



Office Visit

News for health care providers

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New commercial policies to go into effect April 1, 2019

The following policies will go into effect April 1, 2019, for our commercial plans:

- **[Medical Policy: Urine Drug/Alcohol Testing](#)**

This policy has been updated to include the following place of service (POS) codes:

- POS code 81 for independent laboratory
 - POS code 22 for on-campus outpatient hospital
 - **Payment Policy: Urine Drug/Alcohol Testing**
This policy includes new annual frequency limits of:
 - 18 dates of service for presumptive drug testing
 - 18 dates of service for definitive drug testing
 - **Payment Policy: Multiple & Bilateral Surgical Procedures**
This policy has been updated to make sure our reimbursement calculation for multiple bilateral surgical procedures follows Centers for Medicare & Medicaid Services' guidelines.
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Infertility policy for commercial plans updated

We've consolidated and updated the clinical infertility policy for our commercial plans. Updates to the policy include:

- revising the definition of infertility as the failure to achieve a successful pregnancy after 12 months (earlier evaluation and treatment may be justified after 6 months for women over the age of 35 years); and
- noting that a cycle starts with ovulation induction and ends with retrieval of an oocyte(s).

This [updated policy](#) will go into effect April 1, 2019.

We cover the diagnosis and treatment of infertility for eligible members within the limit of their benefits.

Helping your Medicare patients with urinary incontinence

Urinary incontinence is common among older adults. Even so, patients may be reluctant to discuss the topic with their doctor. Some may be embarrassed or think it's just a normal part of the aging process, the [Centers for Medicare & Medicaid Services \(CMS\)](#) reports.

They may not realize that urinary incontinence can be treated or improved in 8 of 10 cases, according to [a study published in the Journal of Aging and Health](#).

Our "[Ask Away](#)" campaign encourages Medicare members to have open and honest discussions with their doctors. Initiate the discussion by asking:

- Have you experienced any urinary leakage or had any accidents in the past few months?
- Do you have an urgency to urinate or often have to rush to the restroom?
- Does the need to urinate interrupt your sleep?
- Are you currently receiving any treatment for urinary incontinence?

Let your patients know they are not alone and help is available. Emphasize that treatment may reduce or eliminate their urinary incontinence symptoms. Offer referrals to a specialist when necessary. Working together, we can improve the quality of life of our older adult population.

If you can, share this blog post with your Medicare patients: "[Don't let loss of bladder control hold you back.](#)"

Updated ambulatory surgical grouper policy, effective Jan. 1, 2019

Ambulatory surgical groupers will be paid according to surgical contracted rates when billed with revenue codes 360 or 490. If surgical services are billed with revenue codes other than 360 or 490 and the claims contain charges for anesthesia and/or recovery room, claims will be paid according to the surgical contracted rates unless otherwise negotiated.

This policy went into effect Jan. 1, 2019.

Please refer to this [Ambulatory Surgical Grouper](#) document for more details.

Update on UConn study on 3Ds

The University of Connecticut Center on Aging and the School of Medicine at UConn Health are recruiting ConnectiCare Medicare Advantage members who may have one or more of the "3Ds:" dementia, depression and delirium.

Primary care providers (PCPs) may receive a letter from UConn letting them know their patient is involved in the ongoing study. The letter may also include treatment recommendations for the patient.

The study, [funded by the national Patient-Centered Outcomes Research Institute](#), will test how a new home-based clinical team care model may improve health-related outcomes of older adults living with cognitive vulnerability and their families.

The study is recruiting 760 adults in Connecticut who are age 65 and older, living at home in Connecticut for the next 12 months and have their Medicare insurance through ConnectiCare, a partner in the study. Family members of these adults will also be invited to participate.

Recruitment will be based on any claims providers have submitted in the prior month. If the claims contained any ICD-10 codes related to dementia, depression or delirium, a ConnectiCare representative will call the member or family member (for adults diagnosed with dementia) to find out if they are interested in participating in the study and if UConn can contact them.

The study is not taking doctor referrals at this time. If a doctor wants his/her patients to be considered for the study, make sure to include ICD-10 codes related to dementia, depression or delirium on any claims related to the treatment of that patient.

Recent provider headlines

Check out the latest [Provider News & Headlines](#):

- [What's new for 2019: Medicare Advantage dual special needs plan](#)
- [What's new for 2019: Updated Medicare ID card for Passage Plan 1 \(HMO\)](#)
- [What's new for 2019: Preventive services update](#)
- [What's new for 2019: Advanced opioid management program](#)
- [What's new for 2019: Pharmacy updates](#)
- [What's new for 2019: Coverage for specialty drugs used to treat bleeding disorders](#)
- [New commercial policy to go into effect Feb. 1, 2019](#)
- [Reducing the risk of falls: prevention begins with you](#)
- [Remember to follow Medicare Outpatient Observation Notice \(MOON\) requirements](#)
- [Reminder: do not bill patients who are designated as Qualified Medicare Beneficiaries \(QMBs\)](#)
- [Medical record reviews start this month](#)

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