

## SPECIALIST COMMUNICATION

To provide timely and appropriate care to our patients, CalCare IPA is pleased to introduce a modification to the referral request process. To accomplish this, a few minor changes will be needed on your part. This new process will decrease the administrative burden of ensuring the specialty referrals reflect the consultative services provided to our members. You will no longer have to struggle with determining or contacting PPMC UM Department to obtain a specific Evaluation & Management (E&M) codes!

Starting June 8, 2018, UM referrals for specialty services will be submitted using an Alpha Code set which groups a full range of E&M codes for consultation and follow up visits. Requesting providers will no longer be required to select the CPT code before the patient is seen by the specialist. Instead, the PCP will select the following designated codes when prompted to enter the CPT codes:

- SPCON for a specialty consult
- SPFOL for a specialty follow up

The code grouping includes

<u>Code</u>	<u>Descriptions</u>	<u>Code</u>
SPCON	Consult	99201, 99202, 99203,99204, 99205 and
		99241, 99242, 99243,99244,99245
SPFOL	Follow - Up-	99211, 99212,99213,99214, 99215

Once the referral is completed, the above codes will translate onto the final authorization and into the PPMC claims system. The code grouping allows you to submit a claim using the most appropriate CPT codes after the member has been seen. When assigning a E/M level, it is important to keep in mind that CMMS says "Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Based upon this information, those assigning E/M codes for professional services performed are encouraged to consider both the E/M level met based upon the provider's documentation as well as the nature of the patient's presenting illness when determining the medical necessity of the encounter."

Even though this will be easier, we realize that change is hard. So we are updating our website with instructions. We will have a phone line where you can leave a call back number for assistance. Most importantly we ask that you not include patients in this change. Working in partnership with you, our goal is to make this transparent to members. If you have any questions, please contact you Provider Relations Representative who will gladly help. Thank you for your continued support and partnership in ensure the best care for our members.

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