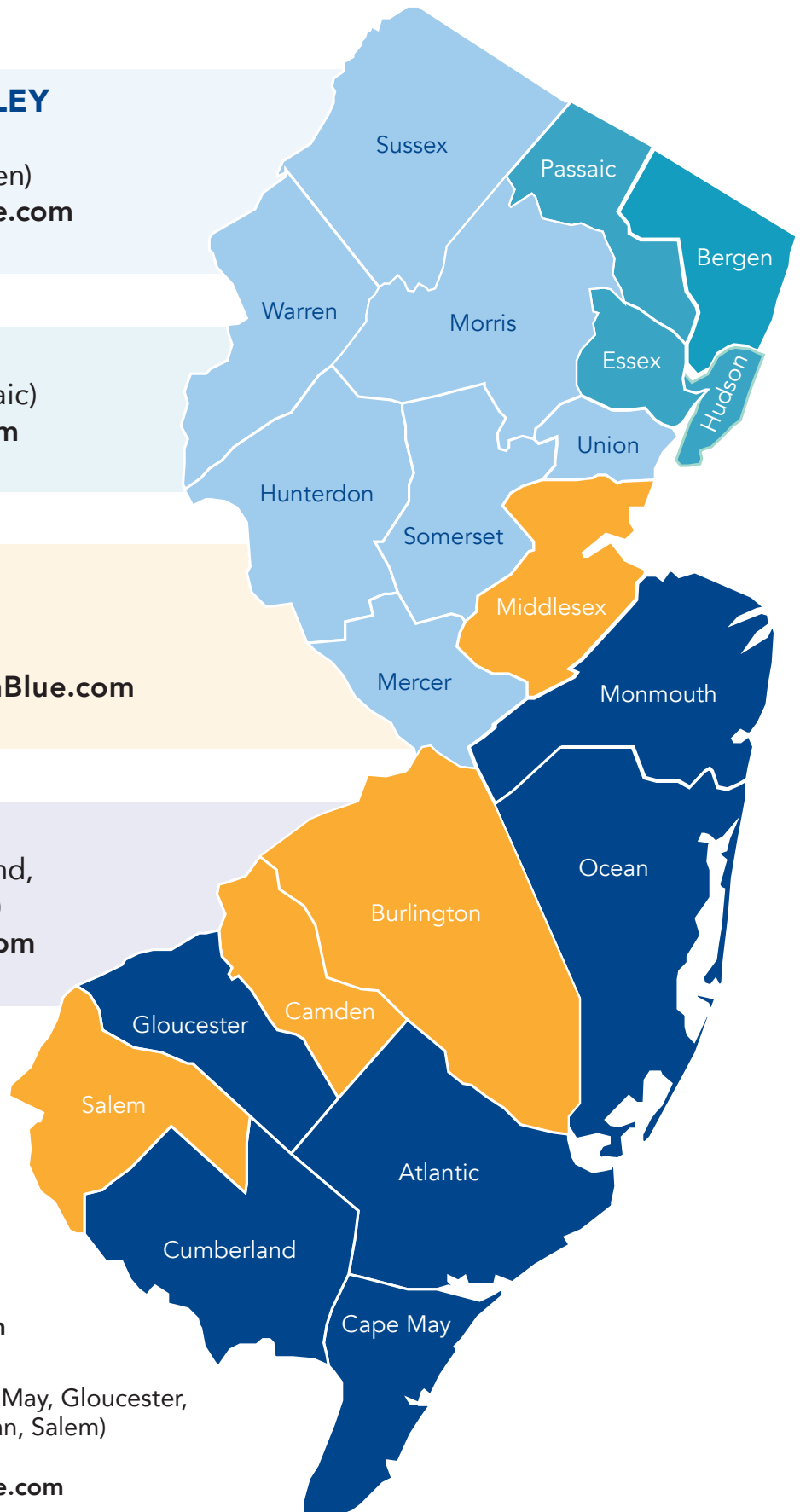
## Ancillary Behavioral Health Representatives

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### BARBARA SLATER-WILSON

(Atlantic, Burlington, Camden, Cape May, Gloucester, Hunterdon, Mercer, Middlesex, Ocean, Salem)  
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Barbara\_Slater-Wilson@HorizonBlue.com





# HEDIS Electronic Clinical Data Systems (ECDS) helping to improve data collection

Quality measures in the HEDIS ECDS reporting domain inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practice.

ECDS are the network of data containing Horizon NJ Health members’ personal health information and documents their experiences within the health care system. They may also capture other care-related activities directly or indirectly, including evidence-based decision support, quality management and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of health plan members.

