



ProviderLink

A newsletter for the Horizon NJ Health
Provider Community

Issue 3, 2015

What To Do If Your Systems Are Not Ready For ICD-10 on October 1, 2015

Effective **October 1, 2015**, Horizon NJ Health will reject claims submitted with ICD-9 codes and dates of service (or inpatient dates of discharge) on or after 10/1/15. Practices that do not prepare for ICD-10 will not be able to submit claims for services performed on or after **October 1, 2015**.

Here are some options if your systems are unable to electronically submit ICD-10 compliant claims on **October 1, 2015**. Please note that each option requires that you are able to submit claims coded for ICD-10:

- Submit electronic claims coded for ICD-10 online
- You can send ICD-10 coded claims to Horizon NJ Health through Emdeon via direct submission or through another clearinghouse/vendor of your choosing. Use payer number 22326. If you have questions on submitting electronic claims, contact EDI Technical Support at 1-877-234-4273.



You should also be reminded that as a provider it is **your responsibility** to **submit claims** with a **valid ICD-10 diagnosis code** for any service that is provided beginning on October 1, 2015.

Authorizations completed prior to October 1, 2015 may have been authorized with an ICD-9 diagnosis code, and it is **your responsibility** to **convert** the ICD-9 code to a **valid ICD-10 code** before submitting claims for services rendered starting on October 1, 2015. **Failure** to submit claims with a valid ICD-10 diagnosis code will cause your claim to be denied.

For more information on ICD-10, please visit the CMS website:
<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
If you have more questions about ICD-10, please call Provider Relations at
1-800-682-9091 or email provider_relations@horizonNJhealth.com.
Please also visit horizonnjhealth.com/for-providers/ICD10 for more
information on Horizon NJ Health's continued implementation of ICD-10.

How Providers Can Access Assistance

Horizon NJ Health would like to remind providers that there are several ways they can access important information they need:

- The **Provider Relations Hotline**, at **1-800-682-9091**, is your first and best option for questions about claims, questions about tracing a payment or requesting a stop payment. Also, please make liberal use of NaviNet.net, where you can confirm member eligibility, submit electronic claims, view authorization and claims status reports, and access other important information.

- By using the **CareAffiliate** Internet portal, you can submit authorization requests easily and securely, as well as check the status of authorizations. CareAffiliate is available through NaviNet, and NaviNet can be found by going to horizonnjhealth.com/for-providers. For CareAffiliate training information, please go to horizonnjhealth.com/for-providers/education-opportunities or call the **CareAffiliate Hotline** at **1-800-682-9094 ext. 81361**.



- For assistance in updating demographic information, please send the information to providerfileops2@horizonblue.com. You can also go to horizonnjhealth.com/announcements/changing-demographic-information-horizon-nj-health.
- To find out if a provider participates in our network, go to directory.horizonnjhealth.com.
- If you have a new doctor you would like to recruit into the network or if you need an application for a new doctor joining your practice, go to horizonnjhealth.com/for-providers/provider-recruitment.

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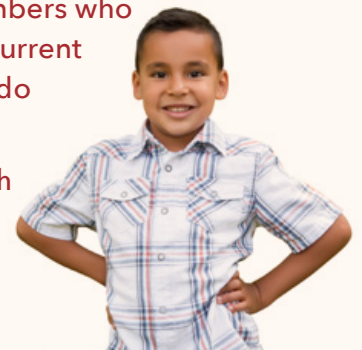
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Open Enrollment

New Jersey Medicaid and NJ FamilyCare members can change their health plan during the annual **Open Enrollment Period** from October 1 through November 15.

If a member chooses a new plan during Open Enrollment, the start date will be **January 1, 2016**. Members who are happy with their current plans do not need to do anything.

The Horizon NJ Health Enrollment Hotline is available at **1-800-637-2997**.



