



Health Plus news provider

Your community's guardian
angel since 1984

Encourage screening for breast cancer

According to the Cancer Services Program of the New York State Department of Health, mammography, when performed in conjunction with a clinical breast exam, is still the best method of detecting breast cancer in its most treatable stage—an average of one to three years before a woman can detect a lump. Mammography contributes to the high rate (63%) of breast cancers that are diagnosed at the localized stage—for which the five-year survival rate is more than 97%.

The New York City Health Department's **Take Care New York** campaign goal is to achieve an 85% mammography screening rate among women age 40 and older by 2008.

Help remove barriers

A recently published study exploring perceived barriers and facilitators to cancer screening

among New York City women indicated that a clinician's recommendation was the most potent motivator for cancer screening.

Barriers to screening included the absence of clinician recommendation, lack of cancer screening knowledge, fear of a cancer diagnosis, and the perception of not needing the test due to good health or the absence of symptoms. For mammograms, the most commonly cited barrier was the fear of pain from the procedure.

Physicians can help remove these barriers by addressing patient concerns about mammography when making screening recommendations.

No authorization needed

Health Plus requires no prior authorization for mammography. Members need only present their member ID card and a referral

form signed by their primary care physician (PCP) or OB/GYN at the time of their appointment.

October is National Breast Cancer Awareness Month (NBCAM). See the NBCAM website, www.nbcam.org.

Health Plus contracts with numerous facilities across the city to provide mammography services to members. For more information, consult your printed provider directory under Ancillary Providers (Radiology), or visit www.healthplus-ny.org (click "Providers," then "Find a Provider").

Schedule in advance

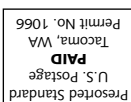
Members are encouraged to make their mammography appointments well in advance due to long wait times reported in many locations.

If any of your patients are having difficulty obtaining a timely mammography appointment, please ask them to call Member Services at **1-800-300-8181**.

let us know... if you move!

moving?

Fax your address changes to:
1-718-504-9602
or e-mail to:
providers@healthplus-ny.org



ADDRESS SERVICE REQUESTED

Health Plus
335 Adams St., Suite 2600
Brooklyn, NY 11201

Diabetes care partners

Health Plus's Disease and Case Management Services are available to support and reinforce your medical management of members with diabetes. These programs can help you ensure that members receive the tests recommended by the CDC and the NIH-sponsored National Diabetes Education Program:

Hb A1C—Twice a year for those with stable glycemia (quarterly if not); treatment goal is 7% or less.

Dilated eye and comprehensive foot exams—Annually.

LDL-C—Annually; treatment goal is less than 100 mg/dL.

Microalbuminuria—Annually.

See the chart below for some CLIA-waived tests that can be performed in your office and reimbursed by Health Plus.

To refer a member for Diabetes Disease Management, which includes individualized self-management education, call 1-718-840-4825.



Members with poorly controlled diabetes (i.e., Hb A1C > 9%) who require more frequent follow-up and a variety of support services can be referred to our Diabetes Case Management Program. In Case Management, a designated Health Plus nurse or social worker helps coordinate member care and communicates frequently with the member, his or her PCP, and the other providers rendering services.

To enroll a member in Diabetes Case Management, call 1-718-630-0123.

You can also obtain referral forms for both Case and Disease Management online at www.healthplus-ny.org (click "Providers," then "Forms"). Once completed, the form(s) can be faxed to **1-718-360-1314**.

New coding guidelines

The Center for Medicare and Medicaid Services (CMS) has announced new diagnosis coding guidelines for patients with diabetes. For these patients (code series 250), you must use a fifth-digit code to establish whether the patient has type 1 or 2 diabetes, and whether it is controlled or uncontrolled. If the type is not documented, the new guidelines call for an automatic default to type 2 diabetes.

Diagnosis code 58.67 (for long-term current use of insulin) should be used only if the patient routinely uses insulin.

