# Provider Manual

**Provider Participation, Product, Utilization Management**

*Truli for Health*

**January 2023**

# Contents

# Welcome to the Truli for Health Provider Manual

*Provider Participation, Product, Utilization Management*

This manual is an important resource designed to help you work with us. We will share information about programs, tools and resources available to our providers.

If there is any inconsistency between information in this manual and the agreement(s) between you and Truli for Health (your "agreement"), the terms of your agreement(s) shall govern.

## Who We Are

BeHealthy Florida, Inc., doing business as Truli for Health, is a new consumer-centric open-access commercial HMO health plan. Our care model is a purposeful collaborative model where like-minded health professionals work together to achieve the best outcomes for our members. Our network is a high-performing collaborative network that features health system and physician group partners in specific regions throughout the state. These partners will work collaboratively to deliver better member experiences and health outcomes. Our members must select a primary care physician (PCP) who will coordinate their care and wellness needs.

## Product Launch Schedule by Market

Following is the Truli for Health (Truli) market launch schedule:

### July 1, 2020

- Central Florida – Orange, Osceola and Seminole counties
- South Florida – Broward, Palm Beach, Martin, St. Lucie and Indian River counties

### January 1, 2021

- West Florida – Hillsborough, Pinellas and Pasco counties

### January 1, 2022

- Northwest Florida – Escambia and Santa Rosa counties
- Central Florida – Lake Expansion – Lake county

### January 1, 2023

- Northeast Florida – Duval and St. Johns counties
- Central Florida – Sumter Expansion –Sumter county
- West Florida – Hernando Expansion – Hernando county

## Our Health Care Partners

Truli is developed around a group of select integrated health systems and physician groups.

### Central Florida

| Primary Care | **GUIDEWELL** Primary Care | https://www.guidewellprimarycare.com/gwpc |
|---|---|---|
| | **Sanitas** Medical Center | https://www.mysanitas.com/ |
| Urgent Care Center | **GUIDEWELL** EMERGENCY DOCTORS Operated by CRUCIAL CARE | https://www.guidewellemergency.com/ |
| Health Systems | **ORLANDO HEALTH®** | https://www.orlandohealth.com/ |

### Central Florida – Lake Expansion

| Primary Care | **ORLANDO HEALTH®** | https://www.orlandohealth.com/ |
|---|---|---|
| Health Systems | **ORLANDO HEALTH®** | https://www.orlandohealth.com/ |

### Central Florida – Sumter Expansion

| Primary Care | **UFHealth** UNIVERSITY OF FLORIDA HEALTH | https://ufhealth.org/ |
|---|---|---|
| Health Systems | **UFHealth** UNIVERSITY OF FLORIDA HEALTH | https://ufhealth.org/ |

## Northeast Florida

| Primary Care | UFHealth UNIVERSITY OF FLORIDA HEALTH | https://ufhealth.org/ |
| | Flagler Health+ | https://www.flaglerhealth.org/ |
| Urgent Care Center | UFHealth UNIVERSITY OF FLORIDA HEALTH | https://ufhealth.org/ |
| | Flagler Health+ | https://www.flaglerhealth.org/ |
| Health Systems | UFHealth UNIVERSITY OF FLORIDA HEALTH | https://ufhealth.org/ |
| | Flagler Health+ | https://www.flaglerhealth.org/ |

## Northwest Florida

| Primary Care | BAPTIST HEALTH CARE | https://www.ebaptisthealthcare.org/ |
| Urgent Care Center | BAPTIST HEALTH CARE | https://www.ebaptisthealthcare.org/ |
| Health Systems | BAPTIST HEALTH CARE | https://www.ebaptisthealthcare.org/ |

## South Florida

| Primary Care | Sanitas Medical Center | https://www.mysanitas.com/ |
| | PEDIATRIC ASSOCIATES | https://www.pediatricassociates.com/ |
| Urgent Care Center | GUIDEWELL EMERGENCY DOCTORS Operated by CRUCIAL CARE | https://www.guidewellemergency.com/ |

