



Provider Newsletter



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Updates and resources from Community Health Plan of Washington to providers and staff.

To get the latest updates, visit our Bulletin Board:

[Provider Bulletin Board](#)

Get More Information Online

We would like to remind you about important information available on our website (www.chpw.org). If you have any questions about accessing our website or would like to get more information or paper copies of any of the following items, contact our Customer Service team at 1-800-440-1561 (TTY Relay: Dial 7-1-1), Monday through Friday, 8 a.m. – 5 p.m.

You can view and/or download information about the following topics on the website:

- Our Quality Improvement Program including goals, processes, and outcomes as related to care and service
- The process to refer members to Case Management
- The process to refer members to Population Health Management
- Our Population Health Management programs, including how to use the services and how we work with a practitioner's patients in the program.
- Our adopted clinical practice guidelines
- Our medical necessity criteria, including how to obtain or view a copy
- Information about the availability of staff to answer questions about Utilization Management (UM) issues
- The toll-free number to contact staff regarding UM issues
- The availability of TDD/TTY services for hearing impaired members who need these special telephone lines
- Information about how members may obtain language assistance to discuss UM issues
- Our policy prohibiting financial incentives for UM decision-makers
- Our pharmaceutical management procedures
- A description of the process to review information submitted to support a practitioner's credentialing application, correct erroneous information and, upon request, to be informed of the status of the credentialing or recredentialing application
- Our member rights and responsibilities statement
- Our Provider Manual

COVID-19 Vaccine

COVID vaccines are now available. A state or federal agency shall pay for the actual drug(s) for COVID-19 vaccinations.

For **Medicare Advantage** members/plans:

- Providers are to bill Original Medicare.
- Please see the CMS [Medicare Billing for COVID-19 Vaccine Shot Administration](#) webpage for more information.
- Any claims received by CHPW will be denied and providers will be instructed to rebill Original Medicare. [Please see the CMS COVID-19 Vaccines and Monoclonal Antibodies](#) webpage for specific CPT codes (including descriptions and effective dates) that are billable to Original Medicare.

For **Medicaid** members/plans:

- CHPW shall pay for the vaccine administration.
- Providers must bill for both the drug itself and the administration.
- Please see the HCA [Information about novel coronavirus \(COVID-19\)](#) webpage for the most current information.
- When billing for the vaccine and its administration in an institutional or facility setting, claims must be billed with the location revenue code, not the vaccine

administration revenue code. Please see the [Apple Health \(Medicaid\) COVID-19 vaccine clinical policy](#) for details.

HCA provided the following guidance for pharmacies in the [Apple Health \(Medicaid\) COVID-19 vaccine clinical policy](#):

Pharmacies may bill for COVID-19 vaccine administration when the performing provider is a pharmacist.

- *For the fee-for-service program, bill as a HIPAA 837 transaction using the pharmacy billing taxonomy of 193200000X and include the place of service.*
- *For agency-contracted managed care organizations (MCOs), bill as a pharmacy point-of-sale transaction and follow NCPDP standards.*

If a pharmacy is unsure how to bill an 837 (medical claim) for a vaccine and the member pays the pharmacy directly, the member may submit a reimbursement request to CHPW. CHPW shall reimburse the member for the COVID vaccine administration.

For **Cascade Select** members/plans:

- CHPW shall pay for the vaccine administration.
- Medicare procedure codes are accepted for the vaccination administration and vaccine. The vaccine itself is not reimbursable.
- Cost share (copays, coinsurance, and deductibles) is waived for COVID-19 vaccines, regardless of whether the provider is in our Cascade Select network.

