



Unity Communicator

News for Practitioners and Providers, Spring 2016

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Important Formulary News

Formulary Updates Now Available Online

The Formulary Updates are now available online. Practitioners can go to unityhealth.com/drugformulary/formulary-list to find recent updates. Just click on any of the formulary names to view the updates. Changes are updated quarterly.

The changes will include –

- Recently approved medications and their formulary status,
- Pharmacy and Therapeutics Committee Changes, and
- New generic medications
As a reminder, when a new generic becomes available, the brand becomes non-preferred restricted and if the prior authorization is approved, the brand is covered at the Tier 3 copayment.

A change in formulary status of drugs may affect out-of-pocket costs for members, depending on the current drug benefit. Members affected by formulary changes received a letter from Unity containing more details.

The complete formulary, a description of Unity's different pharmacy benefit designs and

copayment or coinsurance requirements, as well as current prior authorization criteria are available at unityhealth.com or in writing upon request by calling (888) 450-4884.

Change in Nomenclature in Pharmacy Policies and Procedures

Due to changes in regulatory policies and to better align with the rest of the insurance industry, Unity has adjusted the nomenclature for listing formulary status of medications.

The formulary is a list of medications and their coverage status. The term "formulary medication" is now "preferred medication." The term "non-formulary medication" is now "non-preferred medication."

Restricted medications require prior authorization. Each prescription product is either preferred or non-preferred and can be restricted or non-restricted.

- Preferred generics are covered at a Tier 1 copayment.
- Preferred Brands are covered at a Tier 2 copayment.
- Non-preferred generics and Brands are covered at a Tier 3 copayment.

Drug Safety Alerts Available Online

Rather than publishing specific Drug Safety Alerts from the Food & Drug Administration, Unity offers a direct link to the FDA's MedWatch Safety Program page. Just go to unityhealth.com/patientsafety and scroll down to the Medwatch link. Otherwise, bookmark fda.gov/Safety/MedWatch/default.htm. That way, you can always find the latest drug safety alerts posted by the FDA.

The UW Health Pharmacy Benefit Management Program notifies members and providers in the event of market withdrawals due to FDA legal action and Class I and Class II drug recalls.

However, in the case of lot-specific drug product Class I recalls, notification is not possible. Instead, members will be instructed to contact their pharmacist to determine if their specific prescription is included in the recall. Prescription claims do not provide lot-specific information; therefore members need to contact their pharmacist directly.



Coding Alert

2016 CPT Coding Updates

Recent coding updates by the American Medical Association (AMA) and Center for Medicare and Medicaid Services (CMS) delivered many new CPT codes for use in 2016. These coding updates included new codes focused on prolonged clinical staff services with physician supervision, creation of additional surgical codes across multiple specialties due to bundling of services as well as new technology codes. Additional procedural codes in the diagnostic radiology category that are more specific in the number of views, as well as expanding codes for molecular pathology services are now required – plus many more.

Below is an overview of the new CPT codes that were added. For a complete listing of the new codes as well as their descriptions and coding guidelines, please refer to the 2016 CPT (Current Procedural Terminology) references.

1. Evaluation and

Management Services –

a. Prolonged Clinical Staff Services:

- CPT 99415 and 99416 were added to report prolonged clinical staff services with physician or other qualified healthcare professional supervision, in the office or other outpatient setting.

2. Surgery Services –

a. Integumentary:

- CPT codes 10035 and 10036 were added to report lesion placement of soft tissue localization devices.

b. Respiratory:

- CPT codes 31652 – 31654 were established to identify transendoscopic endobronchial ultrasound procedures.

c. Cardiovascular:

- CPT code 33477 was developed to report transcatheter pulmonary valve implantation (TPVI) services.
- Codes 37252 and 37253 were added to report intravascular ultrasound (IVUS) services for non-coronary vessels.

d. Mediastinum:

- Codes 39401 and 39402 were added to identify mediastinoscopy and biopsies of the mediastinum and lymph nodes.

e. Digestive:

- Code 43210 was established to describe a transoral approach to a surgical esophagogastric fundoplasty procedure.
- New percutaneous biliary codes 47531 – 47544 were developed that now include imaging guidance and diagnostic cholangiography.
- CPT code 49185 was added to allow specific reporting of the drainage of certain types of fluid collection.

f. Urinary:

- Six new codes (50430 – 50435) were established to report diagnostic procedures that include the injection of contrast material and therapeutic procedures describing catheter placement / exchange.
- The add-on code 50606 was added to report endoluminal biopsy using non-endoscopic imaging guidance.
- Codes 50693 – 50695 were added for reporting percutaneous placement of ureteral stents.
- Add-on codes 50705 and 50706 were established to report embolization and balloon dilation of the ureter using non-endoscopic imaging guidance.

g. Male Genital System:

- CPT codes 54437 and 54438 were added to report traumatic penile repairs.

h. Nervous System:

- Codes 61645, 61650, and 61651 were established to report cerebral endovascular therapeutic interventions in any intracranial artery.
- Three codes (64461, 64462, and 64463) were created to identify paravertebral blocks using single / multiple injection(s) or continuous infusion using a catheter.

i. Eye and Ocular Adnexa:

- The category III code 0099T was deleted and converted to category I code 65785 to report implantation of intrastromal corneal ring segments.

j. Auditory System:

- Code 69209 was added to report removal of impacted cerumen by irrigation and lavage.

Coding Alert continues on next page

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Coding Alert

2016 CPT Coding Updates

k. Diagnostic Radiology:

- Codes 72081 – 72084 and 73501 – 73552 were added with code descriptions that are more specific in terms of the number of views.
- MRI codes 74712 and 74713 were established to report fetal MRI services.

l. Radiation Oncology:

- CPT codes 77767 – 77772 were added to report high dose rate (HDR) radionuclide skin surface, interstitial or intracavitary brachytherapy.

m. Nuclear Medicine:

- Gastric emptying codes (78265 – 78266) were established to include the study of small bowel transit and small bowel and colon transit.

n. Pathology and Laboratory:

- CPT 80081 was developed to report an OB panel that includes HIV testing.
- The Molecular Pathology, Genomic Sequencing Procedures and other Molecular Multianalyte Assays, and Multianalyte Assays with Algorithmic Analyses sections of CPT saw many new codes added for 2016.
- Surgical pathology code 88350 was added to allow for accurate reporting of units of service performed for immunofluorescence studies.

o. Medicine Services:

- Code 90625 was established for the oral cholera vaccine.
- Two codes (92537 and 92538) were added to report bilateral caloric vestibular testing.
- Special dermatological codes 96931 – 96936 were established to report reflectance confocal microscopy for cellular / subcellular imaging of the skin.
- Code 99177 was added to report instrument based ocular screening with on-site analysis.

These are just some of the changes we face in 2016. Fortunately, help is available – if you have coding questions, contact your Provider Coordinator. We're happy to help.



Member Newsletter Update

Your patients may ask you questions related to these articles –

- The Power of Positivity: Choosing Happiness
 - Hypoglycemia: What You Should Know
 - Spring Break Plans? Stay Healthy!
 - Leaping Into Spring Even with Asthma
 - Advance Care Planning
 - Fill it in and Win Winter Winners
- And much more!*



Maintaining Eye Health for Your Patients with Diabetes

Practitioners can help protect their patients from vision loss or blindness by recognizing risk factors associated with common eye diseases.

It is recommended that these patients visit an eye care professional for a comprehensive dilated eye exam. Eye diseases often have no early warning signs or symptoms. However, with early detection, treatment and appropriate follow-up care, vision loss and blindness from eye disease can be prevented or delayed. Talk to all your patients about their eye health, especially those at higher risk for diabetic retinopathy, age-related macular degeneration, glaucoma and cataract.

A measure for Comprehensive Diabetes-Eye Exam is part of a widely used set of performance measures in the managed care industry. These measures, named HEDIS® (Healthcare Effectiveness Data and Information Set) was developed and is maintained by the National Committee for Quality Assurance (NCQA). Unity's goal for eye exam is the 90th percentile (top 10 percent of the NCQA accredited plans).

Unity's HEDIS rate for Comprehensive Diabetes Care-Eye exam in Dane County ranks in the 75th percentile (top 25 percent of the NCQA accredited plans) and in the 50th percentile for the region (top 50 percent of the NCQA accredited plans). Efforts are ongoing to continue to improve this rate.

Unity wants members to maintain good eyesight and offers a \$50 incentive to have 2-A1cs, 1-microalbumin and a dilated eye exam done annually. You can help members earn this \$50 and promote good eyesight by reinforcing the importance of the annual dilated eye exam for your patients.

For more information on the Diabetes Clinical Practice Guidelines go to unityhealth.com/diabetescpg and click on the Diabetes CPG.