EPSDT ICD-10 Coding Changes

Below is a list of ICD-10 coding changes for claims processing of **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)** and **Lead Screening** procedures:

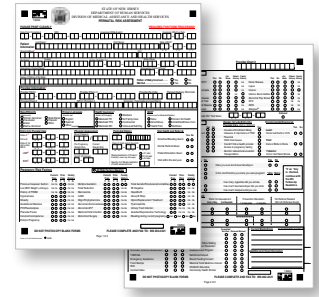
Billing Criteria	EPSDT DOS Before 10/1/15	EPSDT DOS As of 10/1/15	Dental	Lead Screening DOS Prior to 10/1/15	Lead Screening DOS as of 10/1/15
Claim Type	4	4	11	4	4
Age Category	<20 Years of Age	<20 Years of Age	<20 Years of Age	1 – 5 Years of Age	1 – 5 Years of Age
Procedure Code	99381 to 99385 99391 to 99395 99460, 99461, 99463	99381 to 99385 99391 to 99395 99460, 99461, 99463	D0100 – D9999 D1000 – D1999 D2000 – D9999	36406, 36415 and 36416 (with EP modifier for each code)	83655
Procedure Code/Diagnosis Code Combination (Required)	99202 to 99205 99213 to 99215 V20 – V202 V203 V2031 V2032 V700 V703 – V709	99202 to 99205 99213 to 99215/ Z00.00-Z00.01 Z00.110 Z00.111 Z00.121 Z00.129 Z00.5 Z00.6 Z00.70 Z00.71 Z00.8 Z02.0 Z02.1 Z02.2 Z02.3 Z02.4 Z02.5 Z02.6 Z02.81 Z02.82 Z02.83 Z02.89 Z76.2	NA	36416 EP and Diagnosis Code IS NOT 984.0 – 984.9; E861.5; OR E866.0	83655 and Diagnosis Code IS NOT : T56.0X1A T56.0X2A T56.0X3A T56.0X4A M1A.10X0-1 M1A.1110-11 M1A.1120-21 M1A.1190-91 M1A.1210-11 M1A.1610-11 M1A.1621 M1A.1690-91 M1A.1710-11 M1A.1720-21 M1A.1790-91 M1A.18X0-X1 M1A.19X0-X1
Claim Type	3	3			
Age Category	<20 Years of Age	<20 Years of Age			
Revenue Code/Diagnosis Code Combination (Required)	OP510, OP515/ V20 – V202 V700 V203 V2031 V2032 V703 – V709	OP510, OP515/ Z00.00-Z00.01 Z00.110 Z00.111 Z00.121 Z00.129 Z00.5 Z00.6 Z00.70 Z00.71 Z00.8 Z02.0 Z02.1 Z02.2 Z02.3 Z02.4 Z02.5 Z02.6 Z02.81 Z02.82 Z02.83 Z02.89 Z76.2			

Age Groupings	NJ Periodicity Schedule
<1 Year	Birth
1 – 2 Years	Under 6 Weeks
3 – 5 Years	2 Months
6 – 9 Years	4 Months
10 – 14 Years	6 Months
15 – 18 Years	9 Months
19 – 20 Years	12 Months
	15 Months
	18 Months
	24 Months
	Annually Through 20 Years of Age

REMINDER: ICD-10 DEADLINE
OCT 1, 2015

Perinatal Risk Assessment (PRA) Reminder

Horizon NJ Health will soon implement usage of the the **New Jersey Perinatal Risk Assessment (PRA) form** for providers who wish to generate authorizations for **Mom’s Getting Early Maternity Services (GEMS)**.



The PRA collects patient information on current and chronic medical conditions, pregnancy history, and identifies behavioral and psychosocial risks. The PRA is a state-derived assessment form that is sent to **Family Health Initiatives (FHI)**, a subsidiary of the Southern NJ Perinatal Cooperative, to collect state required information for provider reimbursement. FHI is responsible for form processing, data management and training. For questions about the PRA form or process, please contact the FHI at **1-856-665-6000** or pra@snjpc.org. You can view the PRA training manual at <https://praspect.org/> or request onsite or virtual training by contacting FHI.



The PRA will help Horizon NJ Health:

- Coordinate care
- Obtain baseline information about the member
- Initiate case/care management with the goal of improving birth outcomes
- Provide OB-GYN physicians with a method to guarantee payment for eligible services
- Promote early and accurate identification of prenatal risk factors
- Reduce administrative burden on obstetric practices

In addition, the use of a common risk assessment tool will allow the Division of Medical Assistance and Health Services/Medicaid to gather information and learn more about Medicaid-eligible pregnant women in New Jersey.

