Identifying and Responding to Suicide Risks

In recent years, suicide rates have continued to rise. This topic needs to be continually talked about to bring more education around suicide prevention. Recording its highest suicide rate in history, Idaho had the fifth-highest rate in the nation in 2020. Montana has experienced a 726% increase from 2018 to 2020. Whether in our homes, neighborhoods, or clinics, understanding suicide and its warning signs, and knowing how to intervene are crucial to help stem this tragic epidemic.

Read more about the signs and how you can respond if you're concerned someone may be at risk of suicide by clicking the button below.

Read More

Annual Notice of Pharmacy Resources for Members

The CO-OP provides prescription drug coverage.

View general information about our pharmacy coverage, including the preferred drug list for each member's plan, information on how to use the pharmaceutical procedures, an explanation of limits, the process for generic substitution, therapeutic interchange, and step therapy, and how prescribing practitioners must participate in an exception request. Preferred drug lists may change from time to time, but updates are posted on the website on or before the effective date of any change. Updates will also be included in our quarterly provider newsletter. We recommend providers review the website quarterly for formulary updates.

Annual Notice of Pharmacy Resources

For the 2022 year, a list of medical pharmacy medications requiring authorization, along with our Preferred Drug List (PDL)/Formulary for retail/specialty pharmacy medications are

available online. "Bookmark" the sites in this article on your list of internet favorites for convenient reference.

Read More

Billing Respective Code Sets

In accordance with the International Classification of Diseases, 10th Revision (ICD-10) and Current Procedural Terminology (CPT) Guidelines for Coding and Reporting, Mountain Health Co-Op will begin to deny claims on **April 1st, 2022**, for the following two claims edit scenarios.

1. When CPT and ICD do not cross code in the respective code set being billed.
2. When the Primary Diagnosis Code is submitted as Unspecified/NOS.

Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (codes R00.0 - R99), contains many, but not all, codes for symptoms. See Section I.B.18 Use of Signs/Symptom/Unspecified Codes of the 2022 ICD-10 Coding Guidelines for additional information. For accurate reporting of ICD-10/CPT, the documentation should describe the patient's condition, services as well as symptoms, problems, and reasons for the encounter. Coding to the highest level of laterality and specificity is required when supported by the medical record and to support medical necessity.

Changes to Telehealth Place of Service Codes

To accommodate the wider use of telehealth services, the Centers for Medicare & Medicaid Services (CMS) has updated its Place of Service code list, **effective January 1, 2022**.

- **POS 02** is revised to reflect telehealth services where the patient is **not at home**.
- **POS 10** is added to reflect telehealth services rendered to patients who **are at home**.

The CO-OP has adopted these changes and updated our claims processing systems accordingly. Please update your billing systems to ensure the correct place of service is reported and avoid processing delays.

Billing for Genetic Testing for the Management of Malignant Melanoma

Mountain Health Co-Op does not cover genetic testing for the management of cutaneous malignant melanoma including but not limited to Decision Dx-Melanoma, as it is considered "Investigational/Experimental Service/Technology." Investigational/Experimental Service/Technology means any technology (service, supply, procedure, treatment, drug, device, facility, equipment or biological product), which is in a developmental stage or has not been proven to improve health outcomes such as length of life, quality of life, and functional ability. Please review policy details by visiting the **policy page** on our website.

Reporting Potentially Gender-Specific Services

On occasion, it may be appropriate to render a gender-specific service in a situation where the typical gender-specific claims editing would not apply. CMS has provided guidance on the correct way to report these services. The CO-OP follows these guidelines.

- Institutional providers should report **Condition Code 45** *Ambiguous Gender Category* on claims related to transgender or hermaphrodite issues.
- Professional providers should report **Modifier KX** *Documentation on File* on the detail line of any gender-specific procedure code(s).

Be certain to report the condition code or modifier to ensure claims are processed correctly and timely.

Learn more:

CMS Manual System, Transmittal 1877, Dated December 18, 2009
MLN Matters®, Number: MM6638, Dated December 18, 2009

Policy Updates

The CO-OP uses coverage policies as guidelines for coverage determinations in accordance with the member's benefits. All new and updated policies, including policies for services requiring prior authorization, are posted on our **Coverage Policies** website for 60 days prior to their effective date.

Quarterly notice of recently approved and revised coverage and reimbursement policies is provided in the CO-OP's provider newsletter for your convenience. Click the button below to see the full details.

Read More