

SummaCare



Annual Provider Update

Thank you for joining us today. We will begin shortly!
October 9, 2024



Use of Modifier -25 On the Same Day as a Minor Procedure

William C. Fiala, Professor of Practice
School of Allied Health
College of Health and Human Sciences
The University of Akron



Use of Modifier -25: E/M with Procedure

- The -25 modifier was added to the CPT code set in 1992—contemporaneous to the creation of evaluation and management codes
- It has been problematic since:
 - For example, an OIG study published in 2005 indicated a 35-percent error rate for Medicare claims (Department of Health and Human Services. Office of the Inspector General. Use of Modifier 25. Available at: oig.hhs.gov/oei/reports/oei-07-03-00470.pdf. Accessed September 28, 2016)
- It has repeatedly attracted scrutiny:
 - For example, it was on the OIG's Work Plan 2021 list
 - In 2023, CIGNA implemented a review (<https://medlearn.com/modifier-25-where-when-and-how-to-use-it-correctly/>. Accessed August 07, 2024)
- It has been the cause of large settlements:
 - In 2019, Skyline Urology agreed to pay the United States \$1.85 million to settle a whistleblower case involving modifier -25 claims (www.aapc.com/blog/46019-millions-paid-to-settle-umlogy-modifier-25-whistleblower-case/)
 - In 2023, the DOJ announced a \$0.85 million settlement (<https://pbn.decisionhealth.com/Articles/Detail.aspx?id=546838>)

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service was performed:
 - Recall that the evaluation and management (E/M) services inherent to the surgery service or medicine section service are included in the CPT code that reports that service
 - “The CPT codes for procedures do include the evaluation services necessary before the performance of the procedure.” Grider, D. J. (2004). *Coding With Modifiers: A Guide to Correct cpt and HCPCS Level II Modifier Usage*. American Medical Association
 - CPT tells you this . . .

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - Read the *CPT Surgical Package Definition* in the *Surgery Guidelines*—this definition covers all surgeries, major and minor, 10004 to 69990

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report E/M service on same day as minor surgery or medicine section service:
 - Read the category notes for *Immunization Administration for Vaccines/Toxoids* in the *Medicine Section*
 - Read the category notes for *Dialysis* in the *Medicine Section*
 - Read the category notes for *Allergy and Clinical Immunology* in the *Medicine Section*

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - What is included in the E/M services inherent to the procedural service?

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - The decision for a minor surgery or procedure is part of the procedure:
 - “If a procedure has a global period of 000 or 010 days, it is defined as a minor surgical procedure. The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and should not be reported separately as an E/M service.”
Grider, D. J. (2011). *Medical Record Auditor (3rd ed.)* American Medical Association

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - The decision for a minor surgery or procedure is part of the procedure:
 - “If a procedure has a global period of 000 or 010 days, it is defined as a minor surgical procedure. In general E&M services on the same date of service as the 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 the minor surgical procedure and should not be reported separately as an E&M service.” Chapter I, Section D of the NCCI Policy Manual available at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual>

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - The decision for a minor surgery or procedure is part of the procedure:
 - “For minor procedures where the decision to perform the procedure is typically made immediately before the service (e.g. whether sutures are necessary to close a wound, whether to remove a mole or wart, etc.), the E/M visit is considered to be a routine preoperative service and should not be billed in addition to the minor procedure.”
 - Also included is “assessing the site and condition of the problem area.” Grider, D. J. (2004). *Coding With Modifiers: A Guide to Correct cpt and HCPCS Level II Modifier Usage*. American Medical Association

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - New vs. Established is not a determining factor:
 - “If a minor surgical procedure is performed on a new patient, the same rules for reporting E&M services apply. The fact that the patient is ‘new’ to the provider is not sufficient alone to justify reporting an E&M service on the same date of service as a minor surgical procedure.”
Chapter I, Section D of the NCCI Policy Manual available at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual>

Use of Modifier -25: E/M with Procedure

- Surgery Section codes with 000 global days:

- 11106 Incisional biopsy
- 12001 Simple repair
- 20610 Arthrocentesis (ex: knee)
- 30901 Control of nosebleed
- 31237 Nasal/sinus endoscopy
- 43191 Esophagoscopy, diagnostic
- 46600 Diagnostic anoscopy
- 50396 Manometric studies
- 52000 Cystoscopy
- 57420 Colposcopy
- 62270 Lumbar puncture
- 65205 Removal FB
- 69210 Removal cerumen

- Medicine Section codes with 000 global days:

- 90901 Biofeedback
- 91010 Esophagus motility study
- 93640 Evaluation of dual chamber pacer
- 96405 Chemotherapy, intralesional
- 96573 Photodynamic therapy
- 96920 Excimer laser tmt for psoriasis
- 98925 Osteopathic manipulation
- 98940 Chiropractic manipulation

Use of Modifier -25: E/M with Procedure

- In addition to checking the global status of Medicine Section services, be attentive to the category, sub-category and parenthetical notes. Again, procedural services include the E/M professional services inherent to the procedure
- Example:
 - Codes 95115-95199 include the professional services necessary for allergen immunotherapy. Office visit codes may be used in addition to allergen immunotherapy if other ID

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - The history is part of the procedure code:
 - The point that a small, related history . . . is expected and therefore included with the procedure code is correct. Medicare Claims Processing Manual, chapter 12, section 40.2.A has some helpful info:

<http://www.cms.gov/manuals/downloads/clm104c12.pdf>

<http://www.supercoder.com/my-ask-an-expert/topic/em-same-day-as-planned-procedure>. Accessed April 3, 2013.

