



Leading the way

A Newsletter for Providers of Medical Associates Health Plans

August 2008

Disease Management Enrollment

Do you have a patient enrolled in our health plan who could benefit from a *hypertension* or *diabetes* disease management program?

Patients with recurrent complications, frequent readmission and/or relapse are excellent candidates for participation in our disease management program. It is one of many valuable benefits we offer at no extra charge to our members.

Through disease management, we make a continuous effort to help people manage their health effectively. The program is conducted by Kara Wessel, R.N., B.S.N., who functions as an extension of the physician.

Disease management is designed to help members stay well through:

- education about the disease(s)
- reinforcement to



Pat Hanten (left) receives glucometer instruction from Kara Wessel, R.N., B.S.N.

keep regularly scheduled doctor visits, screenings, and lab tests

- support through general information, Q&A

We identify potential participants in several ways: claims and lab data, physician referrals, utilization management referrals, and member self-referrals.

Thank you for supporting our program. We encourage your continued referrals, and look forward to helping manage the treatment of patients with diabetes and hypertension. Feel free to call Kara at 563-584-4754 or 800-747-8900 with your referrals or questions about disease management at Medical Associates Health Plans.

My eLink at Your Fingertips

Medical Associates Health Plans is pleased to provide *My eLink*, a comprehensive, secured website that serves as your primary source for patient and claims data 24/7. With *My eLink*, you have access to a whole new scope of convenience and information. Here's what *My eLink* can do for you:

- Verify patient eligibility.
- View member benefits, accumulators.
- Download forms.
- Request prior authorizations.
- Search drug formulary.
- Check the status of a claim.
- View past claims payments.

Sign up today by visiting us online at www.mahealthcare.com. Call us if you have questions 563-584-4885 or 866-821-1365.



Coding Tips *Modifier 59*

Modifier 59 is a modifier that is often used incorrectly. The primary purpose of Modifier 59 is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters.

Modifier 59 should be used only when no other modifier more appropriately describes the relationships of the two or more procedure codes. It should not be appended to an evaluation/management (E/M) service.

The CPT Manual defines Modifier 59 as follows: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures or services, other than E/M services, that are not normally reported together but are appropriate under the circumstances.

Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision or excision, separate lesion, or separate injury ("area of injury" in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.

However, when another already-established modifier is appropriate, it should be used rather than Modifier 59. Modifier 59 should be used only if no more descriptive modifier is available and it explains the circumstances best.

Source: CPT, Appendix A, pg 435, copyright 2008

Utilization Management FYI

Criteria. If you wish to have a copy of the criteria utilized during our utilization management decision making process, please feel free to call the Health Care Services Department at 584-3275 or toll free 800-325-7442

External Review. We comply with state regulations regarding external appeal. Some denials, after they exhaust internal appeal processes, may be eligible for review by an Independent Review Organization. For most of our plans, the denial of coverage must be based on medical necessity to be eligible. If you would like more information on the external appeal process, please contact Laura Boge, Member Services Manager, 563-584-4857.

Physician Reviewer Availability. If you wish to speak with a physician reviewer regarding a utilization management decision (including behavioral health decisions) please call our Health Care Services Department, 584-3275 or toll free 800-325-7442.

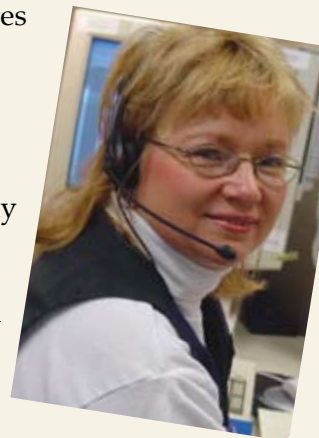
Health Care Services Available 24/7

Our nurse case managers in the Health Care Services Department are available to help coordinate a variety of needs for your Medical Associates Health Plan patients, from out-of-plan referrals, to hospital pre-authorizations and benefits determination.

Normal business hours are Monday through Friday, 8:00 a.m. to 5:00 p.m. Members and practitioners may communicate with the Health Care Services staff in these ways:

- Telephone: 563-584-3275 or toll-free within U.S. 800-325-7442
- Fax: 563-585-1545
- E-mail: healthcareservices@mahealthcare.com
- Personal visit: 1605 Associates Drive, Suite 101, Dubuque Iowa

After-hours and on holidays, the local and toll-free numbers are forwarded to our 24-hour Patient Services Help Nurse line. Information is collected by the Patient Services staff and sent to our Health Care Services nurses the next working day via fax. If an immediate care decision is required, the Patient Services staff will contact a member of the Health Care Services nursing staff at a designated after-hours telephone number.



Documenting in the Medical Record

We appreciate your attention to the following charting practices, to help assure compliance with NCQA and Medicare standards:

- Patient's medical information is kept confidential and well organized.
- Each page in the chart contains patient's name and identification number.
- Complete medical history to include current and past diagnoses, surgical history, allergies, adverse reactions, immunizations. Family history of parents, grandparents, and siblings included.
- Documentation of each visit including subjective/objective, lab/x-ray, action, treatment, medications, therapies, all consistent with diagnosis.
- Evidence of continuity and coordination of care between primary and specialty physicians; evidence of preventive health screenings/services offered.