



July 26, 2010

Greetings,

Improving our members' health and well being are goals we share. To help us be successful, we're working to make it easier for you to do business with us. We're simplifying interactions and expanding our online tools so that you and your patients can make better health care decisions. The following are a few specific examples:

- **Recently, the CareSource Clinical Practice Registry was launched to help Primary Care Providers (PCPs) improve their patients' health.** Located on our secure Provider Portal at [www.caresource.com](http://www.caresource.com), the CareSource Clinical Practice Registry is part of a comprehensive suite of online informational tools. Its primary benefit is population management. PCPs can quickly and easily sort CareSource membership into actionable groupings. It provides a proactive approach by placing emphasis on preventive care. For example, a list identifying all CareSource members with diabetes needing an A1C test can be generated. The Registry is color coded so PCPs can easily identify areas of need. And, it can be quickly downloaded as a PDF or into an Excel spreadsheet format. The Excel spreadsheet even includes the member's phone number so PCPs can contact the member without pulling their office records. Finally, the Registry is coupled with our online Member Profile tool (for more information please see the cover article of the enclosed *ProviderSource* newsletter).
- **This past Spring we launched our web-based Provider Toolkit.** The Toolkit is easy to access and offers valuable resources at your fingertips. It provides helpful information about policy updates (Network Notifications), manuals, forms, frequently asked questions, assessment tools and more. And, it includes a "Favorites" feature so that each time you visit it automatically remembers the sections you use (see page 2 of our *ProviderSource* newsletter).
- **CareSource has initiated our Care Transitions Program, a multi-faceted approach to improving member engagement, orchestrates discharge needs and focus on care coordination.** Two important parts of this program, our Bridge to Home and Health Care Home, are specifically highlighted on page 6 of the enclosed *ProviderSource* newsletter.

Please find enclosed the summer edition of our provider communications packet. This mailing includes our *ProviderSource* newsletter, which contains articles I hope you find interesting and beneficial. In addition, we've included information about Medicaid Well Child Visits (Heathcheck EPSDT), Corrected Claims, Radiation Safety Awareness, and our Care4U™ Program.

We know good health care begins with you. Together we can make this happen. Thank you!

Respectfully,

Craig Thiele, M.D.  
Chief Medical Officer

OH-P-285

# Everything You Need to Know about Healthchek -EPSDT

Early Childhood Screening, Diagnosis and Treatment – EPSDT – is an important way we protect the health and well-being of children.

To help providers understand what’s required and when, Ohio’s Medicaid Care Coordination Plans are joining with the ODJFS Office of Medicaid to offer an in-depth seminar that gives you the information you need to meet state requirements and provide the best possible services for children.

**Dates and Times:**

There are fourteen available dates; see reverse

**Who Should Attend:**

All health care provider staff

**How to Participate:**

Call in to 866-699-3239  
use access code listed with meeting on reverse

Log in to <https://hsh.webex.com>  
use access code listed with meeting on reverse

Note that attendance during any one time slot is limited to 200; we recommend you enter the conference 5 minutes before the scheduled time.



Ohio’s Care Coordination Plans

- Appropriate laboratory tests based on medical and nutritional history, age, physical condition, ethnic background and home environment, including blood lead screening, hemoglobin and/or hematocrit, sickle cell test, pap smears, tuberculin test
- Dental screening
  - Relief of pain and infection
  - Restoration of teeth
  - Maintenance of dental health
  - Refer children, beginning at the age of two years, to a dentist
- Diagnosis
  - Order medically necessary diagnostic tests based on needs identified during the examination
  - Provide for immediate referral when indicated
  - Follow up to ensure services are received
- Treatment
  - Coordinate treatment for all the child’s health care needs
  - Provide medically necessary treatment or other measures to correct or ameliorate defects, physical and mental illnesses or any other condition(s) discovered through the screening process
- Health Education
  - Counseling to assist the parent/guardian in understanding what to expect relative to their child’s development
  - Anticipatory guidance regarding safety, nutrition, exercise and physical and mental development
  - Risk factor reduction intervention by providing information on healthy lifestyles and practices and accident and disease prevention

Medicaid-eligible children are entitled to receive a comprehensive package of preventive health care. This includes all well child care recommended by the American Academy of Pediatrics (AAP) and the Early Periodic Screening, Diagnostic and Treatment (EPSDT) child health requirements, known as Healthchek in Ohio.