COVID Behavioral Health Support

The COVID pandemic has created stress and anxiety for providers as well as the general public. The WA Department of Health has compiled [Behavioral Health Resources](#) to provide support with these needs, including a “Coping with COVID” podcast. Here are some additional free resources to support our fellow Washingtonians during this time:

- [WA Listens](#) – Call line developed to support people who feel sad, anxious, or stressed – 1 (833) 681-0211
- 24-hour crisis line – 1 (866) 4-CRISIS
- [Physician Support Line](#) – National support line staffed by 700+ psychiatrists for physician and medical student support – 1 (888) 409-0141
- [Self-Care Resources \(The Center for Mind-Body Medicine\)](#) – Webinar series and resources developed to address trauma related to COVID
- [National Academy of Medicine](#) – Resources to Support the Health and Well-Being of Clinicians During the COVID-19 Outbreak

Provider and Staff Training Programs

CHPW is committed to provide training and education to our Providers and their Staff. We are dedicated to develop your knowledge and understanding through a variety of mandatory and optional training programs. To support these efforts, we have redesigned the clinical provider training content on our website organized around different topic areas, including Telehealth, COVID-19, and behavioral health and physical health integration.

These collated resources include national and local training programs for providers and selected trainings on our training calendar that can be found on the [Clinical Practice Training and Resources](#) page.

To access our online training programs, go to our website at www.chpw.org. From the homepage, under the “Provider Center” tab, select Provider Training and Education from the dropdown menu and look out for our new Provider Training Center soon.

If you prefer an in-person training session, or if you have any questions regarding our training programs, please contact our Provider Relations Department at ProviderRelations@CHPW.org.

Psychiatry Consultation Services for WA State Health Care Providers

The University of Washington offers four unique psychiatric consultation resources to support providers across the State in supporting individuals with complex psychiatric conditions, including PAL for Moms and the Seattle Children’s PAL for Kids. The services include three consultation lines for adult, perinatal, and child/adolescent populations and the weekly psychiatric and addictions case conference.

An overview of these services, including details about the operating hours and audience for these lines, can be found on [this flyer](#) with additional information and programs found on the [UW Psychiatric Provider Consultation website](#).

Clinical Coverage Criteria Updates

For more information on Clinical Coverage Criteria and the updates listed below, visit the CHPW website at <https://www.chpw.org/for-providers/care-and-case-management/clinical-coverage-criteria>.

The criteria CHPW uses to evaluate prior authorization requests for knee and hip replacements for a diagnosis of osteoarthritis are now located in the new Clinical Coverage Criteria policy [MM190 Knee and Hip Arthroplasty for Osteoarthritis](#). These more detailed criteria, based on the Bree Collaborative recommendations, require all the following:

- A. Documentation of Impairment by use of the appropriate Knee or Hip Osteoarthritis Outcome Score (KOOS or KOOS Jr. or HOOS or HOOS, Jr.) and Patient Reported Outcomes Measurement Information System-10 (PROMIS-10), unless the patient has had 3 months of persistent disabling pain.
- B. Standard X-rays of the affected joint with results showing Kellgren-Lawrence scale grade 3 or 4.

C. Documentation of three-month trial and failure of conservative therapy with both physical treatment (weight loss, exercise, or assistive or bracing devices) and appropriate medications (NSAIDs, acetaminophen, or intra-articular corticosteroids), unless symptoms are severe and X-rays show Kellgren-Lawrence scale grade 4 osteoarthritis.

Resources:

The required screening tools (KOOS, KOOS JR, HOOS, HOOS JR, PROMIS-10) are available at <https://orthotoolkit.com/>.

Start Back Screening Tool for Low Back Pain

In the Fall 2020 Newsletter, one of the criteria updates under MM149: Spinal Injections and Facet Neurotomy was the Start Back Screening Tool's requirement to be submitted with the request for spinal injections facet neurotomy for back pain. This is a good reminder as CHPW is contractually required to implement the Bree Recommendations on Low Back Pain https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2014/04/spine_lbp.pdf. We are implementing all recommendations that are listed for Health Plans.

