



# Health Plus news provider

Your community's guardian  
angel since 1984

## Using antibiotics wisely

According to data reported by the New York State Department of Health, the 25 to 45% prevalence of drug-resistant streptococcus pneumonia in the United States (as compared with other developed nations, where the prevalence is as low as 1%) is a direct result of overuse of antibiotics for otitis media and other upper respiratory infections.

Despite an overall downward trend in antibiotic prescriptions for nonspecific upper respiratory infections and pharyngitis, recent research points to continued use of broad-spectrum agents, particularly among younger children.

Although parental pressure for antibiotic prescriptions remains high, providers may sometimes overestimate this expectation. A recent study concluded that parents who are perceived by doctors as wanting antibiotics may in actuality be seeking reassurance about their child's condition and

the need for medical care. (Stivers et al., 2003, *Journal of Family Practice*, 52(2):140-148).

The CDC recommends that when parents demand antibiotics, providers should:

- Acknowledge the child's symptoms and discomfort.
- Promote active management with nonpharmacologic agents.
- Give a realistic time course for resolution.

When prescribing antibiotics, remember that:

- Your encounter and claims data should include a diagnosis that justifies antibiotic treatment.

- Antibiotic prescriptions for pharyngitis should be followed up with a streptococcus A test to confirm the appropriateness of antibiotic treatment.

**Health Plus reimburses providers on a fee-for-service basis for rapid strep testing in private offices or hospital clinics, but it is necessary to bill us directly. There are several CLIA-waived rapid strep A tests on the market (CPT code 87880QW) that can be performed in your office.**

**HEDIS quality guidelines require a claim/encounter diagnosis other than acute nasopharyngitis (ICD-9-CM 460) or URI (ICD-9-CM 465) to justify a prescription for antibiotics.**

For more information, including educational materials for parents on the importance of not prescribing antibiotics when they are not warranted, visit the CDC web page: [www.cdc.gov/drugresistance](http://www.cdc.gov/drugresistance).



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

**ADDRESS SERVICE REQUESTED**

Presorted Standard  
U.S. Postage  
**PAID**  
Tacoma, WA  
Permit No. 1066

## Reducing the use of imaging studies for low-back pain

Back pain is the nation's leading cause of disability for people under age 45, yet treatment regimens vary widely in the U.S. and are often characterized by unnecessary diagnostic imaging and surgery.

The clinician's task is to separate the 95% of cases of simple back pain from the 5% of cases with a serious underlying condition. In most instances, this can be done with a good physical exam and history—imaging studies are not required.

Clinical practice guidelines published by the Institute for Clinical Systems Improvement (ICSI) recommend against the use of imaging studies in patients with acute low-back pain ( $\leq$  six weeks' duration) unless there is a "red flag" indication such as trauma, history or suspicion of cancer, or progressive neurological deficit.

In the absence of these conditions, simple imaging studies (i.e., lumbar spine x-rays) should be limited to patients who do not respond to conservative treatment within six weeks. Advanced imaging studies (i.e., MRI and CT scans) should be reserved for potential cases of systemic disease or those patients being considered for surgery.

Research has shown that 90% of patients with acute low-back pain will experience spontaneous improvement or respond to a conservative treatment program (i.e., activity modification, non-narcotic drugs, physical and manual therapies) within two to six weeks.

A new quality of care measure adopted by the New York State Quality Assurance Reporting Requirements (QARR) will assess the extent to which clinicians order imaging studies for evaluation of acute low-back pain in adults ages 18 to 50 within the first 28 days of treatment. As the measure is calculated as an inverted rate, a higher score reflects the proportion of eligible patients who did **not** receive an imaging study and who were thus appropriately treated for low-back pain.

In keeping with ICSI and QARR guidelines, Health Plus urges providers to limit imaging studies to cases for which there is a valid clinical rationale and to clearly indicate this rationale on all claims and encounter data (see codes below).

For the full text of the ICSI *Health Care Guideline for Adult Low Back Pain*, visit [www.icsi.org](http://www.icsi.org) (click on "Knowledge Products," then "Health Care Guidelines").

## TCNY launches *Ask Your Doctor*

This fall, the New York City Department of Health's **Take Care New York (TCNY)** campaign is launching *Ask Your Doctor*, a program to encourage Staten Islanders 40 to 64 years old to access preventive health services.

Local primary care physicians, nurse practitioners, and physician assistants will receive training and resource materials on TCNY topics.

For more information about TCNY, go to [www.nyc.gov/html/doh/html/tcny/index.shtml](http://www.nyc.gov/html/doh/html/tcny/index.shtml).

## Ask about smoking at every visit

The New York City Department of Health and Mental Hygiene recommends that providers ask all patients about their smoking status at every visit. Patients should be asked how much and how long they have smoked.

Research shows that counseling from a health care provider can increase quit rates by up to 50%. Brief counseling and appropriate pharmacotherapy can also triple long-term quit rates.

While pharmacotherapy may not be necessary for patients who are not addicted (with addiction being defined as smoking within one hour of waking up in the morning), all patients can benefit from "quit tips"—specific suggestions on how to reduce the temptation to smoke.

The April 2005 edition of *City Health Information*, which can be obtained at [www.nyc.gov/html/doh/downloads/pdf/chi/chi21-6.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi21-6.pdf), includes "quit tips," counseling strategies, and pharmacotherapy information.

