



Provider Newsletter



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Updates and resources from Community Health Plan of Washington to providers and staff.

To get the latest updates, visit our Bulletin Board:

[Provider Bulletin Board](#)

CHPW Has Expanded its 2022 Service Areas for Medicaid, Medicare and Cascade Select

We have been busy bringing CHPW's services to more counties for all our health plans!



Apple Health (Medicaid)

CHPW is pleased to now offer coverage in every county in Washington State.



CHPW Medicare Advantage (MA) Plans and Dual - Special Needs Plan (D-SNP)

CHPW offers MA in 27 counties with coverage in Adams, Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Franklin, Grant, Grays Harbor, Jefferson, King, Kitsap, Lewis, Mason, Okanogan, Pacific, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, and Yakima. We have the largest Dual Plan service area in Washington State of any carrier.



Cascade Select

CHNW (powered by CHPW) is pleased to offer coverage in twice the number of counties as last year! We're now in Benton, Chelan, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pierce, Snohomish, Spokane, Thurston, Walla Walla, and Yakima counties.

Tobacco Cessation

CHPW partners with Optum to offer Quit for Life, a tobacco cessation program, for adult patients 18 years and older. This is a free benefit for all CHPW patients. Quit for Life provides phone counseling and nicotine replacement therapy for qualifying patients. Replacement therapies like Chantix can be sent directly to the patient's home with provider approval. Patients will also create quitting plans and work with their quit coach to achieve them. Patients may be invited to participate in the program if they have been identified as a tobacco user either via claims or Health Appraisal results. The Quit for Life program is completely voluntary. Providers are encouraged to refer their patients to the Quit for Life program. Enrollment is easy, simply go to quitnow.net or call 1-800-QUIT-NOW (1-800-784-8669). Patient's insurance information will need to

be provided. For more information on this program, please visit: <https://www.chpw.org/member-center/health-management/health-coaching/quit-for-life/>.

Sign Up for the Power of Providers (POP) Initiative

Health care providers are trusted sources of medical information for their communities. Join more than 65,000 Washington State health care providers who have committed to educating and empowering their patients/clients to vaccinate against COVID-19.

The Washington State Department of Health is asking health care providers to commit to SEEK, ASK/EDUCATE, VACCINATE and EMPOWER as part of the Power of Providers Initiative (POP).

The goal of the POP Initiative is to recognize the power all health care providers have in encouraging COVID-19 vaccination in the community. POP is backed by Governor Jay Inslee, Secretary of Health Dr. Umair A. Shah, and many other health care associations across the state.

As part of the initiative, the department is asking for health care providers to commit to four steps:

- **SEEK:** Seek patients' COVID-19 vaccination status.
- **ASK/EDUCATE:** If a patient isn't vaccinated, ask them about the vaccine and offer education if they're unsure.
- **VACCINATE:** If a patient agrees to vaccination, provide them with a COVID-19 vaccine or a referral to a location that provides COVID-19 vaccination.
- **EMPOWER:** Empower your patients to share their vaccination status with the community.

To get involved, we are asking providers to consider [signing a commitment](#) to follow the four steps through an online survey. When you complete the commitment form, the Department of Health will send you a Community Vaccination Partner certificate which you can display in your office. The Department of Health will also offer additional support and materials to providers who sign up to help them have conversations about COVID-19 vaccination with their communities. For more information, visit the POP [web page](#).

Any health care provider or health care facility can commit to the initiative. You don't need to be a COVID-19 vaccine provider to commit.

Training: Helping Providers Have Conversations with Families Around COVID-19 Vaccination (continuing education credit available)

On December 13, 2021, the Washington State Department of Health (DOH) hosted a webinar called *Helping Providers Have Conversations with Families Around COVID-19 Vaccination*. The webinar recording and associated materials can be found on the [DOH website](#). Continuing Education (1.0 units) is available for nurses, medical assistants, and pharmacists. The continuing education opportunity expires March 14, 2022.

The webinar covers the following topics:

- The effects of COVID-19 illness and the COVID-19 pandemic on children
- Effective approaches to the COVID-19 vaccine discussion with families
- How the vaccine conversation may differ when working with patients from various racial/ethnic groups
- Responses to common misconceptions and parental concerns about the COVID-19 vaccine for kids

The course objectives are:

- Understand the effects of COVID-19 and the pandemic on children
- Use effective approaches to discuss COVID-19 vaccine
- Understand cultural differences when discussing COVID-19 vaccine and hesitancy with various racial/ethnic groups
- Discuss common misconceptions when addressing parental concerns about the COVID-19 vaccine for kids

Changes to Apple Health Policies Regarding Mental Health Assessments for Children from Birth through Age Five

What has changed?

In April 2021, the Washington State Legislature passed 2HB1325. The bill made changes to Apple Health policies regarding mental health assessments for children from birth through age five.

