

## Provider Network Update June 2015

# Change to authorization requirements for McLaren Health Plan's Medicaid/Healthy Michigan/MIChild Physical/Occupational/Speech Therapy

<u>Evaluations</u> for Physical/Occupational/Speech Therapy will not require an authorization, but <u>all</u> <u>visits</u> for treatment will require an authorization. <u>Effective July 1, 2015</u>, the following procedure codes **do not require an authorization**, when received from an **In-Network Physical** 

**Services – Effective July 1, 2015** 

Physical Therapy Evaluation – 97001

Occupational Therapy Evaluation – 97003

Speech Therapy Evaluation – 92521, 92522, 92523

All other therapy treatment codes will require pre-authorization from McLaren Health Plan.

McLaren Health Plan thanks you for your patience as we continue to streamline our processes and continue to work towards easing the administrative burden for our providers and their office staff.

### MHP Medicaid Providers - CHAMPS Enrollment Requirement

MHP Medicaid contracted Providers must enroll and attest to their information within the CHAMPS system.

Enrolling in CHAMPS does not require you to be a Medicaid FFS Provider.

To enroll in CHAMPS:

**Therapy Provider:** 

- 1. Go to www.michigan.gov/mdhhs
- 2. On the home page, click on CHAMPS
- 3. On the CHAMPS screen, click on Medicaid Providers
- 4. On the Medicaid screen, click on Provider Enrollment top purple box on the right side of the page If you have not done so already, please complete this requirement as soon as possible.

### **Countdown to ICD-10: The Clock is Running!**

The October 1, 2015 ICD-10 implementation date is just around the corner. ICD-10, which will replace ICD-9 code sets and update ICD-9 terminology, consists of two parts: (1) ICD-10 CM for diagnosis coding for all claims, and (2) ICD-10 PCS for procedure coding on inpatient hospital claims.

#### Here are ICD-10 Tips & Tools published by MDHHS:

- Check CMS Timelines and Checklists for your Organization to ensure readiness at www.cms.gov/icd10
  - a. ICD-10 training of staff and Physicians in clinical documentation exercises and medical terminology should be well underway:
    - i. Ensure that your clinical documentation can support the new ICD-10 codes
    - ii. Conduct dual coding:
      - 1. Take a patient's chart and code it in ICD-10 and note the time that it takes to turn it into a claim
      - 2. Evaluate all the systems and personnel that are impacted by the claim
      - 3. Make necessary adjustments accordingly based on finding of ICD-10 impact assessment for that claim (training, system upgrades, forms, etc.)
      - 4. Dual coding can assist in measure the impact of ICD-10 productivity while helping apply a standard measure of coding application
  - b. ICD-10 testing should be well underway:
    - i. B2B Testing: Check with your Billing Vendor to assess their readiness if you do not conduct your own billing within your organization
    - ii. Scenario Based Testing: ICD-10 assessment of staff knowledge
- 2. Review the <u>ICD-10 CM</u> and <u>ICD-10 PCS</u> Official Coding Guidelines and <u>2015 ICD-10 Coding Gems</u> at <u>www.cms.gov/icd10</u>
- 3. Review CMS's ICD-10 Resource: "Road to ICD-10" @ www.roadto10.org

If you have any questions, please contact your Network Development Coordinator at (888) 327-0671.

McLaren Health Plan thanks you for the quality care you deliver!