The top Bree recommendation for Health Plans is: "High priority: Require providers to use a screening tool (such as STarT Back--) as part of the management of patients for imaging, spinal injections, and spinal surgery." The STarT Back Screening Tool results, performed either by primary or specialty care, must be reported in the documentation we receive with the request for prior authorization for spinal injections in the low back.

According to the Bree recommendations, performing the STarT Back screen helps to identify patients at risk for poor outcomes so they can receive appropriate referrals, such as for behavioral health services. A sample to the start back screening tool can be located using this link: <https://startback.hfac.keele.ac.uk/training/resources/startback-online/>.

Billing and Rendering Provider Taxonomy Requirements

As a reminder, a Billing and Rendering Taxonomy Requirements bulletin is posted on our website. In addition, we are providing updated information below about behavioral health services.

CHPW would like to remind all clinics and providers that claims must be billed with valid, appropriate taxonomy codes for the billing provider and, when applicable, the rendering provider.

Effective January 1, 2021, CHPW's clearinghouse will reject any claims submitted without valid billing and/or rendering taxonomy codes and those claims will not be submitted to CHPW.

A solo practice provider claim is only required to bill the NPI/taxonomy at the billing level as the billing provider and rendering provider are the same. If your billing provider name is different from your rendering provider name, then separate NPIs and taxonomies are required; in this case, the billing and rendering cannot be the same taxonomy code.

- Billing Taxonomy goes in Loop 2000A, PRV*BI Segment (paper claims: Box 33b)
- Billing NPI goes in Loop 2010AA, NM1*85 Segment (Box 33a)
- Billing Tax Identification Number (TIN) goes in Loop 2010AA, REF*EI Segment (Box 25)
- Rendering NPI goes in Loop 2310B, NM1*82 Segment (Box 24j – bottom)
- Rendering Taxonomy goes in Loop 2310B, PRV*PE Segment (Box 24j – top)

Please continue reading for more information about taxonomy codes or visit <https://taxonomy.nucc.org/> to find other taxonomies that may be applicable.

Tribal Providers

Tribal providers must bill with the appropriate billing taxonomy and the appropriate assigned American Indian/Alaskan Native (AI/AN) or non-AI/AN tribal modifier. Please refer to the *Tribal Health Billing Guide*, <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>, for details.

Acceptable Taxonomies

- Medical claims: 208D00000X, 225100000X, 225X00000X, 235Z00000X, 152W00000X, and 171M00000X
- Mental health claims: 2083P0901X
- Substance use disorder claims: 261QR0405X

Behavioral Health Services

Change for CHPW Behavioral Health Services Only (BHSO) plan/members: For BHSO clients, the Washington State Health Care Authority (HCA) is responsible for payment of services that are considered lower level acuity care. Professional behavioral health claims for such services should be submitted through ProviderOne. The HCA will determine payment on the following criteria:

1. If the provider is a Community Mental Health Center, taxonomies 251S00000X or 261QM0801X, the reimbursement is the responsibility of the managed care organization (MCO) and will be denied by HCA informing the provider to bill the MCO/BHSO.
2. The following billing taxonomies indicate Substance Use Disorder (SUD) services and are the responsibility of the MCO/BHSO: 261QR0405X, 261QM2800X, 324500000X, 3245S0500X, 261QM3000X, and 2083P0901X.
3. Any other billing taxonomies, HCA considers to be for lower acuity services and will process and pay as a medical claim, versus a behavioral health claim, no matter the diagnosis. The HCA only looks at the billing taxonomy.
4. Taxonomy 283Q00000X for psychiatric hospital should be billed to the MCO/BHSO as the changes in this update are only for professional services.
5. The HCA will only pay for services that are covered through fee-for-service; services that are not covered through fee-for-service should be billed directly to the MCO, regardless of taxonomy.
6. The HCA will provide additional information in the next Mental Health billing guide update for Community Mental Health Centers regarding appropriate billing and use of taxonomies.
7. The HCA will escalate any future identified billing errors by providers to the HCA's Program Integrity staff.

