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## **FY Modifier Effective June 1**

Effective June 1, 2018, Network Health will implement the application of the FY modifier on commercial claims. Currently, Medicare requires the FY modifier to identify an imaging service that is an X-ray taken using computed radiography technology. The use of this modifier results in a payment reduction of seven percent from January 1, 2018, through December 31, 2022, and 10 percent thereafter beginning January 1, 2023, for imaging services that are X-rays taken using computed radiography technology/cassette-based imaging. All imaging services are listed in the OPPS Addendum B, which can be found on the [Centers for Medicare & Medicaid Services website](#).

## **Prior Authorization Documentation**

In evaluating our member appeals and grievances, appeals were filed for denied services and overturned based upon additional information submitted to Network Health. It is important that all appropriate and necessary medical documentation be included when submitting a prior authorization. By including this information, it avoids a delay in patient care and eliminates additional work for your provider staff.

## Notification of Provider Changes

Participating providers are contractually obligated to inform us of provider changes like adding a group, location changes or terminating a provider. Delegated credentialed providers submit provider changes on their monthly rosters. Rosters are not avenues for updating tax identification changes or adding a provider group to your contract. Please contact your contract manager with those updates.

## Electronic Fund Transfer with Change Healthcare

You may sign-up for electronic fund transfer (EFT) and electronic remittance advice via Change Healthcare (formerly Emdeon). It is important you verify your elections on how you receive your information via Change Healthcare. TMG was administering the process for our Medicare Advantage line of business and may have you registered for paper when Change Healthcare may have had you register electronically from years ago. Log into [Change Healthcare](#) and verify your elections. You may also obtain a PDF version of your remittance advice on Change Healthcare's portal. Visit [networkhealth.com/providers/emdeon.php](https://networkhealth.com/providers/emdeon.php) to learn more.

## Copayment and Chiropractic Rates Claims Processing Issue

We identified that we were applying copayments to certain services incorrectly and the chiropractic fee schedule was not updated timely. We will be reprocessing claims to reflect the accurate copayments and accurate chiropractic service reimbursement.

## Remittance Advice Via Provider Portal

As of April 1, you can access your remittance advice via PDF in Network Health's [provider portal](#). If you need to check eligibility, claims status or benefits, be sure to log on to our provider portal to obtain that information. Using the provider portal can help reduce hold time when contacting customer service.

## Provider Communications Survey

As a part of our ongoing effort to ensure quality provider communications, it is important we gather your feedback on the types of information we share with you and how we share it. If you haven't already, please take a few minutes to complete our [communications survey](#) so we can understand what is working and where we have opportunities to improve. Thank you in advance for your valuable feedback.

## Changes in Hypertension Clinical Practice Guideline

Network Health adopted the 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults. Ten key items are addressed in the new guideline.

### 1. Change in classification of blood pressure (BP)

Normal <120 mm Hg SBP and <80 mm Hg DBP  
Elevated 120-129 mm Hg SBP and <80 mm Hg DBP

## Hypertension

Stage 1 130-139 mm Hg SBP or 80-89 mm Hg DBP

Stage 2 140 mm Hg or > SBP or 90 mm Hg or > DBP

2. Prevalence of hypertension-Estimated to be 14 percent higher using new classifications. However, nonpharmacological management is recommended for the majority of those newly classified as hypertensive.
3. Accurate measurement of BP-Utilization of standard methods of measurement and out-of-clinic measurements as an adjunct to recognize "white coat" syndrome.
4. Recognition of secondary forms of hypertension may be curable or require specific treatment.
5. Nonpharmacological management recommendations including diet, physical activity and lifestyle changes.
6. Drug management in addition to nonpharmacological interventions based on underlying risk for Arteriosclerotic Cardiovascular Disease (ASCVD).
7. Choosing antihypertensive medications either single medication or combinations.
8. Management of hypertension in those with comorbidities and those in specific patient groups.
9. Other considerations-Resistant hypertension or hypertensive crisis.
10. Improving treatment and control-Strategies demonstrated to be effective

More detail can be found in the [AHA/ASA Top Ten things to Know about the 2017 Hypertension Clinical Guidelines](#). This guideline, as well as others, can be found on the clinical guidelines section at [networkhealth.com/providers](http://networkhealth.com/providers).

## Importance of Physical Activity

Promoting and monitoring physical activity is an effective way to improve health and decrease the risk of illness and injury through all stages of life. Following are some best practices.

- Measuring Body Mass Index (BMI) and discussing desired range for the individual patient.
- Asking about physical activity and encouraging to start, increase or maintain exercise routines.
- Utilize appropriate educational materials and suggest resources such as the YMCA or Silver Sneakers to maintain or improve physical health.
- Assessing and discussing risk of falling and refer patients with limited mobility to physical therapy to learn safe and effective exercises.
- Discussing the benefits of regular physical activity, including reduction of chronic illness, reducing risk of falling, reducing stress and promoting psychological well-being.

Don't forget to check  
us out on social media.



## Pharmacy Updates Available Online

Network Health's pharmacy newsletter, *The Script*, can be found at [networkhealth.com/the-script](http://networkhealth.com/the-script). Make sure to mark this page in your favorites, take time to read the latest pharmacy information from Network Health and remember to check back often for updates.

If you have any questions about the pharmacy newsletter, please contact Gary Melis, R. Ph., at [gmelis@networkhealth.com](mailto:gmelis@networkhealth.com).

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Is there something you would like to see in the next issue of *The Pulse*? [Email us today](#).

*HMO plans underwritten by Network Health Administrative Services, LLC. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Administrative Services, LLC. Self-insured plans administered by Network Health Administrative Services, LLC. Network Health Medicare Advantage plans include MSA and PPO plans with a Medicare contract. NetworkCares is a PPO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.*