The PRA and the WIC referral form must be completed within 7 days of the initial prenatal visit. The PRA must be sent to **Family Health Initiatives (FHI)** at **1-856-675-5286**. An updated PRA form must also be completed if there are changes or updates to the members’ pregnancy. If you have any questions or concerns about PRA submissions, please contact the **Mom’s GEMS Program** at **1-800-682-9094, extension 89321**.

Formulary Changes

Horizon NJ Health would like to inform you of recent changes 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/gender limits, and drugs requiring prior authorization on the Horizon NJ Health Web site horizonnjhealth.com and paper copies are available upon request.

If, for medical reasons, members cannot be changed to preferred medications, you may call the Horizon NJ Health Pharmacy Department to request a prior authorization at **800-682-9094**.

Here is a list of recent changes:

Formulary Change Description	Brand (Generic) Drug Name	Alternatives (if applicable)
Non-Formulary	Xyrem (sodium oxybate)	Provigil, amphetamine, methamphetamine, dextroamphetamine, methylphenidate, and selegiline
Non-Formulary	Syprine (trientine hydrochloride)	Penicillamine
Formulary	Xarelto (rivaroxaban)	
Formulary	Bydureon pen (exenatide extended-release)	

What Do Primary Care Physicians Think About the Affordable Care Act?



In the five years since the Patient Protection and Affordable Care Act (ACA) became federal law, it has survived two Supreme Court challenges – in 2012, the challenge to the individual mandate failed, but succeeded on the side of state's rights whether or not to choose Medicaid expansion. In June of this year, the Supreme Court upheld the validity of the federal health exchange to provide subsidies to residents of the states that use it.

Despite these challenges, the ACA has attempted to organize the health care delivery system to be more efficient, more accessible and more accountable. Politicians are divided on party lines about the costs and merits of the ACA, and providers' views reflect their party affiliations. However, politics does not appear to be affecting overall provider satisfaction. In fact, current satisfaction levels are slightly higher than what was reported by primary care physicians before the ACA. According to the survey of over 1700 PCPs, released this June by the Kaiser Family Foundation and Commonwealth Fund, 83% of physicians and 93% of nurse practitioners and physician assistants—both Republicans and Democrats—reported they are very or somewhat satisfied with their medical practice overall.¹

Since January 2014, about six out of 10 primary care clinicians are seeing more Medicaid patients. Most providers said that their ability to provide high quality care to all patients had not changed in the year, whether or not their number of Medicaid or newly insured patients had increased. Acceptance of new Medicaid patients remains about the same as before the ACA. Providers serving a larger

proportion of Medicaid patients report Medicaid Expansion has positively impacted their ability to provide quality care.¹

Medicaid expansion, which raised the income limit on beneficiaries from 100% to 133% FPL, was adopted by about half the states including New Jersey. As a result, current enrollment has increased in this state by more than 35% since July-August 2013.² In order to handle this huge influx, New Jersey is currently focused on containing costs and beginning implementation of reform initiatives such as Medicaid Managed Care, Health Homes and Patient Centered Medical Homes. Innovative models and concepts have taken root in the health care delivery landscape, but they all emphasize managing patients through coordinated care delivery and pay for performance incentives to one degree or another.²

Concerns about the future

According to the *AMA Journal of Ethics*, "Due to the increasing trend in physician specialization, there has been little improvement in the ratio of primary care physicians to patients during a period when the overall physician-to-population ratio has increased."

Sufficient practice capacity and primary care physician supply were and continue to be concerns shared by providers, payors and the state(s), particularly in light of an expanding population now covered for preventive healthcare as well as Medicaid under the ACA. Increasing the supply of primary care physicians, particularly to underserved populations and areas, are addressed by the ARRA economic recovery act and the ACA.³

Five ACA (and ARRA) Inducements to Attract Physicians to Pursue Primary Care³

■ Decreased payback time and penalty fees for the Primary Care Loan (PCL).

The PCL is a low-interest loan program for medical students who intend to pursue primary care; the decrease in fees comes without any cost to the government.

■ Investments in the National Health Service Corps (NHSC).