## Codes to identify appropriate indications for low-back imaging

Description	ICD-9-CM codes
Cancer	140-195, 196-198, 199, 200-208, 230-234, 235-239
Trauma	800-829, 830-839, 850-854, 860-869, 905-909, 926.11, 926.12, 929, 952, 958-959
IV drug abuse	304.0, 304.1x, 304.2x, 304.4x, 305.5x, 305.6x, 305.7x
Neurologic impairment	344.60 (cauda equina), 729.2 (neuralgia, neuritis and radiculitis, unspecified)

Try to limit imaging studies for diagnosis of uncomplicated low-back pain.

## Refer women for postpartum checkups

Postpartum women may experience a variety of medical complications, such as hypertension, complications of the urinary tract, painful breasts, and postpartum depression.

Prompt clinical intervention can alleviate and sometimes prevent these problems, which is why the New York State Department of Health recommends that women see their practitioner at least once between 21 and 56 days after giving birth.

Recent data collected by Health Plus indicate that about 30% of our postpartum women members do not see their provider within this recommended time frame and that this trend is increasing over time. For this reason, we would like to encourage providers to remind their postpartum patients to seek care within the first three to eight weeks after delivery.



## Two tests, one specimen

### ThinPrep is useful for both Pap and chlamydia testing

The ThinPrep® Pap Test™ is a liquid-based Pap test that enables clinicians to capture and preserve an entire cell sample in a fluid transport medium. The specimen is then sent to the laboratory where an automated slide preparation device disperses and filters the sample, eliminating debris and distributing a representative portion of cells on a slide in a uniform, even layer.

The resulting slide greatly enhances accuracy in both manual and computerized screening, thus providing a much higher sensitivity and specific-

ity than the conventional Pap test.

Because the ThinPrep method preserves the entire cell specimen, the remaining fluid medium can be used (and has been approved by the U.S. FDA) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* testing.

**Health Plus covers both the ThinPrep Pap Test with a manual screening (CPT code 88142) and the ThinPrep Imaging System (CPT code 88175), involving both an automated screening and a manual rescreening.**



**As of October 2005, Health Plus has successfully expanded into Nassau County. We welcome all new Nassau-based providers to our network!**

## Testing pregnant women for lead exposure

The Department of Health, in collaboration with the New York District of the American College of Obstetricians and Gynecologists, has developed a screening questionnaire to identify pregnant women potentially at risk for lead exposure.

If the woman answers "yes" to

any of the questions, she is at risk and must be screened with a blood lead test.

Testing is not recommended for women who are not at risk, nor is it indicated for pregnant women with a previous history of childhood lead exposure.

Copies of the risk assessment questionnaire and other information regarding lead exposure during pregnancy can be found at: [www.health.state.ny.us/nysdoh/lead/handbook/phc10.htm](http://www.health.state.ny.us/nysdoh/lead/handbook/phc10.htm).

## Mammograms no longer require a referral

**Effective immediately, Health Plus members can obtain a mammogram at any participating radiology facility without a referral or prior authorization from Health Plus. Members need only present their Health Plus ID or Medicaid card at the time of their appointment.**

## New co-pays for Family Health Plus members

As of Sept. 1, 2005, Health Plus members participating in Family Health Plus (FHP) are subject to co-pay requirements for certain routine and nonemergency services.

Members who are pregnant (up to 60 days postpartum), under age 21, or permanent residents of long-term care facilities are exempt from all co-pay requirements.

FHP members who cannot afford the co-payment must not be denied a service based on their inability to pay. If a member is

unable to pay the co-payment at the time of service, you are allowed (but not required) to bill the member or request payment at a later time.

Here are answers to some commonly asked billing questions regarding the new FHP co-pay requirement:

**Q. Can the provider use a collection agency? What happens if the member refuses or is unable to pay the co-pay? Is Health Plus responsible?**

**A.** Providers may bill for co-pays and may use legal means to collect applicable, unpaid co-pays.

Health Plus's responsibility is to reimburse providers at the contractual rate less the applicable co-payment(s). Providers may not bill Health Plus for uncollected co-payments.

**Q. Can providers waive the co-pay when the member is unable to pay?**

**A.** Providers can waive the co-pay but will still have their capitation or fee-for-service payments reduced by the applicable co-pay amounts.

### How to avoid claim denials

- Enter the authorization number on the claim form (for services requiring prior authorization).
- Submit your claim within 120 days of the date of service (unless otherwise specified in your contract).
- Verify member eligibility for

the date of service. Call the INFO PLUS Automated Provider Line at **1-800-639-6968** or log on to **www.healthplus-ny.org** and click on the "INFO PLUS" link under "Providers."

- Include the name and tax ID number of the service provider or another provider of the same specialty.
- When submitting an HCFA 1500 or 837p, you are required to include your Health Plus Provider ID number. When

submitting a UB-92 or 837i, you are required to submit **both** your Health Plus Provider ID number **and** the attending physician's Health Plus Provider ID number, Medicaid number, or license number.

- 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.

### Health Plus news provider

**Tom Early**  
Executive Director

**Clifford D. Marbut, M.D., M.P.H.**  
Chief Medical Officer

**Cleo Dixon, M.B.A.**  
Director of Network Development and Provider Relations

**Sigrid J. Aarons, M.P.H.**  
Editor

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.

Copyright © 2005 Coffey Communications, Inc. ABO17799p

### 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 Provider 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.**