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - The exam is part of the procedure code:
 - “‘It gets down to what is the intent of the office visit,’ [Melody] Irvine [a certified coder and owner of Career Coders, LLC] says. ‘If it’s just to examine a problematic area needing a procedure, then that’s considered part of the procedure and not billed separately.’”
www.aaos.org/news/aaosnow/oct10/managing1.asp. Accessed April 3, 2013.

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - Obtaining consent is part of the procedure code:
 - “Surgical procedures, however, include some E/M activities. In the case of office-based procedures, the work associated with obtaining an informed consent, checking on medications and allergies, and observing the patient following the procedure was factored into the payment for the service.” Emily Hill, “Cover Story: Coding for same-day visits and procedures,” *Contemporary Ob/Gyn* 2001; 9:14-28.

Use of Modifier -25: E/M with Procedure

- Using Modifier -25 to report an E/M service on same day as minor surgery or medicine section service:
 - If the E/M services transcend those inherent to the procedural services, reporting the separate E/M services with the -25 modifier may be appropriate:
 - “It may be necessary 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 usual preoperative and postoperative care associated with the procedure that was performed.” *Principles of CPT Coding (9th ed.)*. (2017) American Medical Association.
 - Keys: **Significant** and **Separately Identifiable**.

Use of Modifier -25: E/M with Procedure

- Also, bear in mind Medical Necessity:
 - “Because the subjective and objective data does not change in any substantive way, continuously recording such information only leads to repetitive content and complaints of cloning . . . Progress analysis at periodic points during a course of care, which may be necessary based on changes in the patient’s subjective and objective status (as a result of the services ordered), might warrant performing a significant and separately identifiable E/M service. Such E/M work would focus on changes in the subjective and objective status as a result of either improvement, exacerbation or an emerging new problem, and the analysis would include changes to the diagnosis and plan of care (decision-making) based on those changes.” Miscoe, M. D. (2019). “Be Careful when Separately Reporting E/M and Minor Surgical Procedures.” *Healthcare Business Monthly*, 6/5, 26-30.
 - For any chronic conditions—did something change, or is everything status quo, and the documentation a repetition of a prior note?

Use of Modifier -25: E/M with Procedure

- Does the E/M documentation rise to the level of Significant and Separately Identifiable?
 - Medicare's initial position was that the E/M service be "unrelated" to the procedure for its OPPS payments:
 - In its Program Memorandum A-03- 026 issued on April 2, 2003, CMS indicated: "Under some circumstances, medical visits on the same date as a procedure will result in additional payments. A modifier of 25 with an evaluation and management (E/M) (service indicator V) code is used to indicate that a medical visit was unrelated to any procedure that was performed with a type of 'T' or 'S.'"
 - Again, that was the OPPS, not MPFS, but the logic is interesting—"unrelated" is, perhaps, merely another way of saying "separately identifiable."

Use of Modifier -25: E/M with Procedure

- Does the E/M documentation rise to the level of Significant and Separately Identifiable?
 - The modifier was revised in 1999:
 - “To indicate that it is not necessary to have a diagnosis for the E/M service described that is different from the procedure and/or other service provided. The revision in 1999 helps to identify an E/M service that goes ‘above and beyond’ the other service provided or beyond the usual preoperative and postoperative care associated with the procedure performed.”
Grider, D. J. (2004). *Coding With Modifiers: A Guide to Correct cpt and HCPCS Level II Modifier Usage*. American Medical Association.

Use of Modifier -25: E/M with Procedure

- If you are reporting an E/M code in addition to the minor surgical code or medicine section procedure:
 - Is there a separately identifiable E/M service that transcends the history, exam, decision for the procedure, assessment/condition of the area?
 - Is it significant enough to warrant a separately reported code?
 - Does it go “above and beyond” the surgery or procedural service?
 - Does your documentation adequately reflect all of these things without simply copying forward documentation from a prior visit?

Use of Modifier -25: E/M with Procedure

- If you are reporting an E/M code in addition to the minor surgical code or medicine section procedure:
 - What do the numbers say?
 - Do you report a separate E/M code with every procedure?
 - If so, does every procedural encounter have circumstances that go “above and beyond” the procedure (The Lake Wobegon Effect: everyone is above average)?
 - How does your rate of reporting an E/M with procedure compare to others in your group or specialty?
 - Have you looked at a Medicare Comparative Billing Report (CBR)?

Questions?

