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Billing with BH code 90837

When billing with CPT code 90837 for behavioral health services, there is a specific criteria that needs to be met to properly use this code. As a reminder, this is not a code that is based solely on time spent with the patient. Documentation that

supports the use of billing CPT 90837 should be reflected in the medical record and includes the items below:

- Date of service
- Length of session (start/end time), therapy time with patient and/or family
- Therapeutic maneuvers utilized
- Diagnosis for each visit related to treatment and therapy for the visit
- Progress or lack of progress to the goals
- Updates to treatment plan if necessary
- Provide signature (electronic or written)

Please note: These services are not included in the "time" for the session:

- Time spent arranging services/appointments
- Time spent in communication with other healthcare providers
- Time spent documenting or providing reports

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Reminder: Together with CCHP COVID-19 Reimbursement Policy

Due to the circumstances of the pandemic that has affected our entire nation, Medicare has created procedure codes to reimburse providers for COVID-19 services.

The Together with CCHP COVID-19 policy states that we will reimburse all providers the Medicare approved rates for any COVID-related service.

To learn more about this policy, visit the [CMS.gov](https://www.cms.gov) website now.

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Inpatient Review Process

CCHP has updated and enhanced our payment policies to promote correct coding for inpatient DRG claims. The goal of this update is to implement claim reimbursement policies that are national in scope, simple to understand and come from respectable sources.

The enhancements were implemented to verify the accuracy of DRG payments made to our contracted facilities. CCHP has engaged the services of **Cotiviti** to conduct these claim reviews.

Your medical records department will receive a letter requesting records for specific paid claims. You will have 30 days to provide the requested medical records to Cotiviti. Reimbursement for medical records will be in accordance with your contract.

Once you receive the letter requesting your medical records, return the medical records to Cotiviti at the address on your letter. ****Please note: Do not send your letter to CCHP.** If you have questions or concerns call 770-379-2323.

After you send your medical records to Cotiviti, your office will receive an Audit Determination letter from Cotiviti describing the outcome of the medical record and claim review. If the Audit Determination changes the original amount paid, CCHP will adjust the claim to pay any additional amount due, or will inform you of the overpayment recovery amount.

Here is additional information about this process:

- You will have 30 days to sign and return a form indicating your agreement with Cotiviti or you may submit an appeal with supporting information to Cotiviti.
- If you do not respond to these notifications we assume you agree and CCHP will proceed with a payment adjustment in accordance with your contract.
- If you disagree with Cotiviti findings you will be allowed two cycles of appeal. CCHP considers the second appeal decision from Cotiviti to be final.
- If records are not received within the required timeframe you will receive a second notice. **Note:** Failure to submit the requested records will result in an administrative denial by CCHP and recovery of the original payment.

Again, if you have any questions please call Cotiviti at 770-379-2323.

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CCHP's Electronic Claims Transmission: Confirmation Portal

What is the Confirmation Portal?

CCHP provides confirmation on all new claims submissions for network providers. For every claim received by CCHP, whether it is filed on paper or through Electronic Claims Transmission (ECT), a receipt confirmation is generated and available to the provider.

Providers who have access to the claims confirmation portal can:

- Confirm if their claims were received by CCHP and entered into the claims processing system, whether submitted on paper or electronically.
- Receive an electronic report of rejected claims.
- Review an up-to-date list of all submitted claims. CCHP generates a nightly report of all received claims for that day.
- Look up coding rationale for claim denials.

Resubmitting a claim:

For each claim that doesn't pass the initial editing process, there is an associated error reason that shows why the claim didn't pass. Based on the error reason, the provider will need to make necessary changes and resubmit the claim within the allotted time frame agreed upon in their contract.

Registering for the Confirmation Portal:

Before a provider can access the portal, a CCHP Provider Relations Representative will need to verify the provider is an in-network provider. Once verified, the Representative will email the provider instructions for registering. Please reach out to your Provider relations Representative at the email below and provide them with the following:

- [CCHP Provider Relations email](#)
- Provider/clinic name
- Address, city, state and zip code
- Tax ID number
- NPI number

- Contact info email

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Wisconsin DHS Transportation Contract with Veyo

The Wisconsin Department of Health Services (DHS) has contracted with a company called Veyo to provide non-emergency medical transportation (NEMT) services for Wisconsin Medicaid and BadgerCare Plus members.

Veyo replaced Medical Transportation Management, Inc. (MTM, Inc.) on November 1, 2021. Medicaid and BadgerCare Plus members who were eligible to receive NEMT through MTM, Inc. are eligible to receive NEMT through Veyo. There were no changes to the types of appointments that are covered or types of transportation provided. There was also no change to the number members can call to schedule rides. It remains 866-907-1493.

To learn more, view the [Veyo Health Care Provider Resource Guide](#).

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New Program! In-Home Diabetic Retinopathy Screening

CCHP will be launching a new program with the goal of helping members diagnosed with diabetes receive their recommended annual **Diabetic Retinopathy Screening (DRS)**. The program is called "In-Home Diabetic Retinopathy Screening" and will be available to your patients beginning in November 2021.