## South Florida - continued

| Health Systems | Bethesda Hospital East<br>BAPTIST HEALTH SOUTH FLORIDA | Bethesda Hospital East<br>https://www.bethesdaweb.com/ |
| --- | --- | --- |
| | Bethesda Hospital West<br>BAPTIST HEALTH SOUTH FLORIDA | Bethesda Hospital West<br>https://www.bethesdawest.org/ |
| | Boca Raton Regional Hospital<br>BAPTIST HEALTH SOUTH FLORIDA | Boca Raton Regional Hospital<br>https://www.brrh.com/ |
| | Cleveland Clinic Florida | https://my.clevelandclinic.org/florida |
| | HolyCross Health<br>A Member of Trinity Health | https://www.holy-cross.com/ |
| | JUPITER MEDICAL CENTER | https://www.jupitermed.com/ |
| | Wellington Regional Medical Center | https://www.wellingtonregional.com/ |

## West Florida

| Primary Care | DIAGNOSTIC CLINIC MEDICAL GROUP | http://dc-fl.com/ |
| --- | --- | --- |
| | Sanitas Medical Center | https://www.mysanitas.com/ |
| | PEDIATRIC ASSOCIATES | https://www.pediatricassociates.com/ |
| Urgent Care Center | TGH URGENT CARE powered by FAST TRACK | https://www.fasttrackurgentcare.com/ |
| | GUIDEWELL EMERGENCY DOCTORS Operated by CRUCIAL CARE | https://www.guidewellemergency.com/ |
| Health Systems | TGH Tampa General Hospital | https://www.tgh.org/ |
| Independent Diagnostic Testing Center | TOWER RADIOLOGY TGH Tampa General Hospital | https://www.towerradiologycenters.com/ |

| Primary Care | HCA Florida Healthcare℠ | https://www.hcafloridahealthcare.com/ |
|---|---|---|
| Health Systems | HCA Florida Healthcare℠ | https://www.hcafloridahealthcare.com/ |

# Truli at-a-Glance

## Health ID card

Each member has access to a paper ID card and digital card. The nine-digit ID number is listed on the card. Use this number to communicate with us about a member.

You can find the following member information on the card:

- Member's ID number
- Member's benefit plan
- Other important information, such as where to submit a claim and the group information

**Note:** Presenting an ID card in no way creates, nor serves to verify an individual's status or eligibility to receive benefits.