Source:

nei.nih.gov/sites/default/files/health-pdfs/AAPAMtgHandout.pdf

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



Active Living and Learning

To help prevent diabetes, Unity is teaming up with UW Health Preventive Cardiology to offer members a program called Active Living and Learning.

Active Living and Learning is an 11-month lifestyle change process supervised by exercise, nutrition and behavioral experts. The goal is to prevent or reverse Type 2 diabetes in people with borderline blood sugar or recently diagnosed Type 2 diabetes. The program is available to Unity members who meet one or more of the following criteria –

- Diagnosed with diabetes within the past 12 months
- Diagnosed with pre-diabetes or metabolic syndrome
- Using metformin for less than one year

Unity generates two mailings per year to notify members of this opportunity.

To locate members who are eligible for this program, Unity recommends using the new ICD-10 codes of R73 – R73.09 for Glucose Intolerance and E88.81 for Metabolic Syndrome.

Practitioners can also refer members to the program by contacting UW Health Preventive Cardiology or Health Services. To learn more about ICD-10 Codes, please see unityhealth.com/codingalert.

Interested individuals who meet these criteria will be asked to participate in a readiness interview. A refundable \$250 deposit is necessary to join the program. The fee will be reimbursed in full at the completion of the program.

To learn more about the program or to refer a member, please call Health Services toll-free at (866) 884-4601 ext. 54802, direct at (608) 821-4802 or fax (608) 821-4884.

Alternatively, you can contact UW Health Preventive Cardiology at (608) 263-7420 for information about the program.



The Power of Positivity – Making Happiness a Choice

Positive Attitude is Key

Did you know that only about 25 percent of job success can be predicted by your IQ? Success is primarily attributable to optimism levels, social support and the ability to view stress as a challenge. As practitioners, you know that a positive attitude also plays a major role when it comes to health and happiness. You've probably seen patients with a positive attitude heal more quickly than those who focus on the negative.

How can we cultivate happiness in our own busy, stressful lives? We actually have much more control over happiness than we often realize. Happiness is not about a specific situation but rather how we perceive and react to the situation.

Below are a few simple daily actions that can help increase our positive thinking and ability to feel happy on a regular basis.

- **Three Gratitudes** – Write down three new things you are grateful for each day for 21 days in a row. This can be hard at first, but it helps you stop and appreciate positive things that happen.
- **Journaling** – Write about one positive experience you've had in the last 24 hours. Do this daily.
- **Exercise** – Walking can boost helpful brain chemicals and leave you feeling happier.
- **Meditation** – Helps with relaxation and can help improve thought processes.
- **Random Acts of Kindness** – Do something thoughtful for a friend or stranger. It makes you feel happy as well as helps the other person. It's a great way to spread happiness!

You might not be able to take all of these actions every day, but it's likely you can do several every day. Making these actions routine can also help to train your mind to search for and focus on the positives rather than the negatives.

The Habits of Happiness

Once you are able to increase positive thinking, you're in a better position to choose happiness.

- **Perspective** – The ability to view a situation differently (i.e. focusing on what you have, instead of what you don't have). View stress as a challenge, rather than an obstacle.
- **Acceptance** – Making peace with what you can control and what you cannot.
- **Choice** – Recognizing that you are making a decision to be happy.

In today's busy world, balancing the responsibilities of life and work can leave us feeling overwhelmed. By understanding and practicing the ways to train our minds and improve our attitude, we can truly make happiness a choice. It may not always be easy, but it can be life-changing.

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Advance Care Planning – *It's About the Conversation*

Many people invest time and care into planning vacations, family reunions, education and weddings. Yet most people don't take the time to have a conversation with friends and family about health care wishes.

Fortunately, health care providers have a tool to help patients have that important conversation. Advance Care Planning ensures that your patient's personal wishes regarding their health care are known by those close to them or providing care for them. This is especially important if your patient has a serious or life-threatening illness and is unable to communicate their wishes.

Advance Care Planning may help your patient –

- Understand treatment options.
- Define health care goals.
- Weigh options about care and treatment.
- Make decisions about choosing a health care agent and / or completing an advance directive.
 - The health care agent is the person your patient chooses to speak for them if they become injured or ill and unable to communicate.
 - An advance directive is a written statement of a person's wishes regarding medical treatment, often including a living will. This ensures that their wishes are carried out in the event that they are unable to communicate them to a doctor.
- Discuss their wishes with family, friends, doctors, and other health care providers.