NHSC resources are used to recruit primary care clinicians to underserved areas or populations through student debt relief. NHSC members may fulfill 50 percent of their service obligation time through clinical teaching at THCGME programs.

■ Investments in the Teaching Health Center GME program (THCGME) and primary care residency program expansions.

THCGMEs are community-based ambulatory patient care centers (such as community health centers, rural health clinics, or community mental health centers) that operate primary care residency programs. Congress authorized, but did not fund, THCGME development grants, which would have allowed programs to plan curricula and enhance faculty.

■ Enhancements to Title VII programs.

Primary Care Training and Enhancement (PCTE) grants fund training programs for primary care students, residents, faculty, and academic units. Funding was authorized for \$125 million per year, but subsequent annual appropriations have ranged from \$37 million to \$39 million.

■ Technical changes to Medicare GME support.

Under Title VII authority, \$168 million from the Public Health and Prevention Fund was used to support community-based primary care residents over a five-year period, at a rate of \$80,000 per resident annually, through 2015.

Sources:

1. <http://new.commonwealthfund.org/publications/issue-briefs/2015/jun/primary-care-providers-first-year-aca>
2. <http://www.medicaid.gov/medicaid-chip-program-information/by-state/new-jersey.html>
3. Klink, K MD. *STATE OF THE ART AND SCIENCE Incentives for Physicians to Pursue Primary Care in the ACA Era*. American Medical Association Journal of Ethics, July 2015, Volume 17, Number 7: 637-646

Provider Information Updates

Family Planning Benefit

Family Planning services are available for Medicaid and NJ FamilyCare A, ABP, B, C and D members.

Plan D members, except PSC 380 (located under Aid Cat Medicaid), may only access services by using participating Horizon NJ Health providers. When services are performed by a participating provider, they are authorized and reimbursed through Horizon NJ Health. Members may self-refer to their routine GYN provider or any Family Planning clinic.

Services that prevent or delay pregnancy are covered, including:

- Medical history and physical examination (including pelvic and breast)
- Diagnostic and laboratory tests
- Drugs and biologicals
- Medical supplies and devices
- Counseling
- Continuing medical supervision
- Continuing care and genetic counseling

Prescriptions for Family Planning are covered under the Pharmacy benefit.

IUD device, insertion, and removal are covered under the Family Planning benefit. The device has to be supplied by the GYN. The member cannot purchase the device directly from the pharmacy.

Covered IUD devices include:

- Mirena
- Paragard
- Nexplanon (Implant)

No referral or authorization is required, as long as the provider is a participating GYN. A copy of the receipt or invoice is required and should be submitted with the claim. (Providers may call **1-800-682-9091** for questions regarding the IUD benefit).

Elective/induced abortions and related services are not covered, but are paid on a fee-for-service basis by Medicaid. Infertility diagnoses and treatment services, including sterilization reversals and related office (medical or clinical) drugs, laboratory, radiological and diagnostic and surgical procedures are not covered.

Hysterectomy is not a covered service if it is performed solely for the purpose of sterilization. Hysterectomy is a covered service if the primary medical indication for the hysterectomy is other than sterilization. Horizon NJ Health can assist members in locating family planning services.

Members can access services through Horizon NJ Health's physician network or through participating Medicaid family planning providers. No referral from a Horizon NJ Health primary care provider (PCP) is necessary.

Horizon NJ Health is responsible for payment of all claims related to family planning services when rendered by a participating physician, including voluntary sterilization, tubal ligation, vasectomy, or similar procedures having the purpose of pregnancy prevention.

An *HHS-687 Consent for Sterilization Form* must be completed and signed by the member at least 30 days in advance of any sterilization procedures being performed. To obtain authorization, fax a copy of the consent form along with a *Family Planning Sterilization Prior Authorization Request Form* to **609-583-3047**. The provider will receive an authorization letter within 14 days of Horizon NJ Health's receipt of the request. If provider has not received any response by the 15th day from the fax date, MS/PS representative should contact Horizon NJ Health at **800-682-9094, ext. 81023**.

A copy of the form can be printed from horizonnjhealth.com. The individual who has given voluntary consent for a sterilization procedure must be at least 21 years old at the time the consent is obtained and must not be a mentally incompetent person.