**Paper ID Card**
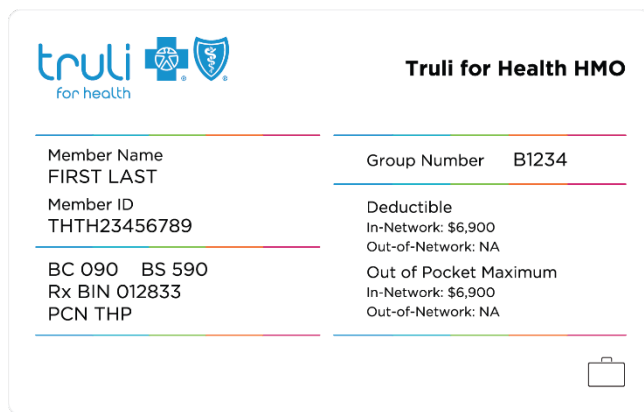
**Digital**
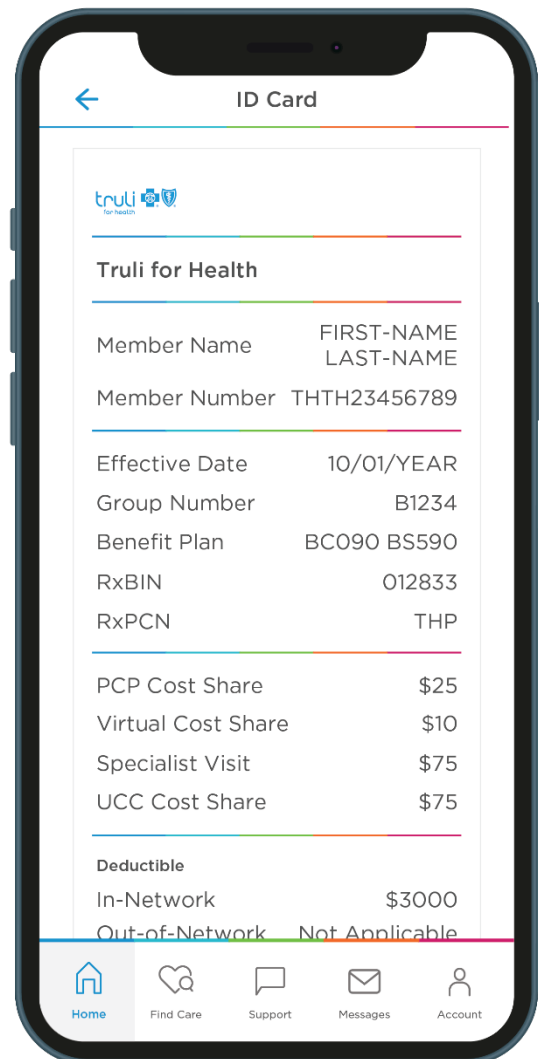
# Truli for Health HMO Network

The Truli collaborative network includes primary care physicians, specialists, facilities, ancillary providers and related services within the same health system and select community providers.

# Primary Care Physicians

All members are required to select a primary care physician (PCP). The PCP will manage and coordinate the member's care and services. We always support development of a strong personal relationship between members and their PCP, and we have designed our care and utilization management programs and processes to keep the PCP engaged with the member.

While our plans are open access, which allows our members to self-refer to participating specialists, our utilization management program requires specialists to submit prior notification for a member visit not initiated by a member's assigned PCP with a referral.

Truli will routinely evaluate continued participation in the PCP network to ensure PCPs maintain satisfactory quality, efficiency and member satisfaction results.

## PCP Member Panel Status

Truli encourages its participating PCPs to maintain an open and active panel. However, in the event you must change your panel status, contact the Provider Contact Center at 833-238-8144.

### Closed

A closed panel will prevent any member, whether an existing patient of the PCP or not, from selecting the physician as a PCP. Truli requires at least a 30-day advance notice to close or open a panel.

### Closed to new patients

A Panel status of Closed to New Patients will also prevent members from selecting the physician as a PCP. This panel status requires the PCP to contact the plan to have members added to their panel.

### Plan-initiated panel closure

Truli reserves the right to close a provider's panel. Truli will notify physicians in the event of a plan-initiated panel closure.

### Panel age restrictions

Submit age restrictions in writing to Truli. Truli's standard restrictions are as follows:

- Children only: Newborn to 18 years
- Adolescent and adults: 12 and older
- Adults only: 18 years and older

## Member-initiated PCP Change

Members have a right to change their PCP.

The actual date of the PCP change is prospective. The date we receive the request will determine the effective date of the change.

| PCP Change Request Received | PCP Change Effective |
| --- | --- |
| On or before the 5th day of the month | The same day as the request |
| After the 5th day of the month | The first day of the following month |

The Plan may expedite a PCP change if it is determined to be in the best interest of the member or current PCP.

## PCP-initiated Member Transfer

Truli will collaborate with the PCP and member to attempt to resolve an issue between a member and PCP before transferring a member to another PCP. Reasons for a PCP to request Truli to remove a member from their panel may include:

- Patient is consistently non-compliant with the PCP's medical advice
- Patient is consistently disruptive in the office
- Patient consistently misses scheduled appointments without cause or without notice to the office
- Irreconcilable differences between the physician and patient

PCPs should call the Provider Contact Center at 833-238-8144 to begin panel changes.