TRIVIA QUESTION #1

What year was modifier 25 added to the CPT code set?



Summa Health Medical Group
Pride Clinic

Dr. Katherine Williams

Summa Health Medical Group Pride Clinic



Disclosures

I do not have any personal or professional disclosures regarding this educational material.

Agenda

1. Be able to know what Summa Health Pride does for patients
2. Briefly review the healthcare disparities experienced by the LGBTQIA+ community
3. Briefly discuss some of the nuances in caring for the LGBTQIA+ community

What do we do?

- Primary care for LGBTQIA+ community
 - 2 physicians, 1 PA (soon to add 1 physician in 2025)
- Pre-exposure prophylaxis therapy for LGBTQIA+ community
- Gender-affirming hormone therapy for transgender patients
- Specialty services for LGBTQIA+ community
 - GYN
 - Urology
 - Licensed social worker
 - Psychology
 - Close relationship with Reproductive Endocrinology Group
 - Hopeful further expansion of services
- Community activism
- Healthcare education – i.e. Rainbow Tour, Healthcare Summit, resident/student teaching

Why do we do what we do?

- Healthcare disparities
 - Ability to get care
 - 39% sometimes or never feel comfortable seeking medical care when they need it due to their identity
 - 26% have put off, delayed or avoided getting healthcare because of their identity and fear of how they would be treated
 - 53% feel that they need to educate their providers about their healthcare needs specific to being in the community (STI screening, gender-affirming care)
 - 19% dealt with mistreatment due to their identity
 - Worse outcomes
 - Increased risk of mental health issues (depression, anxiety) including increased risk of suicidal ideation and attempts
 - Increased rate of smoking, alcohol consumption and substance use among members of the community
 - HIV/AIDS disproportionately affects young men who have sex with men, particularly black and Latino men

How do we do what we do?

- Challenges to care:
 - General healthcare challenges – too many patients and not enough providers, money, insurance companies/coverage
 - Political challenges
 - Ethical challenges
 - Personal challenges – personal biases, experiences, etc.

What can you do to help?

- Referrals
- Collaboration
- Treating patients with kindness (use of preferred name, pronouns, simple apologies with mistakes)
 - If you don't know their preferred name or pronouns – ask! If asked in a respectful way, patients will be more receptive to answer and thankful for the careful approach
 - Avoiding out-dated terminology

Resources for patients/providers

- <https://www.summahealth.org/specializedservices/pride-clinic/lgbtq-resources>
 - Information available for LGBTQIA+ members, allies, supporters, healthcare team members
 - Includes our one-sheet resource page

Questions?

Thank You

Please feel free to reach out to anyone at Pride including myself if any questions, patient concerns, etc.

Katherine Williams

williamkat@summahealth.org



Operations/Claims Updates

Melissa Rusk
VP, Operations



Provider Education at SummaCare.com

The screenshot displays the SummaCare website interface. At the top, a navigation bar includes links for Providers, Employers, Brokers, Members, Insurance Basics, Seeking Care, About Us, and Careers. Below this, the SummaCare logo is on the left, and navigation links for Shop Medicare, Shop Individual & Family, Shop Employer, and Contact are in the center. A search icon and a 'Sign In To Plan Central' button are on the right. A large orange banner with the text 'Provider Policies' is prominent. A chatbot window on the right asks 'Hey there, how can I help you?' and offers buttons for 'Find a Doctor', 'Find a Document', and 'Find your Pharmacy'. A chat icon with a '1' notification is also visible. The main content area features a 'Provider Policies' heading and a list of links: Claims Processing Policies, Credentialing Policies, Medical Management Policies, and Pharmacy Policies. A sidebar on the left lists 'Providers' with sub-links: 'Become a Network Provider', 'BetterDoctor', 'Find a Network Provider', and 'Health Services'.

Providers Employers Brokers Members Insurance Basics Seeking Care About Us Careers

SummaCareSM Shop Medicare Shop Individual & Family Shop Employer Contact

Sign In To Plan Central

Provider Policies

Hey there, how can I help you?

Find a Doctor

Find a Document

Find your Pharmacy

Provider Policies

[Claims Processing Policies](#)

[Credentialing Policies](#)

[Medical Management Policies](#)

[Pharmacy Policies](#)

Providers

[Become a Network Provider](#)

[BetterDoctor](#)

[Find a Network Provider](#)

[Health Services](#)

Claims Policies at SummaCare.com

SummaCareSM Shop Medicare Shop Individual & Family Shop Employer Contact [Sign In To Plan Central](#)

Claims

EDI and HIPAA

Network Participation & Directory Listing

Provider Policies ▼

Credentialing Policies

Claims Processing Policies

Medical Management Policies

Pharmacy Policies

Prior Authorization >

SummaCare follows Medicare payment policies unless a specific payment policy is listed below. Provider contracts will supersede any policy decision.