Doctors are encouraged to use as many 250-series codes as necessary for each separate diabetes complication and associated condition. For example, if the patient has a cataract, the primary diagnosis code would be 250.5 (diabetes with ophthalmic manifestations), paired with 366.41 (cataract).

For patients who **underdose** on insulin because of pump failure, use code 996.57 as the primary code, followed by the appropriate 250-series code(s).

In cases of insulin **overdose** due to pump failure, use code 962.3 (poisoning by insulins and anti-diabetic agents) followed by the 250-series code(s).



CLIA-waived tests

Selected manufacturers and CPT codes for their CLIA-waived tests, which can be performed during an office visit and billed to Health Plus.

Microalbuminuria	CPT code
Bayer Clinitek® Microalbumin Reagent Strip, analyzed using the Clinitek 50 Urine Chemistry Analyzer	
<ul style="list-style-type: none"> ● For albumin ● For creatinine 	82044QW 82570QW
LDL-C	CPT code
Cholestech LDX	80061QW

Refer members to Health Plus Disease and Case Management programs for education, support and care coordination.

New HIV testing guidelines

This spring, the New York State Department of Health (NYSDOH) announced new HIV testing and counseling guidelines. The guidelines promote the use of a simplified consent form for HIV testing (developed by the NYSDOH), incorporation of routine HIV screening into basic medical care protocols, and widespread use of rapid tests—all in an effort to increase screening rates.

For more information, visit www.nyhealth.gov/diseases/aids/regulations/2005_guidance/index.htm.

Last summer, the FDA granted a CLIA waiver for the use of oral fluid specimens with the OraQuick® ADVANCE Rapid HIV 1/2 Antibody Test. This test screens for both HIV 1 and HIV 2, and gives a highly accurate result in as little as 20 minutes. The test can be performed in your office and is reimbursable by Health Plus (CPT code 86703).

If a specimen is reactive, it is considered a preliminary positive, with further testing required for confirmation. For more information about integrating rapid HIV testing into your program of care, visit www.nyhealth.gov/diseases/aids/testing/rapid/index.htm.

The new NYSDOH guidelines also recommend improved access to care for people with a confirmed positive test. To address this need, Health Plus has contracted with numerous Designated AIDS Centers and other experienced HIV care facilities across the city. We also have HIV Specialist PCPs in our network in all five boroughs. See your printed or online provider directory (under HIV/AIDS Providers) for more details.

In order to facilitate access to care and support services for members with HIV and AIDS, Health Plus also has an extensive HIV Case Management Program. Health Plus case managers help coordinate member care by fostering communication among the various providers rendering services.

For more information or to complete a member referral, please call our Health Services Department at **1-718-630-0123**.

Alternatively, you can download and print a case management referral form from our website, www.healthplus-ny.org (click “Providers,” then “Forms”). Fax the completed form to **1-718-360-1314**.

School health forms 2005

The New York City Departments of Education (DOE) and Health (DOHMH) have joined forces to ensure that children with special health needs have access to appropriate follow-up care at school.

In order for special health services to be given:

- School health forms should be completed annually by the child’s health care provider and provide clear instructions to the school-based nurse carrying out the order(s).
- Request(s) should only include those services that must be rendered during school hours.
- Parents and providers must specifically authorize a child to carry medication to school. Otherwise, it is kept by the school nurse in a locked cabinet at the school.

Copies of school health forms are available at www.nycenet.edu. Click “Parents” and then “Health” under the **Essentials** menu on the right side of the screen.

New vaccines for students

Varicella vaccine

Earlier this year, the Department of Education informed parents and guardians of students entering the 6th (sixth) grade in September 2005 about a new NYS public health law requiring vaccination against varicella (chickenpox). The law applies to all children born on or after

Jan. 1, 1994. Those children who don’t qualify for an exemption and have not been immunized will be excluded from school until they receive the varicella vaccine.

