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PROFESSIONAL RELATIONS UPDATES

Smoking Cessation: An Intervention Whose Time is NOW!

Recent data has shown a reduction in tobacco smoking over the past several years. However, many of your patients, including teenagers, continue to smoke. Helping them to quit may be the most important thing you can do for them. Medical literature clearly supports the importance of physician intervention in getting patients to quit and new programs are available to assist in accomplishing this goal.

There are many barriers to getting a smoker to quit. One problem is that many ads and brochures focus on the complications of smoking that will not occur until later in life. Teenagers and twenty-somethings are notorious for their sense of invincibility and a lack of concern for what may happen in the far future. It is important when communicating with them to point out the more immediate effects that may impact them sooner. This includes the effects of smoking on appearance, such as stained teeth and yellow fingers, and increased susceptibility to infections, such as pneumonia. It also increases the risk of Type 2 Diabetes and may lead to an increased rate of progression in Type 2 diabetics.

Another factor that may catch the attention of younger smokers is the effect of vasoconstriction on sexual function and fertility. Smoking contributes to the rise of impotence in men and to reduced responsiveness and achievement of orgasm in both men and women. In addition, it may contribute to infertility in women and can increase the risk of pre-term birth, birth defects, low birth weight during pregnancy, and the risk of otitis, respiratory infections, and SIDS in newborns and infants.

The longer term effects, which may bear mentioning, include increased risk of lung disease, heart disease, and stroke as well as many types of cancers, including lung, throat, head and neck, colorectal, cervical, blood, pancreas, and kidney. If the risk of lung cancer is not enough to get their attention, maybe the long list of cancers will. It may also help to mention that the risk of death is three times higher in smokers.

Reminder! ICD-10 is Coming!

Effective October 1, 2015, federal guidelines will go into effect requiring all electronic and paper claims to be submitted with ICD-10 diagnosis codes. Claims received with a date of service on or after October 1, 2015, which do not have an ICD-10 diagnosis, will be rejected. MVP has

partnered directly with provider offices, hospitals, and clearinghouses to perform testing of ICD-10 claims. The testing for these claims was completed July 31, 2015.

If you have any questions, you may send them to **CodingICD10@mvphealthcare.com**, or visit our website for a section devoted to ICD-10 information. Go to **www.mvphealthcare.com** and select *Providers*, then *ICD-10 Updates and FAQs* under the ICD-10 heading.

If you are interested in having a trainer come to your office, please contact Shannon Chase at **518-386-7502** or **schase@mvphealthcare.com**.

Provider Forms on the MVP Website

MVP has a web page dedicated to all the forms a provider may need to communicate changes to the plan, submit for prior authorization, or register with MVP. The forms—including MVP fax numbers and email addresses—are continually updated. Providers are reminded to download the current forms each time you need to submit information to MVP. This also ensures a timely response from MVP. Go to **www.mvphealthcare.com** and select *Providers*, and then *Forms*.

HIPAA 5010 Standards: Eligibility Provider Information

MVP Health Care previously communicated that effective February 1, 2015, MVP's eligibility and benefits inquiry transactions will no longer accept inquiries that do not include NPIs and the associated provider or practice names; those inquiries will be returned for you to correct and re-send. This is in compliance with the HIPAA 5010 Standards which require a provider to identify themselves as the information receiver by submitting their NPI and the provider or practice name when performing an eligibility and benefits electronic transaction

270 eligibility transactions will be rejected and returned to the provider if they include the following:

- Person qualifier without a first name present
- Certain special characters in the first name (e.g. ~!@#$%^&*():;<>?/\|}{[])
- First name containing any digits
- Last/organization or first name containing all digits
- Submission of invalid qualifiers that are not contained in the TR3
- Identification Code Qualifier "SV" (Service Provider Number) is no longer valid since the NPI should be submitted for providers
- NM108 must equal "XX" when NM101 is "1P", "80", or "FA" in the information receiver loop
- NM102 must be "2" when NM101 is "2B", "36", "80", "FA" ,"P5", or "PR" in the information receiver loop
- When NM108 equals "XX", NM109 must pass the NPI format validation

For more information, providers can access the HIPAA 5010 standards by referencing the ANSI HIPAA Technical Report Type 3 guide for additional information, or contact your software or clearinghouse vendor.

Electronic Billing of Anesthesia Modifiers and Qualifiers

MVP is committed to complying with all national CMS billing standards. In order to comply with these billing standards, effective November 1, 2015, MVP will require the following elements when billing Anesthesia services both electronically and on paper. If the following elements are not included in the appropriate billing location, the claim will be rejected by MVP's claims payment system.