All behavioral health services must be billed with the appropriate billing taxonomy, including but not necessarily limited to, those listed below.

- Community Mental Health Centers: 251S00000X or 261QM0801X
- Behavioral health agencies (billing provider): 261QR0405X, 261QM2800X, 324500000X, or 3245S0500X
- Rehabilitation (rehab) for substance use disorder (SUD): 261QR0405X
- Methadone clinic/center: 261QM2800X

- SUD rehab facility: 324500000X
- Children's SUD rehab facility: 3245S0500X

Rural Health Clinics (RHC)

RHC services must be billed with the RHC taxonomy in order to receive the service-based enhancement (SBE). As specified in the HCA's *Rural Health Clinics Billing Guide*:

How do I bill taxonomy codes?

- When billing for services eligible for an encounter payment, HCA requires RHCs to use billing taxonomy 261QR1300X at the claim level.
- A servicing taxonomy is also required as follows:
 - Psychologists and psychiatrists billing for mental health encounters in combination with fee-for-service codes must bill servicing taxonomy appropriate for the service performed by the performing provider.
 - If the client or the service does not qualify for an RHC encounter, RHCs may bill regularly as a non-RHC without HCPCS T1015 on the claim.

Please refer to the *Rural Health Clinics Billing Guide* for more information:

<https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>.

Billing Guides

Please see the HCA Billing Guides for accurate taxonomies and more information, <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>, including the *Tribal Health Billing Guide*, *Federally Qualified Health Centers (FQHC) Billing Guide*, *Rural Health Clinics Billing Guide*, and more.

Questions?

If you have questions about the information in this bulletin, please contact EDI Support at EDI.Support@chpw.org. Please include the claim number, member ID, date of service, and billed charges as this will aid in our research to resolve the rejection from the clearinghouse.

Applied Behavioral Analysis (ABA) Change

Effective February 1, 2021, the age limit for ABA is removed. This is to align with policy changes filed under emergency rules in [WSR 21-04-111](#). See the HCA's [Applied Behavioral Analysis \(ABA\) Program Billing Guide \(dated February 1, 2021\)](#) for more information.

Please note, ABA for Cascade Select is the same as for Medicaid.

CAHPS Update

This is the time of year when many of our mutual patients/members will be contacted to complete the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey conducted by the NCQA-accredited group SPH Analytics. Mail and phone outreach occur between the months of March and May.

The CAHPS Health Plan Survey is designed to measure patients' experience of care, encompassing the range of interactions that patients have with the health care system. This includes interactions with health plans as well as with doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. The survey is used to evaluate and compare health care providers and to improve the quality of health care services by comparing scores across the country.

People are most likely to remember their recent experiences with their health plan, pharmacy, doctor, and clinic when filling out these surveys. The survey presents an excellent opportunity for Community Health Plan of Washington and our network of providers to collectively shine via positive survey results. The survey process runs March through May 2021 with patient reminder messaging and phone interviews.

Please reach out to Abha Puri if you have any questions at 206-731-7740, or via email at Abha.Puri@chpw.org.

Our sincere gratitude to you and your staff for all you do to provide excellent care and service to our mutual patients and members.

Unite Us

CHPW, together with others, have partnered with Unite Us to support the launch of a community network in King, Pierce, Snohomish, Spokane, and Yakima counties to connect members to social and health services through Unite Us' shared online platform. The network aims to help address the social needs that have an impact on members' health and wellbeing, increase collaboration, and strengthen the existing initiatives that currently address the social care gaps and health inequities we see across our communities.

The launch of this network is an initial step toward the goal of having one united network across the state of Washington. Participation in the network is free for community-based organizations and most community health centers.

To learn more about these efforts, please contact **Gracious Gamiao, Unite Us Community Engagement Manger**, at gracious.gamiao@uniteus.com or (206) 200-0244.