- [Radiopharmaceuticals](#)
- [Anesthesia Claim Payment](#)
- [Claim Payment to Non-Contracted Providers for Medicare](#)
- [Claims Refraction Policy](#)
- [Drugs and Biologicals - JW and JZ Modifier Policy](#)
- [Exclusion Screening for Providers](#)
- [Hospice Services Medicare](#)
- [Hospital-Based Clinic Visits Payment Policy](#)
- [Interest Payments Medicare Plans](#)
- [Medicare Explanation of Benefits and Denial Notices](#)
- [Medicare Explanation of Payments Template](#)
- [Medicare Member Claim Reimbursement](#)

Hey there, how can I help you? ×

[Find a Doctor](#)

[Find a Document](#)

[Find your Pharmacy](#)

835 and EFT Enrollment – SummaCare.com

The screenshot displays the SummaCare website interface. At the top left is the SummaCare logo. To the right are navigation links: Shop Medicare, Shop Individual & Family, Shop Employer, and Contact. A search icon and a 'Sign In To Plan Central' button are also present. A left-hand navigation menu lists various services, with 'Provider Policies', 'Prior Authorization', and 'Utilization Management' having right-pointing chevrons. The main content area features contact details for Apex Health Solutions, including address and phone/fax numbers. Below this is a paragraph explaining the Trading Partner Agreement. A list of downloadable forms follows, each with a PDF icon. A chatbot window is open on the right, and a chat icon with a notification badge is at the bottom right.

SummaCare SM

Shop Medicare Shop Individual & Family Shop Employer Contact

Search Sign In To Plan Central

Network Participation & Directory Listing

Provider Policies >

Prior Authorization >

Provider Orientation

Pharmacy Management

Provider News

Provider Events/Webinars

Provider Engagement Specialists

Utilization Management >

Vendors Serving SummaCare Providers

Apex Health Solutions
Attn: EDI Support
PO Box 3620
Akron, Ohio 44309-3620
Fax: 330.996.8877

For Vendors/Trading Partners: Each direct submitter must complete a Trading Partner Agreement which includes trading partner obligations, term and termination, verification of eligibility, proprietary information, and other terms and conditions you must abide by in submitting information directly to SummaCare.

[835 Registration Form](#) PDF

[EDI Employer Registration Form](#) PDF

[Electronic Fund Transfer Form](#) PDF

[Trading Partner Agreement](#) PDF

[Trading Partner Change Form](#) PDF

[Vendor FTP Registration Form](#) PDF

Hey there, how can I help you?

Find a Doctor

Find a Document

Find your Pharmacy

1

Common Edits/Challenges

Edits

- Diagnosis and procedure code mismatch
- Drug codes billed with incorrect unit of measure and/or NDC
- BMI indicator does not match the age of the patient
- The number of services billed exceed industry standards

Apply regardless of authorization status

Challenges

- Unsupported E&M level of service
- Referring to or sending specimens to out-of-network providers

TRIVIA QUESTION #2

How many colors are in a rainbow?



Captive Product/Medicare Highlights

Essie Mueller

Provider Engagement Specialist

Captive Self-Funded Product

Effective September 1st, 2024, Apex Health Solutions, SummaCare's third-party administrator (TPA) for our self-funded products, is offering a Captive which is a new self-funded business model where employer groups (25+ employees) join together in an attempt to lower cost while minimizing risk.

Eligible employer groups who join the Captive insurance product can create their own tailored Preferred Provider Organization design.



Captive Self-Funded Product

- The ID card will display the blue and green Apex Health Solutions name in the left corner, and the center of the card will state “self-funded.”
- Prior authorization, claims address and the payer ID are located on the back of the card.

APEX
Health Solutions.

Self-Funded

Contract Number: 1 **Group Number: 1**

Member Name	No.*	Member Name	No.*
1	1	1	1
1	1	1	1
1	1	1	1

Deductible: (Individual/Family)
In-network = 1/1 Out-of-network = 1/1
Maximum Out-of-Pocket: (Individual/Family)
In-network = 1/1 Out-of-network = 1/1

RxBIN: 003585 **RxPCN:** ASPROD1 **RxGRP:** SUM17

**Member Number - Contract Number plus two-digit number.*

MEMBERS
Member Services: 330.252.5908
Out of Area: 844.845.9338
TTY: 711
24-Hour Nurse Line: 800.379.5001
Website: apex-healthsolutions.com

To minimize your out-of-pocket costs when outside your network, please use the following network providers:

Use Ohio Health Choice providers when in Ohio, but outside your network.



PROVIDERS
Prior Authorization: 888.996.8710
Mailing Claims: Apex Health Solutions
PO Box 3630
Akron, OH
44309-3630
Electronic Payer ID: 34916

Use First Health providers when outside of Ohio.
To locate these providers, visit myfirsthealth.com or call 800.226.5116.