This set of new policies is currently referred to as **Mental Health Assessment for Young Children (MHAYC)**. The changes include:

Enhanced reimbursement, including:

- Reimbursement for up to five sessions for assessment, if necessary
- Reimbursement of provider travel costs for assessments conducted in home or community settings
- Requirement to use the DC:0-5™ diagnostic classification system to *assess* the patient
- When providers bill claims to the Managed Care Organizations, they must use the [Interim Apple Health DC:0-5 Crosswalk](#) to *bill* the appropriate *ICD-10 code(s)* to the MCOs. This is an Apple Health requirement.
- Please see the Washington State Health Care Authority's [Apple Health DC:0-5™ training](#) for additional information.

When is provider travel eligible for reimbursement?

Provider travel is eligible for reimbursement under a specific and limited set of circumstances. The provider must be traveling for:

- The purpose of conducting a mental health assessment (CPT code 90791, 90792 or H0031 ONLY)
- For a child from birth through the age of five (up till their 6th birthday)
- For a session that is conducted in the child/family's home or in a community setting (POS 03/ School; 04/Homeless Shelter; 12/Home or 99/Other Place of Service ONLY)

How will MHAYC provider travel be reimbursed for providers serving children enrolled with Community Health Plan of WA?

Providers will utilize this form: → [MHAYC Provider A-19 Form](#)

To complete the A19, each line/entry must include:

- The Service Date of the diagnostic assessment
- The ProviderOne client ID
- Addresses of starting and ending point
- Miles from starting point to ending point
- Mileage rate (prepopulated on A19)
- Submit invoices to FIMC.invoice@chpw.org

All invoices will be validated to claims per eligibility requirements for reimbursement as outlined here. No invoice will be paid without an **adjudicated claim**.

Invoices must be submitted no later than **60 days** from an adjudicated supporting claim.

More information

Please submit any questions or concerns to provider.relations@chpw.org.

Additional information can also be found here:

- [RCW 74.09.520](#)

WA Health Care Authority:

- [Billing for MHAYC](#)
- [Policy for MHAYC](#)

Program Integrity Coding Reminders

Allergy testing and allergy immunotherapy

Evaluation and management (E&M) codes reported with allergy testing or allergy immunotherapy are appropriate only if a significant, separately identifiable service is performed. Obtaining informed consent is included in the immunotherapy service; do not report consent with an E&M code. When reporting E&M services, use modifier 25. Please see the [Medicare NCCI 2022 Coding Policy Manual – Chapter 11 \(CPTCodes -90000-99999\)](#) for more information.

Dermatologist Claims for Evaluation and Management Services on Same Day as Minor Surgical Procedures

In general, E&M services provided on the same day of service as a minor surgical procedure are included in the payment for the procedure. The decision to perform a minor surgical procedure is included in the payment for a minor surgical procedure; do not report it separately as an E&M service. An E&M service should be billed on the same day only if a surgeon performs a significant and separately identifiable E&M service that is unrelated to the decision to perform a minor surgical procedure. In this instance, append modifier 25 to the appropriate E&M code. Please see the [Medicare NCCI 2022 Coding Policy Manual – Chapter 3 \(CPTCodes - 10000-19999\)](#) for more information.

Critical Care (99291 and 99292)

Critical care is the direct delivery by a qualified provider of medical care for a critically ill/injured patient. Critical illness/injury acutely impairs one or more vital organ systems that has a high probability of imminent or life-threatening deterioration in the patient's condition. This encompasses the treatment of vital organ failure and prevention of further deterioration of the patient's condition.

Critical care is time-based coding, and that time must be exclusive to the patient, which means the provider devotes their full attention to the patient. Documentation regarding the time spent can be achieved with start and stop times or documented total time. The provider's attention is spent evaluating, providing care and managing the critical illness/injury. The documentation must support medical necessity and involve high complexity decision making.

Controversy of Aducanumab-avwa (Aduhelm®) for Alzheimer's Disease

Limited evidence for efficacy and safety:

FDA approved for its use under "accelerated approval" without the manufacturer providing verification of clinical benefit in confirmatory trial(s)¹.

Not indicated for all patients with Alzheimer's disease

Aduhelm® is only indicated for mild cognitive impairment or mild dementia stage of Alzheimer's disease, and there is no safety or effectiveness data on initiating treatment at earlier or later stages of the disease².

Significant drug-related adverse effects:

- Compared to placebo, there is at least 10% incidence of developing complications:
- ARIA: amyloid related imaging abnormalities – temporary swelling in areas of the brain that usually resolves over time.
- Some people may also have small spots of bleeding in or on the surface of the brain and/or superficial siderosis.
- Most people with swelling in areas of the brain do not experience symptoms, however, some may experience symptoms such as headache, confusion, dizziness, vision changes, nausea or falls².

Increased medical expense:

Aduhelm® costs \$28,200 a year for the average patient³. Meanwhile, due to the concern of ARIA, regular MRI scans are required, which further increased medical burden.

CMS Decision Summary from January 2022⁴:

“The Centers for Medicare & Medicaid Services (CMS) proposes to cover FDA approved monoclonal antibodies directed against amyloid for the treatment of Alzheimer’s disease (AD) under Coverage with Evidence Development (CED) in CMS approved randomized controlled trials that satisfy the coverage criteria specified in Section C below, and in trials supported by the National Institutes of Health (NIH). All trials must be conducted in a hospital-based outpatient setting.”