Honoring Choices Wisconsin is a major initiative to build system change, advocacy and education around advance care planning. Through Honoring Choices Wisconsin, the Wisconsin Medical Society serves as convener, coordinator and catalyst to build clinical improvements combined with outreach in communities across the state. Their mission is to promote the benefits of and improve processes for advance care planning across the state, in health care settings and in the community.

These online resources provide more information regarding advanced directives, and the importance of encouraging your patients to document their wishes as well as the forms that support these decisions –

- honoringchoiceswisconsin.org
- uwhealth.org/health/topic/special/how-do-i-write-an-advanced-directive/aa114595.html
- dhs.wisconsin.gov/forms/advdirectives/adformspoa.htm

New Advance Care Planning CPT Codes

The new CPT codes identified by CMS and AMA that may be submitted for Advance Care Planning services for reimbursement –

CPT 99497:

Advance care planning including the explanation and discussion of advance directives, by the physician or other qualified health care professional; first 30 minutes

CPT 99498:

Each **additional 30 minutes** of CPT 994

These discussions are not easy and may be time consuming. In order to prepare you to have these potentially difficult discussions with patients, enroll in online courses from either of these websites -

- 1) Respecting Choices® Online Learning
 - Go to: learnrc.org
- 2) Vital Talk
 - Go to: vitaltalk.org

A Certification of Completion for Advance Care Planning from either of these sites will fulfill Unity's requirements for recertification.

Important Note – Advance Care Planning certification will be part of the recertification process with Unity. This requirement will take effect beginning in September 2016. At that time, Unity will require this certificate or receipt along with the recertification packet.



Antibiotic Overuse in Acute Respiratory Infections

Bronchitis, pharyngitis, rhinosinusitis, oh my! These infections are hot topics with the big question being whether or not to prescribe antibiotics.

"It is estimated that antibiotics are prescribed at more than 100 million adult ambulatory care visits annually, and 41 percent of these prescriptions are for respiratory conditions".* Antibiotics prescribed or taken inappropriately can lead to antibiotic-resistant illnesses and serious adverse events. Antibiotics are responsible for the largest number of medication-related adverse events. These events can range from a mild rash or diarrhea to anaphylaxis and death.*

It is not always easy to identify if an acute respiratory infection is caused by bacteria or viruses. However, certain guidelines can help determine whether or not to prescribe antibiotics. Below are recommendations on the appropriate use of antibiotics for acute respiratory tract infections outlined by the American College of Physicians and the Centers for Disease Control and Prevention (CDC).

- **Bronchitis** – Clinicians should not order tests or start antibiotics unless they suspect pneumonia.
- **Group A Streptococcal Pharyngitis** – Clinicians should conduct a rapid antigen detection test and / or culture for group A Streptococcus in symptomatic patients. Only patients with confirmed streptococcal pharyngitis should receive antibiotics.
- **Acute Rhinosinusitis** – Clinicians should prescribe antibiotics only in patients with symptoms that have lasted more than 10 days; with severe symptom onset or high fever and purulent nasal discharge or facial pain that has lasted for three days or more; or with worsening symptoms after a viral illness that had been improving.
- **Common Cold** – Antibiotics should not be prescribed.

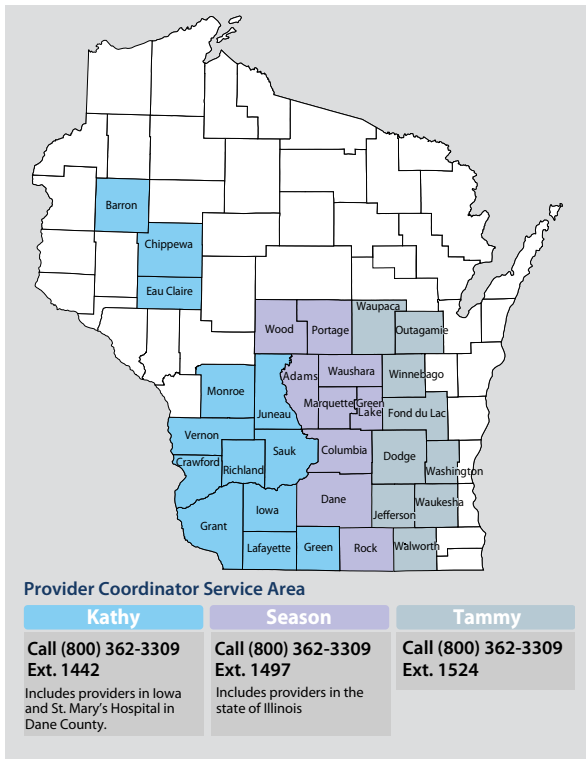
Patients may be disappointed if they're diagnosed with a virus and were expecting a prescription for an antibiotic. A couple of methods have been shown to help manage these expectations –