# Specialist

Our specialty network is a high-performing network of practitioners who are always expected to collaborate with the member's assigned PCP on a member's planned and ongoing treatment. This collaboration is so important that we require our specialists to submit prior notification for scheduled member visits not initiated by a member's assigned PCP with a referral.

Truli will routinely evaluate continued participation in the specialty network to ensure that specialists maintain satisfactory quality, efficiency and member satisfaction results.

## Specialist Visit Notification Requirement

Truli doesn't require a PCP referral for a specialist visit. However, if a PCP referral is not on file for a specialist visit, *the specialist must submit a notification* to Truli of a scheduled visit at least two (2) business days before a member's scheduled visit. *We will deny* specialist claims that have no PCP referral on file and no plan Specialist Notification on file.

Instructions for how to submit a Specialist Notification is listed in the Truli for Health Programs section of this manual.

# Physician Extenders

Physician Extender is defined as: Advanced Practice Registered Nurse, Certified Nurse Midwife, Clinical Nurse Specialist, Physician Assistant and Registered Nurse First Assistant. They are health care providers who practice in collaboration with or under the supervision of a physician.

Except for Physician Extenders directly contracted with Truli for Health (i.e., the Provider Agreement is between Truli and the Physician Extender or a group that consists solely of Physician Extenders), reimbursement for Covered Services rendered by Physician Extenders is subject to a fifteen percent reduction from the Provider's contract rate where a relative value unit exists.

# Provider Directory

Providers who participate in the Truli for Health HMO network are listed in the Truli for health Provider Directory.  Truli for Health Provider Directory

# Provider Data and Demographics

Tell us immediately about any demographic changes so our members have access to accurate information.  This is required by law, regulatory requirements and accrediting bodies, such as National Committee for Quality Assurance (NCQA). Maintaining an updated provider record will prevent operational process issues. (Example: Specialist Notification, referrals, authorizations)

## Updating your information through Availity

Log into Availity > Navigate to Payer Space > Florida Blue > Select "View and Manage Your Records"

Providers must notify us 30 days prior to the effective date of any changes to ensure accurate information is displayed in the Provider Directory.

**Note:** Some changes may affect credentialing. Prompt notification of any credentialing related changes are required to avoid claim processing issues.

# Third-Party Networks

The following vendors provide network and other services on behalf of Truli

| Type of Service | Provider | Service Area |
|---|---|---|
| Chiropractic | American Specialty Health | Statewide |
| Dental | FCL/LSV Dental Management | Statewide |
| Home Care Services (such as durable medical equipment and home health services) | CareCentrix® | Statewide |
| Lab (Clinical reference lab and pathology) | Quest Diagnostics$^{SM}$ and Dermpath Diagnostics<br><br>The preferred lab for anatomical pathology services in Florida is AmeriPath®<br><br>Exact Science for Cologuard testing. | Statewide |

| Type Of Service | Provider | Service Area |
|---|---|---|
| Pharmacy (specialty drugs) | Caremark Specialty Pharmacy | Statewide |
| Vision | Davis Vision | Statewide |
| Pathology | IRL Pathology Services | Central Florida |
| Dermatology | Dermatology Network Solutions | South Florida |
| Dialysis | Fresenius | Statewide |
| Ophthalmology | Eye Management Inc. Ophthalmology | South Florida |
| Podiatry | Podiatry Network Solutions | South Florida |

# Electronic Self-Service Capabilities

## Truli for Health Website

Our contracts require you to conduct business with us electronically.  Using electronic transactions is fast, efficient and supports a paperless work environment. Our Truli website (www.TruliforHealth.com) guides you to tools and resources to support your billing, claim and administrative needs. On the site you can find helpful information about self-service tools, medical policies, news bulletins, member eligibility, claims, prior authorizations and notifications.

