

10 Ancillary Networks

Description This chapter discusses information specific to healthcare providers in our contracted ancillary network.

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Section 1: Overview

General Reference information presented in this manual is designed for physicians and other healthcare providers. Please refer to this chapter for additional information specific to providers in our ancillary network.

Ancillary Services Health Care Delivery Systems has overall responsibility for vendor products and cross-regional contracts within Washington, Oregon, Idaho, and Alaska. Responsibilities for Ancillary Services include:

- Contracting
- Fee schedule maintenance
- Facilitating issue resolution
- Provider/vendor education

To contact a representative from Health Care Delivery Systems call Physician and Provider Relations at 800-722-4714, option 4.

Provider Specialties Ancillary provider specialties include:

- Alternative Care:
 - Naturopaths
 - Dieticians/Nutritionists
 - Acupuncturists
 - Chiropractors
- Home Based Services:
 - Home Health
 - Home Hospice
 - Private Duty Nursing
 - Home Infusion
 - Home Medical Equipment, including prosthetics & orthotics
- Inpatient Hospice
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Laboratories
- Ambulance
- Dialysis Centers
- National Vision Hardware
- Skilled Nursing Facilities (SNF)

Verify eligibility and benefits online at premera.com/ak/provider.

Section 2: Claims and Billing

Claims Submission

Our billing guidelines are described in **Chapter 7, Claims and Payment**. Please note the following additional information:

- Bill Home Health, Hospice, Dialysis and SNF claims on a UB-04 claim form with appropriate revenue codes.
- Bill all other ancillary provider types with a CMS 1500 claim form.
- HCPC codes are required for suppliers of Home Medical Equipment, Prosthetics and Orthotics and Home Infusion.
 - Include modifiers when applicable. (e.g., NU for purchase, RR for rental)

Verify claim status online at premera.com/ak/provider.



Section 3: Home Based Services – Home Health

Description Premera contracts with providers that are licensed as home health agencies. The services in an approved home health agency are covered for medically necessary treatment of an illness or injury, subject to the following limitations (for **most** Premera members):

1. The member must be homebound, meaning that:
 - Leaving the home could be harmful to the member or involves a considerable and taxing effort, and
 - The member is unable to use transportation without assistance
2. The member's condition must be:
 - Serious enough to require confinement in a hospital or skilled nursing facility in the absence of home healthcare, or
 - There is no trained caregiver in the home to adequately provide the needed medically necessary service

Types of Services The types of services covered under the Home Health benefit can include skilled nursing, home health aide services, rehabilitative therapy, social services, respiratory therapy and nutritional services.

These agencies must be credentialed by Premera and bill services through the home health agency. Covered employees of a home health agency include:

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Certified Nursing Assistant (CNA)
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Master's Level Social Worker (MSW)
- Licensed Respiratory Therapist
- Registered Dietician (RD)

When requesting coverage for subsequent visits from Care Management, include the member's treatment plan and goals with the faxed request. Please notify our Care Management department of any changes in treatment plan. For more information on this process, refer to **Chapter 8, Integrated Health Management**.



Section 4: Home Based Services – Hospice Care

Description Premera contracts with providers who are licensed as outpatient hospice agencies. Outpatient hospice care is designed to be used by patients who meet all of the following conditions:

- Life threatening conditions
- Expected to live for no more than six months
- Desire and require palliative care

Requirements Covered services for hospice care require that this care be:

- Part of a prescribed written plan
- Periodically reviewed, and
- Approved by a physician (MD or DO)

Note: Because the patient's care may change, the plan should be reviewed every 60 days and revised as needed

Respite Care Respite care is unique to hospice care. It is designed to relieve anyone who lives with and cares for a terminally ill member.

Total hours of covered service for respite care may vary. It is important to verify coverage for all available hospice services at the time you receive the referral.



Section 5: Home Based Services – Home Infusion

Description Premera contracts with providers who are licensed to provide home infusion therapy.

Requirements For home infusion services, each member must have a written physician's plan of care, which includes the medication prescription and statement of medical necessity.

The medication prescription must include the:

- Drug
- Route
- Frequency
- Dose of each medication prescribed

The physician is required to approve changes for infusion therapy. The statement of medical necessity renewal is required with each initial therapy request.