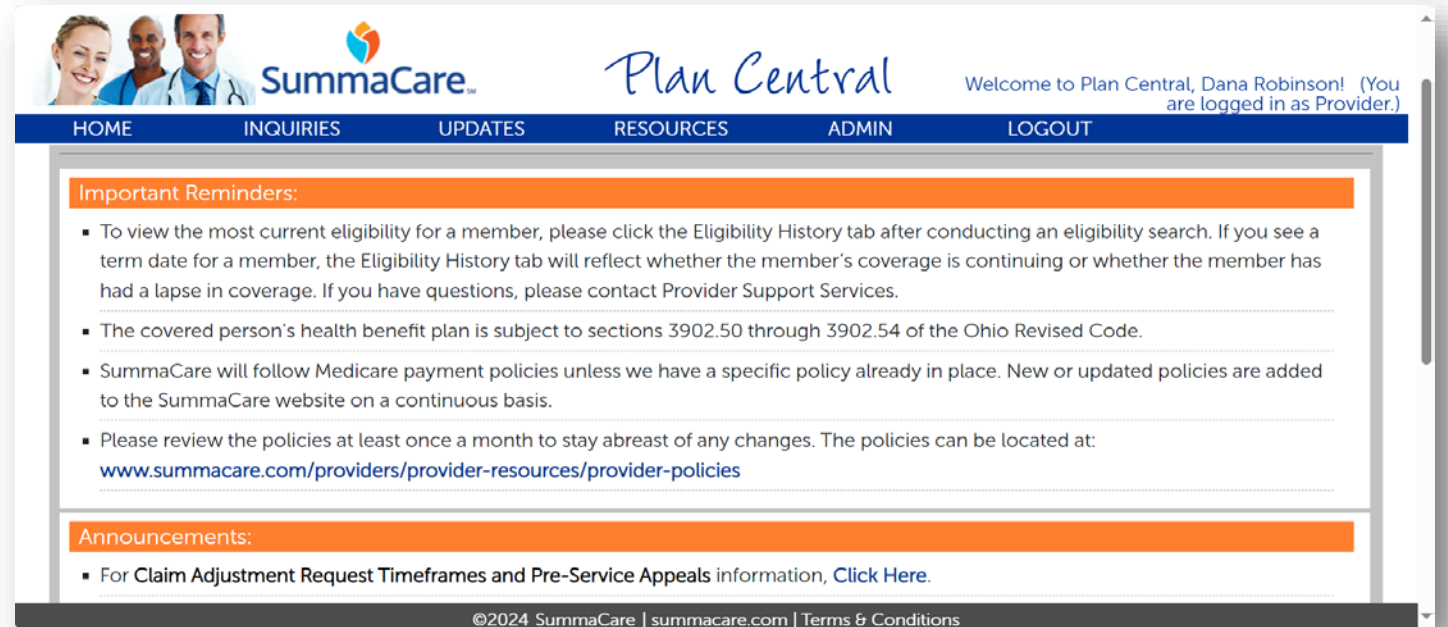


This card is for identification only and does not guarantee coverage.

Benefit Plans administered by Apex Health Solutions. 01-01-2023

Captive Self-Funded Product

- Employer groups can select from three network options: *SCPremier*, *SCSelect* and the Preferred Choice *Network*. Please check your contracted networks prior to scheduling these members.
- You may access all fully- and self-insured plan benefit information, authorizations, claims, retrieve EOP information and more at summacare.myplancentral.com.



The screenshot displays the SummaCare Plan Central website. At the top left, there is a header image of three healthcare professionals and the SummaCare logo. To the right of the logo, the text "Plan Central" is written in a blue script font. Further right, a welcome message reads "Welcome to Plan Central, Dana Robinson! (You are logged in as Provider.)". Below the header is a dark blue navigation bar with white text for "HOME", "INQUIRIES", "UPDATES", "RESOURCES", "ADMIN", and "LOGOUT". The main content area features an orange header for "Important Reminders:" followed by a list of three bullet points. The first bullet point discusses eligibility history, the second mentions Ohio Revised Code sections 3902.50 through 3902.54, and the third provides a link to review policies at www.summacare.com/providers/provider-resources/provider-policies. Below this is another orange header for "Announcements:" with a single bullet point linking to "Claim Adjustment Request Timeframes and Pre-Service Appeals" information. At the bottom of the page, a footer contains the text "©2024 SummaCare | summacare.com | Terms & Conditions".

Captive Self-Funded Product

If you have questions about this new product, please contact your Provider Engagement Specialist or email providerengagement@summacare.com.



Medicare Advantage Plan



Comparing Our Plans

Amber (HMO)	Topaz (HMO)	Jade (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
\$0 Premium	\$0 Premium	\$12 Premium	\$24 Premium	\$48 Premium	\$80 Premium	\$152 Premium
A Part C-only plan for Veterans and others who receive drug coverage from a non-Medicare source.	Our lowest plan premium – comprehensive coverage without a plan premium. A \$2.20 Part B buyback begins with 2025 coverage.	Includes Bene-Flex™ which allows you to select additional supplemental benefits based on your unique needs.	Comprehensive coverage with the most enhanced supplemental benefits.	Mid-tier premium with lower Out-of-Pocket costs on hospital and outpatient services.	Additional coverage for out-of-network services.	Additional coverage for out-of-network services as well as lowest copays and costs - including \$0 copays for office visits.