## Availity

Electronic Self-Service Tools are available through Availity®[1]  (www.availity.com)

Checking Availity first will ensure you receive the most current member information.

Here is list of some of the tools that are available via Availity:

- Check member eligibility and benefits
  - Using Availity for benefit information will provide you with an Availity transaction id (fast path code). This transaction ID will enable priority routing to a service representative service should you need to call us for assistance. Enter the code when prompted. Providers will not receive eligibility and benefits information telephonically without one.
- Submit claims for payment
- Check the status of a claim
- Clear Claim Connection
- Update provider data for the Online Provider Directory
- Submit Authorizations, Referrals & Specialist Notifications

### Check eligibility and benefits

You can verify a member's eligibility and benefits by:
- Going to the Eligibility and Benefits application in Availity at availity.com.
- Using electronic data interchange (EDI) Eligibility & Benefit Inquiry and Response (270/271) transactions.
- *If the capability is not available,* you may call the Provider Contact Center at 833-238-8144.

## Submitting Claims

Providers should submit electronic claims to us through Availity. You can:

- File claims to us through Availity at availity.com and submit them in real time. Within minutes, Availity confirms they received the claim and forwarded it for processing.
- Create claims in a billing system and send them using Availity's Electronic Data Interchange (EDI) batch submission. Within minutes, Availity replies with information about accepted or rejected claims. You must correct and resubmit any rejected claims.
- Work with a billing service or clearinghouse to send claims to us through Availity.

You will also manage claim corrections and edits through Availity.

For detailed information on the claim submission process, review the Claims and Reimbursement document.

## Clear Claim Connection

Simulate likely procedure code editing rules for Truli for Health claims prior to submission or after receiving the remittance advice by using Clear Claim Connection; available through Availity®

This tool is intended for use as a simulation for general information and is not a guarantee of payment or a binding estimate of payment. Medical Policies (Medical Coverage Guidelines), member benefits, terms, limitations, and exclusions will prevail if there is a conflict with a payment edit.

Claims are adjudicated using claim processing rules for procedure code editing in effect at the time the claim is submitted. Procedure code edits are typically updated twice per year. Clear Claim Connection only returns current claim editing logic. Therefore, if your simulation results do not match how your claim processed, it is possible a version update may be the reason.

Claim editing rules are consistent for most Truli for Health claims.

### How to Use Clear Claim Connection

From the Availity® home page, under the Claims Management Menu tab, click on Research Procedure Code Edits. Next, you must accept the Terms and Conditions of Use. On the next page displayed select the Clear Claim Connection Link which will take you to the Claim Entry Screen. On the Claim Entry screen, provide the data listed below and click on the Review Claim Audit Results button. The information returned is confidential and solely for the use of authorized provider .

- Patient's gender
- Patient's date of birth
- Procedure code
- Up to four diagnosis codes
- Place of service (system will default to the Office (11) Place of Service if nothing is entered
- Modifiers, if applicable (optional data field)
- Date of service (needed to determine active and non-active procedure codes)

This capability also provides source information and clinical rationale for editing rules, but only on procedure lines with a "Disallow" or "Review" response in the "Recommended" data field. To view this additional information, click on the line to highlight it, and then click the Review Clinical Edit Clarification button. You can also double click the line to review the related clinical edit clarification.

Note: For those using a popup block, this may need to be disabled to view the site. This tool cannot be used for outpatient institutional claims analysis.

### Updating your information through Availity

Go to the Florida Blue Payer Space in Availity and select **View and Manage your Record**.

**Note:** Some changes may affect credentialing. You must tell us about changes to credentialing information promptly to avoid claim processing issues.

## Health Information Exchange

Truli requires its contracted providers to keep written or electronic medical records that comply with industry standards and applicable federal, state, and local laws, rules and regulations.

### Electronic medical records

Providers who use electronic medical records must have a system in place that complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Health Information Technology for Economic and Clinical Health (HITECH) provisions of the American Recovery and Reinvestment Act, and other federal and state laws.