Changes in therapy require renewal only if they are long-term drugs and/or therapies (e.g., IGG, prolastin).

Billing Bill drugs using the appropriate HCPC code, including HCPC quantity. Also include the NDC number, including NDC quantity.



Section 6: Home Based Services – Home Medical Equipment

Description	Home Medical Equipment is: <ul style="list-style-type: none">• Able to withstand repeated use• Primarily and customarily used to serve a medical purpose• Not generally useful to a person in the absence of illness or injury• Appropriate for use in the home
General Coverage	Coverage of home medical equipment is subject to medical necessity. We do not cover equipment that: <ul style="list-style-type: none">• Cannot reasonably be expected to perform a therapeutic function in an individual case• Substantially exceeds the level required for the treatment of the illness or injury
HME Rental and Purchase	Please note the following guidelines: <ul style="list-style-type: none">• Premera may allow charges for renting home medical equipment when a member rents equipment for a short period of time.• If the rental exceeds the period of time allowed by the prescription, we require documentation of medical necessity.• Reimbursement for rental items cannot exceed contracted purchase price.
Repairs and Service	<p>When necessary, we cover repair and servicing charges for patient-owned equipment due to normal use. Repair charges are not covered if they are greater than the cost of replacing the equipment. Refer to the replacement guidelines below.</p> <p>All claims for home medical equipment repairs or servicing are subject to review by Premera. If not covered by the manufacturer’s warranty, Premera covers the rental fee for necessary loaner equipment while member-owned equipment is being repaired or serviced.</p>
Replacement	For replacement of home medical equipment, the referring physician must submit a new prescription, and the supplier must indicate the condition of the present equipment on the prescription. Claims for replacement are subject to review by Premera.
Billing	Bill a separate line with the code for each supply required for use with an approved piece of home medical equipment.
Prosthetics/Orthotics	<p>Generally, the benefits for external prosthetic devices (including fitting expenses), with the exception of intraocular lens, are provided when such devices are used to replace all or part of an absent body limb, or to replace all or part of the function of a permanently inoperative or malfunctioning body organ.</p> <p>In general, foot orthotics (shoe inserts) and therapeutic shoes (orthopedic) are covered when prescribed for the condition of diabetes or for corrective purposes.</p>



Section 7: Alternative Care Services – Chiropractic Services

Description	Premera contracts directly with providers who are licensed to provide chiropractic services.
Coverage	<p>Chiropractic Manipulative Treatment (CMT) services are covered when the care is medically necessary and the CMT is for a diagnosed neuromuscular condition that may be improved or resolved by standard chiropractic treatment. A referral or preauthorization is not required for a member to seek chiropractic services.</p> <p>CMT services that are eligible for coverage are specifically limited to treatment by means of manual or instrument assisted manipulation. Services other than CMT (including diagnostic imaging) may be covered under the member's rehabilitation or other medical benefit and are subject to member eligibility, benefits, and copay or co-insurance requirements.</p> <p>Chiropractic wellness, preventive services and maintenance therapy are not covered benefits. For more information about coverage and policy guidelines, the Premera Chiropractic Medical Policy and the Physical Medicine & Rehabilitation/Physical Therapy Medical Policy can be viewed online at premera.com/provider in the Library under Reference Info. The medical policy covers medical necessity and documentation requirements, and lists procedures or techniques that are considered investigational by Premera. Chiropractic Position Papers that give additional information regarding medical necessity, documentation of care, use of Evaluation and Management CPT codes, delegation of duties, treatment plans for physical medicine and rehabilitation, and multiple copays are on the Premera web site, or can be obtained by calling Physician and Provider Relations at 800-722-4714, option 4.</p>
New Technologies or Treatments	New technologies or treatments may not be covered. A Benefit Advisory can be requested to confirm coverage and medical necessity. For more information about how to request a Benefit Advisory, refer to Chapter 8, Integrated Health Management .
Online Services	The Premera web site contains resources and tools to assist providers. For more information about how to access member eligibility, benefits, claims status, and other useful tools refer to Chapter 2, Online Services .