**Responsibilities of Primary Care Practitioners:**

- Provide or arrange for well child check-ups according to the AAP recommendations for preventive pediatric care
- Document the care provided
- Arrange or refer for other preventive health care and medically necessary services based on identified risks and conditions
- Bill for Healthchek - EPSDT services using the appropriate preventive medicine CPT codes
- Bill for all services provided

**Well Child Visit Components:**

- Screening Services
  - Comprehensive health and developmental history
  - Comprehensive unclothed physical examination
  - Developmental screening (including physical and mental health development)
  - Nutritional screening
  - Vision screening
  - Hearing screening (includes newborn screening)
  - Immunization screening using the standard immunization schedule in rule 5101:3-4-12 of the Ohio Administrative Code
  - Lead toxicity screening

Medicaid Well Child Visits  
Healthchek - EPSDT

# What Every Health Care Professional Should Know



Ohio’s Care Coordination Plans



Ohio’s Care Coordination Plans

230 E. Town Street  
Columbus, OH 43215



## Webinar Dates, Times and Access Codes

Phone: 866-699-3239  
 Web: <https://hsh.webex.com>

Date	Time	Host
7/1/10	8:30 AM	Unison Health Plan of Ohio Access code: 966 941 230
7/14/10	1 PM	Unison Health Plan of Ohio Access code 966 218 142
7/16/10	8 AM	CareSource Access code: 966 472 243
7/22 /10	10 AM	Molina Access code: 968 480 553
7/28/10	Noon	Paramount Access code: 969 519 672
7/30/10	9 AM	AMERIGROUP Access code: 961 937 545
8/25/10	2 PM	Wellcare Access code: 961 172 391
8/26/10	9 AM	Buckeye Access code: 961 226 269
9/8/10	2 PM	Wellcare Access code: 967 702 413
9/16/10	11 AM	Molina Access code: 968 040 130
9/16/10	1 PM	Buckeye Access code: 966 851 306
9/22/10	Noon	Paramount Access code: 962 432 070
9/24/10	Noon	AMERIGROUP Access code: 968 297 362
9/30/10	4 PM	CareSource Access code: 963 465 469

## Well Child Visit Billing Guidelines:

The following includes some of the most common provider services that are payable when medically necessary and performed as part of a periodic Healthchek - EPSDT exam (please see OAC 5101:3-14-03 for the periodicity schedule). Please note this is not an exhaustive list of all covered services. Interperiodic examinations will be covered when medically necessary to determine the existence of suspected physical or mental illnesses.

*The following code set was in effect as of January 2010 and is subject to change. Please refer to the Ohio Administrative Code for the most current information.*

## Preventive Medicine

ICD-9-CM Diagnosis codes

***The following are the age appropriate codes to be billed with a Healthchek - EPSDT exam***

V20.2	Routine Infant (over 28 days old) and child well check up to age 17
V20.31	Health check for child under 8 days old
V20.32	Health check for child 8-28 days old
V70.0	Routine medical exam, 18 and over
V70.3	Medical exam for administrative purposes
V70.5	Medical exam for students, preschool children, occupational or pre-employment exams, armed forces, etc
V70.6	Medical exam for surveys
V70.8	Other Medical exam

## New Patient Service

99381	Initial Well child visit, younger than one year old
99382	Initial Well child visit, age 1-4
99383	Initial Well child visit, age 5-11
99384	Initial Well child visit, age 12-17
99385	Initial Physical exam, age 18-39

## Established Patient Service

99391	Yearly Well Child visit, younger than one year old
99392	Yearly Well Child visit, age 1-4
99393	Yearly Well Child visit, age 5-11
99394	Yearly Well Child visit, age 12-17
99395	Yearly Physical exam, age 18-39

## Preventive medicine – Individual Counseling

99402	Counseling and risk reduction intervention, 30 minute discussion
99403	Counseling and risk reduction intervention, 45 minute discussion
99404	Counseling and risk reduction intervention, 60 minute discussion

## Vision Services

A vision screening is a required component of the Healthchek - EPSDT visit. Providers are encouraged to refer children for a comprehensive vision examination, when medically necessary.

## Hearing Services

All covered hearing services in accordance with OAC 5101:3-10 and payable per Appendix DD, OAC 5101:3-1-60

92551	Hearing test, limited study using headphones to verbally respond to sounds
92552	Hearing test, using earphones and an audiometer, more extensive
92553	Includes 92552 with the addition of sounds conducted through the patient’s facial bones
92567	Hearing test to check the eardrums

## Dental Services

Providers are encouraged to refer children, beginning at the age of two years, to a dentist.