Providers sharing medical records with us agree to allow us to share this information with other providers treating the member.  The records will be shared via secured electronic means.

At our request, providers will direct their vendor(s) to work with us, on their behalf, to integrate this electronic technology into their system(s).  Providers agree to integrate Clinical Information Exchange (CIE) capabilities with us.

[1]Availity, LLC is a multi-payer joint venture company. For more information or to register, visit www.availity.com.

# Quality Performance Measures

Truli's goal is to create a best-in-class experience and ensure quality health care for our members. To do this, we use claims, encounter, and medical record data in our Quality Improvement (QI) programs. These programs address:

- Quality of care issues.
- Health management and wellness activities.
- Grievance and appeal resolution.
- Performance measures.

## Your Participation and Feedback

As a participating provider, you may offer input on QI programs by QI Committee representation and through your Truli provider service advocate.

### Quality performance indicators

We have designed a robust, Truli-administered quality program to align with HEDIS[®1] related measures from the Centers for Medicare & Medicaid Services guidance for commercial plans regarding its Quality Rating System. We've selected specific objective HEDIS[2] measures from the measure set—including adult and pediatric measures—to assess "process of care" and "outcome of care" dimensions for each important aspect of care and service.

These measures help consumers and the public evaluate how well Truli's delivery system meets customer needs in these areas. Providers can use these measures to evaluate and improve member care and service.

[2]Healthcare Effectiveness Data and Information Set

### How we measure your performance

We will assess your performance based on your Truli members with diagnoses that align with associated measures. We will rate you against industry benchmarks and then compare your performance to your Truli neighborhood peers and other established regional providers.

To be included in a measure, you must have at least 25 members who meet the measure's clinical criteria. On these qualified measures, you must achieve 90 percent of the regional average in at least 50 percent of the qualifying measures to be eligible for a total cost of care reduction bonus.

### How we review your results

Truli will review your performance results on a rolling, 12-month schedule using HEDIS-like measurements through our third-party vendor. We will develop your initial results three months after the end of your first contract year. Then, we will update the results quarterly.

## Clinical Practice and Preventive Health Guidelines

Truli uses national, state and specialty clinical practice guidelines, preventive health guidelines and other internal criteria to offer direction and standards for preventive, acute and chronic health care services relevant to our members.

We review clinical practice guidelines against utilization management criteria and member education materials to ensure consistent and aligned communications. These guidelines include factual and appropriate medical recommendations. Local physician committees also recommend how we use these guidelines.

## Quality of Care – Advanced Directives

Truli encourages providers to ask patients (18 years or older) if they have advanced directives or living wills in place and record their responses, yes or no, in their medical records, keeping a copy of the advance directive and/or living will in the patient's medical file.

When we perform our annual medical record reviews to meet our regulatory responsibilities, this information is very important. During the review, we check to see if you have asked your patients about advance directives, including a living will, and if you have copies in their medical records.

## Standard Reports and Information

Truli will provide reports to certain providers on a recurring basis. Following is a sample of the information we may share.

| Contract Reconciliation Results | Premiums, expenses and all applicable credits and deductions. Recast views by month with totals by quarter and year |
|---|---|
| Contract Reconciliation Results – Quality Scorecard | Results for quality measures applicable to the contract for the reconciled period, delivered along with the contract reconciliation results |
| Membership Roster | Operational and analytical (recast) views of a PCP panel<br><br>The operational views will have the necessary formats to identify new members each month, days since last visit, etc. Analytical views will have different data points for recast membership |
| Quality Measures | Results by quality measure |
| Quality Measures – Target List | Member-level reports, gaps in care, etc. |
| IP Census | Admits, discharges and transfers for a member panel |
| Medical Expenses – Cost Trends | Utilization trends with a cost-by-service category of breakdown and different views to identify high-cost members, admits in the context of PCP visit frequency, etc. |

# Compliance and Confidentiality

## Confidentiality and Protected Health Information

Truli and its participating providers are "Covered Entities" under the privacy rule portion of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Covered Entities must follow applicable federal and state standards for Protected Health Information (PHI) use and disclosure.