You'll utilize the *SCMedicare* network of providers which includes thousands of providers throughout northern Ohio and more than 75 hospitals. Coverage for emergency, urgent care and renal dialysis services available through any Medicare-approved provider.

You'll utilize the *SCMedicare* network of providers AND have coverage through ANY Medicare-approved provider for most services. (Members have a higher cost share for out-of-network providers.)

Enrollment is Easy



I Can Enroll You

Accepting applications for enrollment.



Call Us

Enroll over the telephone by calling **330.996.8440** or (toll-free) **888.290.0610 (TTY 711)**, and we will do the paperwork for you.



Go Online

Enroll online by visiting **summacare.com/medicare**



Mail Us Your Paperwork

Send your completed enrollment form to:
SummaCare Medicare Advantage
P.O. Box 3620
Akron, OH 44309-3620

SummaCare Medicare Resources

We are pleased to offer a variety of Medicare materials to support you in assisting patients with their Medicare questions. These resources include:

- Medicare brochures
- Comparison charts
- Banners
- Window clings
- ...and more

If you would like materials, please contact your Provider Engagement Specialist or email:

PROVIDERENGAGEMENT@SUMMACARE.COM

Prior Authorization SummaCare vs EviCore

EviCore handles prior authorizations for High Tech Radiology, Radiation Oncology, Medical Oncology, Laboratory and Genomic testing on behalf of SummaCare. For all other services, prior authorization requirements are managed by SummaCare.

You may also verify which company handles the prior authorization process by searching the code in Plan Central.

1. Log into your Plan Central account.
2. Under the inquiry drop-down menu, select Pre-Auth Codes.



Prior Authorization SummaCare vs EviCore


- Pre-auth Codes
- Enter the code under Proc Nbr and type All for the Line of Business.
- Click Search.



HOME INQUIRIES UPDATES RESOURCES ADMIN LOGOUT

Pre-auth Codes

Prior Authorization Code Search

- Requires Line of Business field and either Procedure Number field or Description field.
- The City of Kent Self-Funded plan only requires prior authorization for inpatient services.

 Date fields operate as a date range. When left empty, they default to the value below the input.

SEARCH CRITERIA	
<input type="text" value="Proc Nbr"/>	<input type="text" value="Line Of Business"/> MCR/All Other
<input type="text" value="Effective Date"/>  Blank = 1/1/1900	<input type="text" value="End Date"/>  Blank = 12/31/9999

Prior Authorization SummaCare vs EviCore

In the External Vendor column:

If the prior authorization is handled by EviCore, their name will appear in the box below.

Pre-Auth Codes Reset Grid Filters

Proc Nbr	External Vendor	Line Of Business	PreAuth Req	Description	Extended Description	EX Code	EX Code Description	Eff Date	End Date
70551	EviCore	ALL	Y	MRI scan of brain without contrast *				1/1/900	12/31/9999

Prior Authorization SummaCare vs EviCore

If the prior authorization is handled by SummaCare, the column will be blank.

Pre-Auth Codes Reset Grid Filters

Proc Nbr	External Vendor	Line Of Business	PreAuth Req	Description	Extended Description	EX Code	EX Code Description	Eff Date	End Date
99345		ALL	N	Residence visit for new patient with high level of medical decision making, per day, if using time, at least 75 minutes *	UPDATED 2000 CODE			VV1900	12/31/9999

Prior Authorization SummaCare vs EviCore

If you have further questions or would like additional in-office or virtual training, please contact your Provider Engagement Specialist or email providerengagement@summacare.com



Hedis Updates & Reminders

Annual Provider Webinar

Bassey Ijoma MSN, RN, BSN

Manager for Quality & Clinical Improvement

SummaCare

Agenda

1. Kidney Health Evaluation for Diabetic patients
2. Colorectal Cancer Screening Documentation
3. Depression Screening and follow-up
4. Patient Notification of Abnormal Lab results or Screenings

KED: Kidney Health Evaluation for Diabetics

- Kidney Health Evaluation is required for all Diabetic patients aged 18-85
- Eligible patients require an Estimated Glomerular Filtration Rate (eGFR) **AND** a urine albumin creatinine ratio (uACR) every year
- If service dates are within 4 days or less, combining a quantitative urine albumin test with a urine creatinine test will meet the uACR component of this measure
- Members in hospice or palliative care are excluded from this measure

Colorectal Cancer Screening Documentation

- Unless contra-indicated, Colorectal Screenings should begin in the 45th year of life and may end when patients are 76 years of age
- Chart audits show 75-year-old patients tend to be non-compliant for this measure
- Member-reported Colorectal Cancer Screenings count when documented in the medical record
- Exclusions apply only when the following conditions are documented
 - Hospice/Palliative care
 - Frailty with Advanced Illness
 - Death

Depression Screening and Follow-Up

- Required for patients who are 12 years and older, using a standardized instrument
- All positive screenings should trigger follow-up care within 30 days of a positive screening
- The following visits qualify as a follow-up service
 - An Outpatient Visit
 - A Telephone Call or Telehealth Visit
 - Transitional Care Management Services or Case Management Outreach

Notification of Abnormal Lab Results or Screenings

- Feedback from members has shown that while electronic notifications are helpful, they are insufficient in allaying concerns when screenings or lab results are abnormal
- Patients are requesting that providers augment electronic notifications of abnormal results with human outreach
- There appears to be no consensus on timeframe for patient outreach with abnormal screenings or results
- We therefore encourage providers to develop standard processes to notify patients of abnormal results and screenings in a time-sensitive manner, as we believe this is a patient satisfaction and safety issue

TRIVIA QUESTION #3

Unless contra-indicated, colorectal screenings should begin and end at what age?