## Developmental Screening

96110	Limited Developmental testing
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## Immunizations

All covered immunization services in accordance with OAC 5101:3-4-12 and payable per Appendix DD, OAC 5101:3-1-60

***The following codes are for children 18 years and younger:***

90633	Hepatitis A, pediatric/adolescent, two dose schedule
90634	Hepatitis A, pediatric/adolescent, three dose schedule
90645	Hib Vaccine
90646	Hib, Vaccine for booster only
90647	Hib, Vaccine

90648	Hib Vaccine
90649	Human papilloma virus (HPV), three dose schedule
90655	Influenza, six to thirty-five months of age
90656	Influenza, three years of age and above
90657	Influenza, split virus, six to thirty-five months of age
90658	Influenza, split virus three years of age and above
90660	Influenza, intranasal
90669	Pneumococcal conjugate, polyvalent, children under five years of age
90680	Rotavirus vaccine
90681	Rotavirus vaccine, live, oral
90696	DTaP-IPV
90698	DTaPIPHI
90700	DTaP for individuals younger than seven years of age
90702	DT for individuals younger than seven years of age
90703	Tetanus immunization
90707	MMR immunization
90710	Measles, mumps, rubella, and varicella vaccine
90713	Poliovirus, inactivated, (IPV), subcutaneous
90714	Td preservative free, for individuals seven years and older
90715	Tetanus, diphtheria toxoids and acellular pertussis, for individuals seven years or older
90716	Varicella (chickenpox), live
90718	Td adsorbed, for individuals seven years or older
90721	DTaP-Hib
90723	DtaP-HepB-IPV inactivated
90732	Pneumococcal immunization
90733	Meningococcal immunization
90734	Meningococcal Vaccine, IM
90744	Hepatitis B vaccine; Under age 11
90748	HepB-Hib, combined vaccine
90663	The pandemic influenza virus vaccine, for both children and adults.

***The following codes are for those 19 years and older:***

90585**	BGG, percutaneous
90586**	BCG, intravesical
90632	Hepatitis A, adult
90633**	Hepatitis A, pediatric/adolescent, two dose schedule
90634**	Hepatitis A, pediatric/adolescent, three dose schedule
90636	Hepatitis A and hepatitis B, adult
90645**	HIB Vaccine
90646**	HIB Vaccine for booster only
90647**	HIB Vaccine

90648**	HIB Vaccine
90656	Influenza, split virus, preservative free, three years of age and above
90658	Influenza, split virus, for use in individuals three years of age and above, intramuscular
90660	Influenza, intranasal
90675	Rabies, intramuscular
90676	Rabies, intradermal
90703	Tetanus Immunization
90707	MMR Immunization
90710**	MMRV Vaccine
90714	Td preservative free, for individuals seven years and older
90715	Td, for individuals seven years and older.
90716	Varicella (chickenpox) virus vaccine
90718	Td Immunization
90732	Pneumococcal Immunization
90734**	Meningococcal Vaccine
90735**	Encephalitis Virus Vaccine
90740	Hepatitis B, dialysis or immunosuppressed patient (three dose schedule)
90746	Hepatitis B vaccine, adult (nineteen years or older)
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (four dose schedule)

Active immunizations identified with a double asterisk (\*\*) are covered only if determined medically necessary.

## Laboratory Services

All covered lab services in accordance with OAC 5101:3-11 and payable per Appendix DD, OAC 5101:3-1-60

## Other Physician Services

All covered physician services in accordance with OAC 5101:3-4, 5101:3-5 or 5101:3-6

### ***Ohio’s Care Coordination Plans***

Amerigroup Community Care Ohio  
 Buckeye Community Health Plan  
 CareSource  
 Molina Healthcare of Ohio, Inc.  
 Paramount Advantage  
 Unison Health Plan of Ohio, Inc.  
 WellCare of Ohio



## Network Notification

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**Date:** February 10, 2010

**Number:** OH-P-2010-07

**To:** Network Providers

**From:** CareSource

**Subject:** Corrected Claims

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As part of our ongoing commitment to timely and clearly articulated communication of policy or process changes, the information listed below supplements current policies to include those listed in the CareSource Provider Manual.