Organizations may use several data sources to provide complete information about the quality of health services delivered to its members. Data systems that may be eligible for HEDIS ECDS reporting include, but are not limited to, member eligibility files, EHRs, PHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/ case management registries.

For the first time, Horizon NJ Health will publicly report an ECDS measure during HEDIS. The ECDS reporting standard represents a step forward in adapting HEDIS to accommodate the expansive information available in electronic clinical datasets used for quality improvement.

This year we are focusing on **Prenatal Immunization Status (PRS-E)**.<sup>1</sup>

<b>Description</b>	The percentage of deliveries in the Measurement Period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
<b>Measurement period</b>	<b>January 1 – December 31</b>
<b>Clinical recommendation statement</b>	The Advisory Committee on Immunization Practices (ACIP) clinical guidelines recommends that all women who are pregnant or who might be pregnant in the upcoming influenza season receive inactivated influenza vaccines. ACIP also recommends that pregnant women receive one dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27 to 36, regardless of prior history of receiving Tdap

For more information on ECDS, please contact your provider liaison.

<sup>1</sup>Developed with support from the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health (OASH), National Vaccine Program Office (NVPO).



# Cardiovascular disease and diabetes screening and monitoring for people with schizophrenia or bipolar disorder

Antipsychotic medications used to treat schizophrenia and other mental health conditions can increase patients' risk for cardiovascular disease and diabetes. Screening and monitoring at-risk patients helps improve health outcomes and reduce unnecessary hospitalizations. The following tests can inform patient care to better prevent, treat and manage disease:

<b>Diabetes Screening for Adults 18 - 64 with Schizophrenia or Bipolar Disorder Dispensed as an Antipsychotic Medication:</b>	• Glucose test or an HbA1c test
<b>Diabetes Monitoring for Adults 18 - 64 with Schizophrenia and Diabetes:</b>	• HbA1c test and an LDL-C test
<b>Cardiovascular Monitoring for Adults 18 - 64 with Cardiovascular Disease and Schizophrenia:</b>	• LDL-C test

## New Benefit: Peer Recovery Support Services

To support Horizon NJ Health members receiving Substance Use Disorder (SUD) treatment, effective **July 1, 2020**, Horizon NJ Health began to cover Peer Recovery Support Services (PRSS) for members enrolled in MLTSS, FIDE-SNP and DDD plans.

PRSS coverage provides support to our members throughout the continuum of care by improving transitions between levels of care, implementing strategies to address opioid misuse and opioid use disorder, and reducing opioid-related deaths.

For more information, visit our [Updates and Announcements](#) webpage.

## Peer Recovery and Support Services (PRSS) HCPCS coding

Please use the following HIPAA-compliant HCPCS code when submitting claims. Providers must include the EP modifier for all claims associated with PRSS services.

Code/Modifier	Description/Unit Duration	Service Provision
H0038HF	Self-help/peer services 15-minute unit of service (maximum of 16 units per member/per day)	Independent Clinic: Drug and Alcohol (Outpatient Providers)

### Questions

For additional information about PRSS, please call Provider Services at:

- DDD: **1-800-682-9091**
- FIDE-SNP: **1-855-955-5590**
- MLTSS: **1-855-777-0123**

# Utilization Management decisions

When Utilization Management (UM) decisions are made, members are notified about their approval or denial by mail. This notification includes information about appeal rights. Prior authorizations are valid only for the dates requested. If you disagree with any Horizon NJ Health medical necessity decisions or want more information on the UM criteria, please see Section 10 of the **Provider Administrative Manual** regarding appeal rights, or call our UM Medical Appeals Department at **1-800-682-9094 x89606**.

## UM ethical standards

Horizon NJ Health does not compensate those responsible for making UM decisions in a manner that provides incentive to deny or approve coverage for medically necessary and appropriate covered services. We also do not offer our employees performing UM review incentives to encourage denials of coverage or service that are medically necessary, and do not provide financial incentives to hospitals, physicians and other health care professionals to withhold covered health care services that are medically necessary and appropriate.

## Coding with Medically Unlikely Edits

### Applied Behavioral Analysis

Horizon NJ Health follows claim-editing rules that are based on the Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) regarding Medically Unlikely Edits (MUE). An MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. For more information on MUEs, please visit [cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html](https://cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html).

### Daily MUEs include:

Code	Unit	MUE Limits
97151	15 minutes	32 units
97152	15 minutes	8 units
97153	15 minutes	32 units
97154	15 minutes	12 units
97155	15 minutes	24 units
97156	15 minutes	16 units
97157	15 minutes	16 units
97158	15 minutes	16 units
0362T	15 minutes	8 units
0373T	15 minutes	32 units
H0032	15 minutes	4 units

Horizon NJ Health is committed to the health care needs of our members. Please visit our website to learn more about our available programs.



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