Utilization Management (UM)

Christy Folden, RN, BSN, ACM
Manager of Utilization Management



Utilization Management

- Summacare.com
- Provider
- Utilization Management

Questions?

TRIVIA QUESTION #4

Who is the President of SummaCare?



2025 Pharmacy Updates

Tiffanie Mrakovich
Director of Pharmacy



2025 Pharmacy Updates

Medicare

- Inflation Reduction Act & Medicare Part D Redesign
- Medicare Prescription Payment Plan
- Medicare Part B Step Therapy

Commercial

- Member Medication Side Effect Education



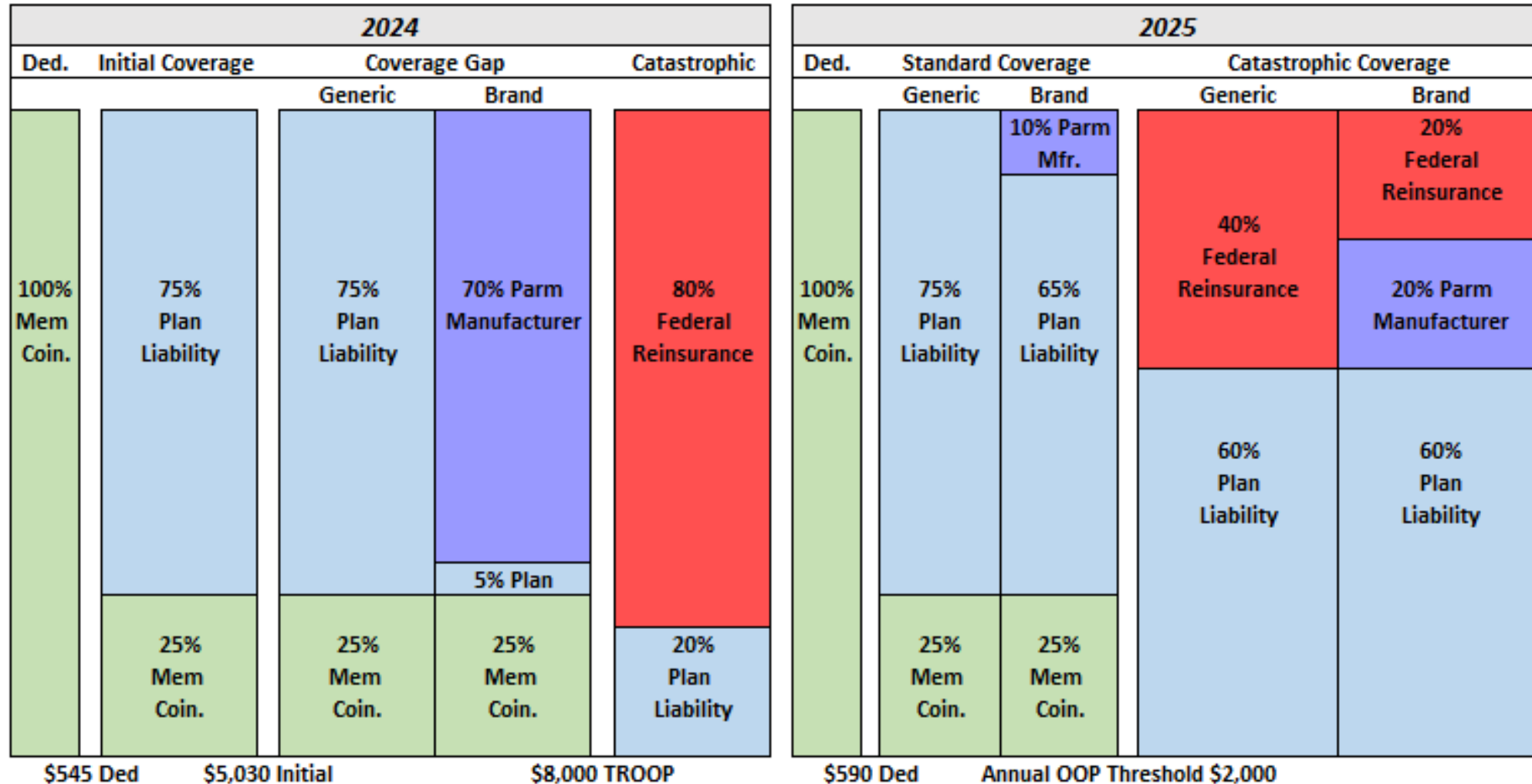
Medicare Updates

Inflation Reduction Act & 2025 Medicare Part D

The Inflation Reduction Act is bringing significant changes to Medicare Part D for 2025