When services are provided by a non-participating provider, services are reimbursed by the NJ Medicaid Fee-for-Service Program. Out-of-Network provider claims should be mailed to **Unisys** (Medicaid Fee-for-Service). Providers should call **800-776-6334** to obtain the correct claims mailing address, if necessary.

Participating providers should submit claims to:

**Horizon NJ Health
Claim Processing Department
P.O. Box 7117
London, KY 40742**

Utilization Management Appeals should be submitted to:

**Horizon NJ Health
ATTN: Appeals Coordinator
210 Silvia Street
West Trenton, NJ 08628**

Claims Appeals should be submitted to:

**Horizon NJ Health
Claims Appeals
P.O. Box 63000
Newark, NJ 07101-8064**

Provider Information Updates

How to Submit Corrected Paper Claims

CMS-1500 forms should be submitted with the appropriate resubmission code (value of 7) in Box 22 of the paper claim with the original claim number of the corrected claim and a copy of the original Explanation of Payment (EOP). EDI 837P data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an addition loop in the 2300 loop, segment REF*F8* with the

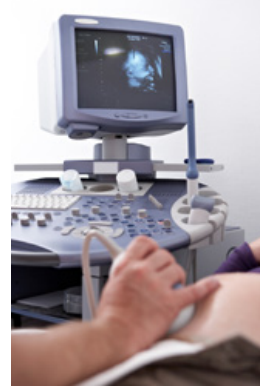
original claim number for which the corrected claim is being submitted.

UB-04 should be submitted with the appropriate resubmission code in the third digit of the bill type (for corrected claim this will be 7), the original claim number in Box 64 of the paper claim and a copy of the original EOP. EDI 837I data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an addition loop in the 2300 loop, segment REF*F8* with the original claim number for which the corrected claim is being submitted.

OB Ultrasound Policy Change

This fall, Horizon NJ Health will be changing its OB ultrasound policy.

With this change, **three OB ultrasounds will automatically be authorized** for each pregnancy.



Additional ultrasounds, given at any place of service, will require preauthorization unless the member is inpatient or in the emergency room.

Information regarding training webinars and an effective date for this policy change will be communicated to you in the near future.

You can direct any questions you may have to Mom's GEMS at **1-800-682-9094 ext. 89321** or Mom's_GEMS@horizonblue.com.

Authorization Process Changes for Physical Therapy and Occupational Therapy



Horizon NJ Health will soon be reinstating the **authorization requirement** for facility-based physical therapy and occupational therapy (PT/OT) services.

To make the authorization process as simple as possible:

- Bundle codes of **PT001** and **OT001** will cover a series of multiple codes for each type of therapy
- Prior authorizations will not be required for the initial evaluation or for five subsequent physical or occupational therapy visits.
- Additional authorizations will not be issued until the evaluation and subsequent therapy visits have been completed.

For faster service, you can submit all authorization requests quickly and securely by using **CareAffiliate**, the Internet portal that allows you to communicate directly with Horizon NJ Health. You can access CareAffiliate through **NaviNet**.



210 Silvia Street
West Trenton, NJ 08628

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Horizon NJ Health Professional Relations Representatives Are Available To Assist You

For assistance or a personal visit to your office, contact your Horizon NJ Health Professional Relations Representative at **1-800-682-9094**. All Professional Relations Representatives service Primary Care Physicians (PCPs) and Specialty Care Providers.

Important Numbers You Should Know	
Physician & Health Care Hotline 1-800-682-9091	Utilization Management 1-800-682-9094 Inpatient x 81024 Outpatient Facility Office-based x 81023 Home Services x 81025 Medical Day Care x 89500
Member Services 1-877-765-4325	Personal Care Assistance x 89500 Durable Medical Equipment & Medical Supplies x 81017 Facility PT/OT/ST x 89500
EDI Claim Submission 1-877-234-4271	
Quality Management 1-800-682-9094	
Website horizonNJhealth.com	

MAIA JACKSON
(Atlantic, Burlington, Camden, Hudson, Hunterdon, Salem)
1-800-682-9094 x 89914

LYNDA JACKSON-SEALY
(Bergen, Cape May, Cumberland, Essex, Passaic, Union)
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