- **Provide education about the illness.** Explain that viral illnesses, such as chest colds, do not respond to antibiotics.
- **Offer the patient an information sheet about the illness** that includes a description of appropriate antibiotic use as well as a summary of alternatives to antibiotics for managing their symptoms.*
- **Discuss specific symptomatic therapies that may help the patient. The patient will feel they are being heard.** Create a prescription of recommendations for managing the symptoms. That way, the patient walks away with something in-hand to help deal with the illness. Offer the patient easy-to-read educational handouts from the CDC about various respiratory illnesses. **These can be found at cdc.gov/getsmart.**
- Another approach is to **offer a delayed antibiotic prescription.** If it is unclear if a patient needs an antibiotic, offer the possibility of future antibiotic treatment if the condition does not improve. This method has been shown to increase patient satisfaction and decrease antibiotic use.*

Guidance, education and delayed prescribing are all tools that may help in the promotion of appropriate antibiotic use. Practitioners remain the initial defense in protecting patients from antibiotic overuse. Education and guidance can be provided by the entire health care team from the waiting room to the end of visit.

Work Cited

* Harris, A. M., Hicks, L. A., & Qaseem, A. (2016). *Appropriate Antibiotic Use for Acute Respiratory Tract Infection in Adults: Advice for High-Value Care From the American College of Physicians and the Centers for Disease Control and Prevention. Annals of Internal Medicine.*



Good to Know

Key Note on the HIPAA Harmonization Act

Did you know this law allows a mental health provider to communicate with a patient's PCP for coordination of care – without the patient's consent? It's important to note that this law applies to mental health treatment records, but it does not apply to AODA treatment program records subject to Part 2 regulation.

- The law that allowed mental health providers to share information is commonly known as the HIPAA Harmonization – Mental Health Care Coordination Act or simply the HIPAA Harmonization Act (2013 WI Act 238, the "Act").
- The Act enables mental health treatment providers to disclose a patient's health care information for purpose of treatment, payment or health care operations – without the patient's written authorization. It aligned Wisconsin mental health laws with HIPAA for disclosures for treatment, payment and health care operations.

For example, a mental health provider at XYZ mental health treatment center could disclose protected health information to a patient's primary care provider at ABC primary care clinic for purposes of treatment, payment or health care operations without obtaining the patient's signed authorization. This is true even if the providers work at different health care organizations.

Hearing Aid Model Update

The approved 2016 Hearing Aid Model list is now available on Unity's website. If the member's plan covers hearing aids, the brands and specific models are listed at unityhealth.com/hearingaids.

- Costs of treatment related to hearing aids such as ear molds and fittings are only covered when the hearing aid model is covered.
- Coverage does not apply to members with State and Local Government or BadgerCare Plus plans.
- Please Note: The model number and technology number are required and must be submitted in order for claim to process.

Questions? Please contact the provider coordinator for your area.

Want to Use the Unity Logo at Your Facility?

Just contact your Provider Coordinator for any new requests or if you are currently using our name or logo.

Please note that Unity Health Plans Insurance Corporation has exclusive rights to its name and trademark, so we need to review and provide written consent in accordance with our contracts before our name or logo can be used.

Zika Virus Information

The Zika virus has been known since 1954 and is found in Africa, Asia, Central American, South America and the Caribbean. About 80 percent of those infected may not have symptoms. Some have mild symptoms, such as fever, rash, joint pain, conjunctivitis, muscle pain or headache. Zika virus can be transmitted from the mother to the baby during pregnancy and it has been associated with birth defects, such as microcephaly.

No vaccine exists. Pregnant women (and those who may be pregnant or planning pregnancies in the near future) are advised to see a doctor before traveling to affected areas. More information can be found at the Centers for Disease Control and Prevention – cdc.gov/zika/index.html.

For questions, contact
Unity Customer Service –

- Send a message through *Ask an Expert* within MyUnity at unityhealth.com
- Call (800) 362-3310 and press 2 weekdays 7 a.m. to 7 p.m.

For paper copies of any material, please call
(800) 548-6489.

Comments and suggestions are welcome.
Contact – communications@unityhealth.com



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