- The coverage stages are reduced from 4 to 3 coverage stages.
- The Gap Coverage Stage is eliminated, meaning removal of the “donut hole”
- The \$8,000 Troop converts to a \$2,000 Annual Out of Pocket Threshold as the trigger for the Catastrophic Stage.
- Continued from 2024, once the member reaches the Catastrophic Stage, they pay no cost sharing for covered Part D drugs.
- The amount the manufacturer pays on Brand drugs changes as the Coverage Gap Discount Program is sunset and the Manufacturer Discount Program is established
- The Medicare Prescription Payment Plan is established. This is a new payment option in the prescription drug law that works with a members current drug coverage to help manage their Out-of-Pocket Medicare Part D drug costs by spreading them across the calendar year (January–December). This new payment option is free to those who opt in.

2025 Medicare Part D Redesign



What is the Medicare Prescription Payment Plan?

- A new payment option that works with Medicare members current drug coverage to help them manage their Out-of-Pocket Medicare Part D costs by spreading the costs across the calendar year.
- Starting in 2025, anyone with a Medicare drug plan or Medicare Advantage Plan with drug coverage, can use this payment option.
- If a Medicare member elects to participate in the Medicare Prescription Payment Plan program, each month they will continue to pay their plan premium (if they have one), and they will get a bill from SummaCare to pay for their prescription drugs, instead of paying at the point-of-service at the pharmacy.
- This payment option might help Medicare members manage their monthly expenses, but it does not save them money or lower your drug costs.
- Participation is voluntary and members must elect to participate in the program.
- There is no cost to participate.

Who is “Likely to Benefit” from the Medicare Prescription Payment Plan?

- Members are most likely to benefit from participating in the Medicare Prescription Payment Plan if they have high drug costs earlier in the calendar year.
- CMS defines a member as likely to benefit if they incur \$2,000 in Out-of-Pocket spend by the end of September of the prior calendar year, **OR** they have a single claim with Out-of-Pocket cost of \$600.00 or more.
- SummaCare will be sending letters to members we identify are “Likely to Benefit.”
- If you prescribe specialty medications, it is highly probable your member is “Likely to Benefit.”
- This payment option may **not** be the best choice for members if:
 - Their yearly drug costs are low.
 - Their drug costs are the same each month.
 - They’re considering signing up late in the calendar year (after September).
 - They get or are eligible for Extra Help (Low Income Subsidy) from Medicare.

Medicare Prescription Payment Plan Additional Info.

- For more information regarding the Medicare Prescription Payment Plan please visit our website at **summacare.com/medicare-members/prescription-drugs/medicare-prescription-payment-plan**
- You can also go to the CMS website **www.medicare.gov/prescription-payment-plan**
- If you think you have a member that may benefit or is asking about the program, please direct them to call SummaCare Medicare Member Services for additional information or to opt in to the program. The number is located on the back of their SummaCare Member ID Card.

Medicare Part B Step Therapy

Effective January 1, 2025, SummaCare will require Step Therapy on certain Part B drugs.

Step Therapy programs are developed and approved by SummaCare's Pharmacy and Therapeutics (P&T Committee).

Step Therapy encourages the use of therapeutically equivalent, lower-cost medication alternatives (first-line therapy) before "stepping up" to alternatives that are usually less cost-effective.

The prescriber, patient, or authorized representative may ask for an exception. Step therapy only applies if the requested drug has not been used in the past 365 days.

The list of impacted drugs and directions for how to request an exception request are available here: [**summacare.com/providers/utilization-management/prior-authorization**](https://summacare.com/providers/utilization-management/prior-authorization)

Please note a Part B Medication may be subject to clinical Prior Authorization in addition to the Step Therapy requirement.

Commercial Updates

Medicare Part B Step Therapy

SummaCare Commercial plans are National Committee for Quality Assurance (NCQA) accredited.

As part of the NCQA requirements SummaCare participates in annual Experience of Care and Health Outcomes (ECHO) surveys, used to measure member experience.

The 2024 survey found a **4% decline to 75%** from 2023 in members feeling they were **Informed about Medication Side Effects**, particularly as it relates to their behavioral health medications.

Please remember to discuss medication side effects with your patients, particularly any behavioral health medication. It is important to educate them on possible side effects, how long they might last, the importance of talking to you if they experience negative side effects and when they should reach out for help.

You can also direct members to their SummaCare MedImpact Member portal in **Plan Central** to find information about their medications, including possible side effects.

Questions?

THANK YOU FOR JOINING US TODAY.

IF YOU HAVE A QUESTION AFTER THE
WEBINAR, PLEASE EMAIL PROVIDER
ENGAGEMENT:

providerengagement@summacare.com