Meningococcal vaccine

A new meningococcal conjugate vaccine (MCV4), Menactra™, has recently been licensed by the Food and Drug Administration.

The Advisory Committee on Immunization Practices (ACIP) recommends MCV4 for all children at their

routine preadolescent visit (ages 11 to 12), unvaccinated adolescents at high school entry, and all college freshmen living in dormitories.

Health Plus reimburses providers for administering this new vaccine (CPT code 90734).

More information on the disease and vaccine is available at www.cdc.gov/ncidod/dbmd (click the meningococcal disease link under What’s New), or by calling **1-800-CDC-INFO (232-4636)**.



Avoid claim denials

Here is a list of the most common reasons for claim denials and how to avoid them.

No authorization. Services requiring prior authorization must be approved by Health Plus *before* you submit your claim.

Late billing. All claims must be submitted *within 120 days of the date of service* in order to avoid denial for late billing (unless otherwise specified in your contract).

Member ineligible. Reimbursement is contingent upon member eligibility on the date of service. To verify member

eligibility, call the INFO PLUS automated telephone line at **1-800-639-6968** or log on to www.healthplus-ny.org and click the "INFO PLUS" option under "Providers."

If you need a username and password to access INFO PLUS on the web,

call **1-800-450-8753** and select option **4**.

No servicing provider name. All institutional claims must now include the name of the provider who rendered the service. If the servicing provider is unknown, then the name of another provider of the same specialty must be entered.

No provider ID number. All claims must include the provider's Health Plus ID (PRPR) number in order to be processed for payment. On the CMS (HCFA) 1500, this information is entered in box 33, to the right of PIN. On

the UB-92, the information is entered in box 51.

For electronic claims, consult page 6 of either EDI implementation guide (professional or institutional) for information on where to enter the PRPR number. The EDI guides are on our website (click "Providers," then "Electronic Claims").

If you do not know your PRPR number, you can look it up in your provider directory or go to our online directory at www.healthplus-ny.org (click "Find a Provider").

Missing data elements. Please make sure all necessary data elements (i.e., **place of service, procedure codes, and diagnoses coded to the highest specificity**) are current and correct for the date of service.

Missing member information. It is necessary to include the member's date of birth and Health Plus ID number. If you do not have the member's Health Plus ID number, you may use the Medicaid number.

When you submit your claim electronically, always indicate patient and insured as the same person.



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HEALTH PLUS NEWS PROVIDER is published as a community service to members of the HEALTH PLUS provider network. HEALTH PLUS Executive Offices are located at 335 Adams St., Suite 2600, Brooklyn, NY 11201. Our phone number is 1-800-450-8753.

HEALTH PLUS is a not-for-profit health care plan committed to quality health care and dedicated to the health and well-being of our culturally diverse communities through partnerships with members, providers, and community-based organizations.

Information in HEALTH PLUS NEWS PROVIDER comes from a wide range of medical experts. If you have any concerns or questions about specific content in this newsletter, please contact HEALTH PLUS Provider Services at the number provided. Models may be used in photos and illustrations.

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Where to find information

INFO PLUS e-service (Member Eligibility, Claims, Authorizations)

... log on to www.healthplus-ny.org, click "Providers" then "INFO PLUS"

INFO PLUS Automated Phone Line (Member Eligibility,

Claims, Optometry Benefits) 1-800-639-6968

Provider Services 1-800-450-8753; (Fax) 1-718-504-9602

Address Changes (Fax) 1-718-504-9602

Disease or Case Management Referrals (Fax) 1-718-360-1314

Domestic Violence Coordinator 1-718-491-7545

Health Education and Outreach 1-888-743-3508

Health Services 1-718-630-0123

Quality Improvement 1-718-491-7559

Website: www.healthplus-ny.org

**For expert health information, Health Plus members may call
Tele-Nurse Plus 24 hours a day, seven days a week: 1-800-437-7587.**