CHPW has reviewed the evidence for Aduhelm® and has determined that currently the medication does not meet CHPW’s criteria for medical appropriateness because of lack of good quality medical evidence supporting that the benefit of the medication is greater than the risk. The coverage will be based on Line of Business:

For Medicare: Aduhelm® will only be covered if the member is enrolled in a CMS approved randomized controlled clinical trial.

For Medicaid: Requests should be sent directly to the Health Care Authority (HCA) for review.

For Cascade Select: CHPW/CHNW will review the requests for Aduhelm® to determine medical necessity comparing the medical records to the criteria in the CHPW Policy MM162 Medical Appropriateness for Service or Medication.

References:

1. Kumar D, Yadav DK, Hassan MI. Topical Insights into the Post-Approval Controversies of Aducanumab. *Frontiers in Pharmacology*. 2021 Nov 18;12:787303.
2. Aduhelm® injection for intravenous use [prescribing information]. Cambridge, MA: Biogen; July 2021.
3. Biogen Investor Relations. Biogen Announces Reduced Price for ADUHELM® to Improve Access for Patients with Early Alzheimer’s Disease. 2021 December 20 [cited 2022 Jan 4]. Available from: <https://investors.biogen.com/news-releases/news-release-details/biogen-announces-reduced-price-aduhelmr-improve-access-patients>
4. CMS National Coverage Analysis, Proposed Decision Memo: Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease CAG-00460N. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=Y&NCAId=305>



Did you know?

CHPW Apple Health and Medicare Advantage members do not need a CHPW referral to see **any specialist** they want. If the PCP wants to refer their patient to see a specialist, regardless if CHPW is contracted or noncontracted (“par” or “non-par”), the patient can go directly to them without plan approval, and CHPW will pay for their covered services.

A plan referral **IS** needed, however, if the patient is seeing a Primary Care Physician (PCP) other than the patient’s PCP on record. That can be done by filling in [this form](#).

Do you know of a provider who is not in our network and would like to be? We’d love to talk with them! Please have them contact us at Provider.Relations@chpw.org.

Provider and Staff Training Programs

CHPW is committed to provide training and education to our providers and their staff. We are dedicated to developing your knowledge and understanding through a variety of mandatory and optional training programs. These collated resources include national and local training programs for providers and selected trainings on our training calendar that can be found on the [Clinical Practice Training and Resource page](#). Content on this site is updated as new trainings are identified, including new content related to tribal health, equity, telehealth, and transgender health.

To access our online training programs, go to <https://www.chpw.org/provider-center/provider-training-and-resources/>.

If you prefer an in-person training session, or if you have any questions regarding our training programs, please contact our Provider Relations Department at Provider.Relations@CHPW.org.

Modifiers for Audio Only Encounters

CHPW would like providers to be aware of the new FQ and 93 modifiers for audio only encounters. Please continue reading for more information about the FQ modifier. CHPW may provide details about the 93 modifier at a later date if applicable.

Medicaid Plans

Beginning January 1, 2022, providers should bill with the FQ modifier for Medicaid telehealth/telemedicine services that are provided via audio only modality (telephone calls). Please see https://content.govdelivery.com/bulletins/gd/WAHCA-3017104?wgt_ref=WAHCA_WIDGET_200 for more information.

Medicare Advantage, Dual-Eligible, and Cascade Select Plans

The FQ modifier is not in effect at this time.

After the end of the public health emergency (PHE), CMS will require the FQ modifier for **Medicare-enrolled Opioid Treatment Programs (OTPs)**. Please see <https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprogprovider-partnership-email-archive/2021-12-16-mlnc> for more information.

Reporting Changes in Provider Information

All CHPW providers must give notice to CHPW at least 60 days in advance of any provider changes including, but not limited to:

- Tax identification
- NPI number (individual and/or group)
- Billing (vendor) address
- Office phone and fax numbers
- Service location address updates
- Provider additions (include provider effective date)
- Provider terminations (include provider termination date)
- Clinic/facility location additions/changes (if applicable, include effective and termination dates for your clinics and/or facility)
- If telehealth services are available at your location(s)

CHPW recognizes that many providers have implemented telehealth in response to the COVID-19 Public Health Emergency. As providers have shifted to this modality, it's important that our Provider Directory accurately reflects the availability of these services.

Advance notice for changes will provide CHPW ample time to update all systems, notify members, and prevent claims payment delays. Provider and group changes should be reported to CHPW by completing a *Provider Add Change Term Form* and/or *Clinic and Group Add Change Term Form* (available on the [Provider Forms and Tools](#) page of our website). Simply complete and submit the online form or email your completed form to Provider.Changes@chpw.org.

For new providers requiring credentialing, please submit a full credentialing application to Provider.Credentialing@chpw.org.

For Delegated Credentialing provider groups, please refer to and follow your delegated credentialing agreement. Delegated Credentialing provider groups should submit provider updates via email to DelegatedCredentialing@chpw.org.