This program employs the use of a non-mydratic hand held portable camera. The member should refrain from drinking any caffeine or taking opiates 4-6 hours before

the appointment and supply a darkened room within their home for the exam. No eye drops are needed.



Scheduling and coordination of the Diabetic Retinopathy Screening is being provided by our partners, **Quest HealthConnect (QHC)** with licensed, credentialed and professional providers and technicians. When appointments are scheduled, members will be asked COVID-19 precaution questions. At the time of the screening visit, the technicians who perform the screenings will use appropriate personal protective equipment as recommended by the Centers for Disease Control and Prevention.

CCHP members diagnosed with diabetes will be contacted (mailed letters, text notification, electronic newsletter, Facebook) with information regarding the in-home exam process along with QHC contact information for more details and scheduling. Members who have had no claims representing a DRS within the past 18 months will also receive a phone call on behalf of CCHP to offer the in-home service. Children's Community Health plan will supply QHC with the member's contact information and the name and fax number for the members' primary care provider.

The program process flow is below:



All images are read and reviewed within two days. If there is an image of poor quality, the member is rescheduled for another in-home screening. If the second visit

results in an image of poor quality, the member is notified to seek an in-office vision care provider visit. Results will be faxed to you and the best image will be attached to the report.

Quest HealthConnect clinicians are not involved in the care or treatment of your patient, nor will they prescribe medications. If your patient asks about this new program, we hope that you have confidence in encouraging them to use this convenient alternative to the traditional vision care office visit. If you have any questions about this program, please contact the **CCHP Quality Department, Quality Improvement Specialist** at **414-337-5906**.

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Interoperability and Patient Access

The Centers for Medicare & Medicaid Services (CMS) created the Interoperability and Patient Access final rule (CMS-9115-F) in 2020. The rule is focused on driving interoperability and patient access to health information, giving patients access to their health information and moving the healthcare system toward greater interoperability.

The first parts of this rule to go into effect were the Patient Access Application Programming Interface (API) and Provider Directory API. An API is a software intermediary that allows two applications to “talk” to each other. For example, each time a person uses an app such as Facebook, sends a text message, or check the weather forecast on one’s phone, as examples, you are using an API. For the CMS Interoperability rule, the Patient Access API gives members the ability to view their health data on their phone, tablet, and other devices through third party applications. Members will first need to authorize their health plan(s) the right to share their health data with the application(s) of their choice.

To assist members, CCHP has created AppConnect. AppConnect functions as the gateway between CCHP and third party applications for member’s health data. It’s import to understand that AppConnect does not directly store or provide health data to members. It is only a tool for members to authorize CCHP to share this data with the third party application(s) they choose.

CCHP will be including a link to AppConnect under the Member Resources section of its website, more to come on that. AppConnect includes a FAQ to assist members with any questions they may have. Members can also contact CCHP at AppConnect@chw.org with inquires related to AppConnect or Interoperability.

These new tools will not affect existing applications such as the Together Member Portal or CCHP's Online Provider Directory. These tools will continue to be available to members. For questions regarding the CMS Interoperability and Patient Access final rule, AppConnect or CCHP's strategy regarding Interoperability please reach out to the project lead, **Matt Kraus** at MKraus@chw.org.

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Program Integrity Training

Children's Community Health Plan offers providers an opportunity to review Program Integrity Training resources. The resources below will help ensure required compliance and provide education around Medicaid program integrity.

For more information regarding Program Integrity Training, visit the links below:

- [Medicaid Integrity Program Educational Resources](#)
- [MACPAC Program Integrity](#)

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Important Reminders

[Review CCHP's Telehealth Policy & COVID-19 Updates](#)

CCHP is working hard to stay up-to-date with the latest Telehealth and COVID-19 information for our providers. Remember to review our designated [Telehealth and COVID-19 web page](#) for important information and updates. You may also reference our [Telehealth Billing Guide](#).

CCHP Contact Reminders

To better assist our Providers please use the following contact information and resources regarding any questions you may have:

- **Provider Relations:** Please contact customer service first for assistance.
 - CCHP Badger Care Plus (800) 482-8010
 - Together with CCHP (844) 202-0117
 - CCHPProviderRelations@childrenswi.org
- **Provider Demographic Updates:** Complete the appropriate form and email to the address below
 - [CCHP Badger Care Plus form](#)
 - [Together with CCHP form](#)
 - CCHP-ProviderUpdates@chw.org
- **Provider Contracting:**
 - New providers: Complete [Letter of Interest form](#) which can also be found on our website
 - CCHP-Contracting@chw.org
- **Provider Credentialing:**
 - CCHP-Credentialing@chw.org
- **Clinical Services:**
 - CCHP-ClinicalServices@chw.org
- **Provider Portal Registration:**
 - 414-266-4522
- **2020 Provider Claims/Appeal portal questions:**
 - CCHPProviderRelations@childrenswi.org
- **Member Advocates:**
 - CCHPAdvocates@chw.org

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