- Anesthesia CPT/HCPCS must be accompanied by an appropriate modifier (i.e., AA, AD, QK, QX, QY, or QZ). Service lines submitted without one of these modifiers in SV101-3 (the first modifier field) of the electronic format, or field 24D Modifier box 1 on the CMS-1500 form, would receive an error. Additional modifiers can be submitted in SV101-4, SV101-5, or SV101-6 of the electronic format or in 24D Modifier boxes 2, 3, or 4 on the CMS-1500 form.
- Modifier QS, Monitored Anesthesia Care (MAC) service, is informational only. Modifier QS cannot be submitted in the first modifier field SV101-3 of the electronic format or in field 24D Modifier box 1 on the CMS-1500 form.
- When an anesthesia modifier is included in field SV101-3, SV101-4, SV101-5, "MJ" Qualifier must be included in the SV101-62400.SV103 field.
- Anesthesia time must be reported as minutes in field 24G on the CMS-1500 form.
- If your clearinghouse is converting your paper claims to electronic transactions, they will need to ensure the value "MJ" is reported for the units qualifier (element SV103) in the electronic professional (837P) transaction. For all other services, the units qualifier must be set to "UN."

Provider offices that do not perform electronic billing within the office should provide this information to their clearinghouses, to ensure the clearinghouse submits the information correctly to prevent delay in claims payment. If you have any

questions regarding the appropriate information that should be included on Anesthesia electronic claims, contact EDI Services at **1-877-461-4911** or **EDIServices@mvphealthcare.com**.

Provider Demographic Changes

MVP makes every effort to ensure a provider's demographic information is accurate in our systems.

If you or your practice have changes in demographic and/or participation status, it is important to promptly notify MVP.

Examples of status changes are:

- No longer accepting patients
- Address, telephone number, or tax ID number changes

To report demographic changes to MVP, please complete a Provider Demographic Change form. The forms can be downloaded by visiting **www.mvphealthcare.com** and selecting *Provider* and then the appropriate form under *Provider Demographic Change Forms*. Please fax the completed demographic change form on letterhead to **518-836-3278**, or email your demographic changes to **professionalrelations@mvphealthcare.com**.

For more information, see section 4 of the *Provider Resource Manual*.

CARING FOR OLDER ADULTS

Recommending and Monitoring Physical Activity for Your Medicare Patients

Each year, the Centers for Medicare & Medicaid Services (CMS) Health Outcomes Survey is sent a sample of health plan members in their Medicare products. Medicare members are asked if, in the past 12 months, their health care provider discussed physical activity with them and whether the provider advised them to start, increase, or maintain levels of physical activity. These questions will measure the Medicare Advantage Plan provider's involvement in monitoring the physical activity of their patient. The results are included in the annual HEDIS and CMS Star Ratings.

Daily physical activity can reduce the risk of developing or dying from some of the leading causes of disease and death in the United States.

Regular exercise helps to:

- Reduce the risk of heart disease, depression, and anxiety.
- Reduce the risk of developing cardiovascular disease, diabetes, metabolic syndrome, colon cancer, and high blood pressure.
- Control high blood pressure in those who already have it.
- Build and maintain healthy bones, muscles, and joints. Muscle-strengthening exercises can also reduce the risk of falling and fracturing bones in older adult patients, improving their ability to live independently.
- Control or maintain weight.
- Increase longevity.
- Promote a sense of general well-being.

Even your patients that have not been active for years may take the advice when it comes from you! It is important to discuss physical activity with your patients at each visit to ensure that they get responsible clinical advice on the appropriate level of exercise.

Encourage Annual Wellness Visits for Your Medicare Patients

Your patients who are members of an MVP Medicare Advantage health plan have coverage for an Annual Wellness Visit (AWV), a yearly office visit that focuses on preventive health. During the AWV, you will review your patient's history and risk factors for diseases, ensure that your patient's medication list is up-to-date, and provide personalized health advice and counseling. The AWV also allows you to establish or update a written, personalized prevention plan. The plan will be a part of the patient's medical record and can be given to your patient to help keep them on-track. This health plan benefit creates an opportunity for an ongoing focus on prevention that can be adapted as a patient's health needs change over time. Help keep your patients as healthy as possible by encouraging them to have an Annual Wellness Visit.

To learn more about the AWV, go to **www.cms.gov**. Select *Outreach and Education*, then *Find Resources*, then *MLN Products*. Click the *MLN Publications* link on the left side of the page and type *Annual Wellness Visit* in the search box for a link to *The ABCs of the Annual Wellness Visit*.

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by email

If you are not already getting *Healthy Practices* by email, sign up today! The email version is easy to share with your entire office.

Simply complete the form at **www.mvphealthcare.com/providerpreferences** to enroll in MVP e-communications.