CareSource accepts electronic corrected Professional (CMS 1500) and Facility (UB 04) claims. To make it easier for you to submit corrected claims electronically, please follow the following instructions.

- Submit via the nationally recognized 837 file format
- Use the CareSource payer ID number, 31114
- The EDI 837 Loop 2300 **CLM 05-3** value has to be "7" (Replacement)
- The **Original Reference No/Claim No** (12 character data) should be carried over on the **REF 02** data element with a Qualifier "F8" on Loop 2300.

When submitting corrected paper claims, the top of the claim must be stamped or marked as "CORRECTED".

## Care4U™ Program

The non-medical use or abuse of prescription drugs is a serious and growing public health problem in this country. According to the 2008 National Survey on Drug Use and Health (NSDUH), approximately 52 million Americans aged 12 or older reported non-medical use of a psychotherapeutic at some point in their lifetimes. This represents 20.8% of the population aged 12 or older.

In an effort to address this growing problem and to combat Fraud, Waste and Abuse, CareSource has initiated the Care4U™ Program. Care4U™ is a collaborative effort between our Special Investigations, Behavioral Health, Case Management, and Pharmacy Departments. Its purpose is to identify members exhibiting drug seeking behavior and work with them directly; to notify prescribing providers when we notice multiple controlled substances prescriptions from multiple providers; and to give assistance to the provider working with these members.

You will hear more about the Care4U™ Program soon. Our data shows that this program is successful in changing our members' behavior. When that happens, we believe people's lives, families and communities change for the better.

If you know a CareSource member that might benefit from the Care4U™ Program, contact us through the fraud reporting options below:

- **Call:** 1-800-488-0134. (TTY: 1-800-750-0750 or 711). Choose the menu option for providers. Then select the option for reporting fraud.
- **Send an e-mail** message to [fraud@caresource.com](mailto:fraud@caresource.com)
- **Fax:** 1-800-418-0248
- **Write** to us. You can send a letter or use our Fraud Reporting Form available on our website, [www.caresource.com](http://www.caresource.com). Choose the option to "Report Fraud".

Your written concern or the form can be sent to:  
CareSource  
Attn: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401-1940

When you call or write, **you do not need to give your name**. If you choose to be **anonymous**, please be sure to report as much information about the situation as possible since we will not be able to contact you. Your report will be kept **confidential** to the extent permitted by law.

## **Newborn Deliveries Reminder**

Please remember to notify us of CareSource member newborn deliveries so that we can facilitate enrollment of the infant into our health plan. Delivery notifications can easily be made by accessing our secure online Provider Portal by going to [www.caresource.com](http://www.caresource.com). Click on the Provider Login, type in your User Name and Password, select Prior Authorization from the menu options on the left, and select Inpatient Delivery Admission.

## Radiation Safety Awareness Initiative

We are pleased to announce that CareSource will begin a Radiation Safety Awareness quality initiative in **Fall 2010**, in conjunction with National Imaging Associates (NIA), our nationally recognized Radiology Benefits Manager. We are taking this proactive approach in order to improve patient safety and raise awareness about radiation exposure.

As you are likely aware, radiation exposure from medical imaging is a rapidly growing patient safety issue. Patients are now exposed to nearly **six times** more radiation from medical diagnostic tests than they were in 1980. The largest contributors to the increase in medical radiation exposure are CT scans and nuclear medicine.

At-risk patients are identified through radiology claims which are provided to NIA by CareSource twice a year for analysis of radiation exposure based on those claims.

At-risk patients are those with cumulative radiation exposure equal to, or exceeding, 50 milliSeiverts (mSv)—a level that has been identified as detrimental to long-term health, thus putting them at an increased risk of developing radiation-associated complications.

CareSource ordering providers will be notified of member's with high levels of radiation exposure when they request a preauthorization by telephone, or through NIA's provider Web site, RadMD.com. At that time you will be offered a NIA peer discussion should you want to discuss options or the case with an NIA physician. In addition, a provider alert letter will also be sent to you via fax or mail with the authorization or denial letter.

The patient's level of radiation exposure does **not** impact the preauthorization or decision-making process for requested imaging studies.

For more information please visit our website at [www.caresource.com](http://www.caresource.com), click the Providers Tab, then Member Care, and Prior Authorization (look under Radiology Benefit Management Program). You can also find out more information on radiation exposure on NIA's website at [www.radmd.com](http://www.radmd.com).