Study to Promote Innovation in Rural Integrated Telepsychiatry (SPIRIT)

CHPW participated in the Study to Promote Innovation in Rural Integrated Telepsychiatry (SPIRIT), a comparative-effectiveness research study funded by the [Patient-Centered Outcomes Research Institute \(PCORI\)](#). The goal of the study was to address effective treatment for PTSD and Bipolar Disorder in rural Community Health Centers through the Collaborative Care Model and Telepsychiatry/Telepsychology Referral approach.

The study showed significant improvement in outcomes for both approaches, showing that the Collaborative Care Model can be as effective as direct care for managing patients with more complex behavioral health conditions as direct care. For more information, [read the summary](#) of the study and results and [watch the video](#) of the patient experience of the Collaborative Care Model at Sea Mar in Yelm, WA.

Potentially Preventable Readmissions

Research shows that 20 percent of patients in the U.S. are re-hospitalized within 30 days of discharge. Although some patients are readmitted for medical reasons, many of the patients are readmitted for social or resource issues and not for medical issues. WSHA is working with all the health care agencies involved in the continuum of patient care from hospital to home to ensure that patients do not end up back in the hospital. For more information and resources see:

WSHA – Preventable Readmissions page:

<http://wsha.org.s152772.gridserver.com/quality-safety/projects/readmissions/>

Reducing Readmissions: Care Transitions Toolkit – 3rd edition. Includes LACE Readmission Risk Assessment Tool starting on page 33. <http://www.wsha.org/wp-content/uploads/WSHACareTransToolkit.pdf>

Apple Health Preferred Drug List (PDL) Updates

The Health Care Authority (HCA) implemented the Apple Health Preferred Drug List (PDL) on January 1, 2018. All managed care plans and the fee-for-service program serving Apple Health clients use this PDL. The PDL now includes over-the-counter medications, vitamins, and many other outpatient drugs.

There are now 441 therapeutic drug classes included in the PDL. Updates are ongoing.

See which drugs are preferred and whether they require a PA:

<https://www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-preferred-drug-list-pdl>.

HCA has created policies that document the coverage criteria for drug classes or individual drugs. To view the policies visit: <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-medicare-drug-coverage-criteria>

The drugs within a chosen therapeutic class are evaluated by the HCA Pharmacy and Therapeutic (P&T) Committee/Drug Utilization Review (DUR) Board. The HCA P&T Committee / DUR Board meet at least quarterly. All meetings are open to the public.

You can read more about the meetings here: <https://www.hca.wa.gov/about-hca/prescription-drug-program/meetings-and-materials>

Reporting Changes in Provider Information

All CHPW providers must give notice to CHPW at least 60 days in advance of any provider changes including, but not limited to:

- Tax identification
- NPI number (individual and/or group)
- Billing (vendor) address
- Office phone and fax numbers
- Service location address updates
- Provider additions (include provider effective date)
- Provider terminations (include provider termination date)
- Clinic/facility location additions/changes (if applicable, include effective and termination dates for your clinics and/or facility)
- If telehealth services are available at your location(s)
 - **CHPW recognizes that many providers have recently implemented telehealth in response to the COVID-19 Public Health Emergency. As providers have shifted to this modality, it's important that our Provider Directory accurately reflects the availability of these services.**

Advance notice for changes will provide CHPW ample time to update all systems, notify members, and prevent claims payment delays. Provider and group changes should be reported to CHPW by completing a *Provider Add Change Term Form* and/or *Clinic and Group Add Change Term Form* (available on the [Provider Forms and Tools](#) page of our website). Simply complete and submit the online form or email your completed form to Provider.Changes@chpw.org.

For new providers requiring credentialing, please submit a full credentialing application to Provider.Credentialing@chpw.org.

For Delegated Credentialing provider groups, please refer to and follow your delegated credentialing agreement. Delegated Credentialing provider groups should submit provider updates via email to DelegatedCredentialing@chpw.org.

We welcome your feedback and future topic ideas.
Email us at: Provider.Relations@chpw.org