

Leading the way

A Newsletter for Providers of Medical Associates Health Plans



MEDICAL ASSOCIATES
HEALTH PLANS®

Coding Tips

Modifier 25

Modifier 25 is used when a provider performs a significant, separately identifiable E/M (evaluation/management service) on the same day as another service. Information must be clearly documented in the patient's medical record to justify its use.

The physician may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service *above and beyond* the other service provided (or beyond the usual preoperative and postoperative care associated with the procedure that was performed).

The E/M service may be prompted by the symptom or condition for which the procedure was provided. As such, different diagnoses are not required for reporting the E & M services on the same date. The circumstance may be reported by adding Modifier 25 to the appropriate level of E/M service.

Modifier 25 is *not* used to report an E/M service that resulted in a decision to perform surgery.

Modifier 25 may be appended only to E/M service codes and then only for those within the range of 99201-99499.

Source: CPT, Appendix A, pg 503, copyright 2008

Managing Complex Cases

Helping members with multiple diseases



Two years ago, we informed you of a new program designed by Medical Associates Health Plans to help its members cope with multiple and complicated medical conditions.



JoAnn
Besler, RN

The program is called *Complex Case Management* and was launched in 2007. It focuses on connecting our health plan members to resources, services, and care. It is free of charge, and offered to patients who can benefit from help in managing their conditions. It is an extension of our Disease Management program, which helps

members manage specific diseases such as diabetes and hypertension.

Complex Case Management is designed to assist at times when disease symptoms demand management.

Our expert nurses support physician efforts by reinforcing the patient's treatment plan with education and referrals that serve to regain control of the disease.

You, as primary physician, are involved in all aspects of the process, and direct all medical care. Our goals are to support treatment, follow-up, and preventive measures which lessen the risk for complications and relapse.

Patients are not asked to attend any meetings. All

communication with the case management nurse takes place over the telephone.

However, if a patient desires a personal visit, our nurses are available to meet with them



at the Health Plan Office or in the hospital setting.

For more information or to refer a patient, please call:

JoAnn Besler, RN
Complex Case Management
563-584-4792 or
800-747-8900

Kara Wessel, BSN
Disease Management
563-584-4754 or
800-747-8900

Case Management Services

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 using these convenient ways:

- **Telephone:** 563-584-3275 or toll-free within U.S. 800-325-7442
- **Fax:** (*dedicated line*) 563-585-1545
- **E-mail:** healthcareservices@mahealthcare.com
- **e-Mac:** (*Medical Associates Clinic providers only*) use “eMac Task” function
- **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 a dedicated fax line. 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 phone number.

Member Rights & Responsibilities

As an NCQA accredited health plan, Medical Associates publishes its member rights and responsibilities on a regularly scheduled basis. Please review and let us know if you have any questions. Questions may be directed to our Member Services Department, 563-584-4885 or 1-866-821-1365.

Member Rights

You have the right to voice complaints or appeals about Medical Associates Health Plans or your care provided. You have the right to participate with practitioners in making decisions about your healthcare.

You have the right to be treated with respect and recognition of your dignity and right to privacy.

You have the right to receive information about Medical Associates Health Plans, services, practitioners providing care, and members’ rights and responsibilities.

You have the right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.

You have the right to make recommendations regarding the organization’s member rights and responsibilities policies.

Member Responsibilities

You are responsible for supplying information (to the extent possible) that the Medical Associates Health Plans and its practitioners and providers need in order to provide care.

You are responsible for following Medical Associates Health Plans instructions and guidelines for care that you have agreed on with your practitioners.

You are responsible for understanding your health problems and participating in mutually agreed upon treatment goals to the degree possible.

Chain of Communication

The development and revision of members’ rights and responsibilities will be the responsibility of Medical Associates Health Plans. Any changes will reflect the input and guidance of the Quality Improvement Committee and/or Clinic Board of Directors.

The Quality Improvement Committee will be responsible for review and approval of member rights and responsibilities.

Upon approval by the Quality Improvement Committee, rights and responsibilities will be sent to the Medical Associates Clinic Board of Directors for review and approval.

If recommendations or revisions are deemed necessary by the Board of Directors, these will be channeled through the Quality Improvement Committee.

Confidentiality

We respect the privacy of all members. Employees and providers will show respect for patient confidentiality by not accessing a member’s medical record unless it is necessary for the provision of medical services or administration of the Plan.

Member information obtained during utilization review, case management, and quality improvement will be kept confidential in accordance with federal and state laws. Information

will be used only for the purposes of utilization review, quality assurance, discharge planning, benefit determination, and case management.

Information will only be shared with our Chief Medical Officer, Quality Improvement staff, Health Care Services staff, Claims staff who have authority to receive such information, and external review organizations.

Non-Discriminatory Medicare Health Care

We provide covered services to Medicare beneficiaries in a professional manner and do not discriminate in the provision of services.

As providers’ practice capacity permits, we accept enrollees as patients without discrimination due to payment source, race, color, religion, national origin, sex, age, mental or physical disability/handicap, sexual orientation, genetic information, or with due regard to an illness.