Truli expects its providers to keep current office policies and procedures to prevent the unauthorized or inadvertent disclosure of confidential information. This may include, but is not limited to, administrative, physical and technical controls to protect a member's PHI.

## Fraud, Waste and Abuse

When providers, members, health plans and employees commit fraud, waste and abuse, it hurts everyone. Truli asks that you help us detect and eliminate fraud, waste and abuse. Let us know about any potential fraud, waste and abuse you find. We also ask that you cooperate with any fraud, waste or abuse review.

We consider this an integral part of our mutual ongoing efforts to provide the most effective health outcomes possible for our members.

### Understanding fraud, waste and abuse

**Fraud** is any type of intentional deception or misrepresentation a person makes knowing that the deception could result in their or some other person receiving an unauthorized benefit. The attempt itself is fraud, regardless of whether it is successful.

**Waste** includes activities that cause unnecessary expenses and resource mismanagement, such as careless, poor or inefficient billing or treatment methods.

**Abuse** is any practice inconsistent with sound fiscal, business or medical practices that result in an unnecessary cost to the program or in payment for services that are not medically necessary or don't meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the program.

## Examples of fraud, waste and abuse

**Provider**
- Altering or falsifying medical records.
- Direct billing or balance billing Medicaid members.
- Billing for services they didn't give.
- Billing for medically unnecessary tests.
- Billing professional services untrained personnel performed.
- Misrepresenting diagnoses or services.
- Overutilization.
- Soliciting, offering or receiving kickbacks or bribes.
- Unbundling.
- Under-utilization.
- Billing more than once for the same service.
- Billing or charging the member for services Truli for Health paid.
- Dispensing generic drugs and billing for brand-name drugs.
- Performing and/or billing for inappropriate or unnecessary services.
- Trading prescription drugs for sexual favors.
- Offering a prescription or prescription drugs without seeing or treating the member.
- Offering gifts, a prescription, prescription drugs or money to members in exchange for receiving treatments or services.

**Members**
- Disruptive or threatening behavior.
- Frequent emergency room visits for non-emergent conditions.
- Forging, altering or selling prescriptions.
- Lying about the amount of money or resources the member has to get benefits.
- Lying about a medical condition to get medical treatment.
- Obtaining controlled substances from multiple providers.
- Using more than one provider to obtain similar treatments and/or drugs.

## Reporting fraud, waste and abuse

You do not have to give proof, but if you suspect medical billing fraud, waste or abuse, you have a responsibility and a right to report it.

You can report suspected fraud, waste, or abuse by calling the Provider Contact Center at 833-238-8144 or send a message through the Availity message center.

## Incident Reporting

Truli for Health complies with incident reporting as defined in Florida Statute § 641.55(1)(d), which requires provider assistance in obtaining the information to be reported. The state of Florida defines the type of incidents that must be reported in Florida Statute § 459.026(4). **Report such incidents to the Truli Provider Contact Center and request an incident report be submitted to the Quality Management Department.**

# Truli for Health Programs

## Our Medical Policies and Medical Coverage Guidelines

Truli processes claims based on a member's eligibility, their effective benefits and the evidence-based medical necessity of the services providers give. Our decision process includes using evidence-based medical policies and medical coverage guidelines (MCGs) and the medical necessity provisions found in the member's benefit agreement and certificate of coverage.

### Find the latest policies and guidelines

You can find our medical policies and guidelines at [www.truliforhealth.com/providers](www.truliforhealth.com/providers) under the **Medical Policies (Medical Coverage Guidelines)** section.

We will add any new information to the guidelines' "**What's New**" section.

### Certificate of Medical Necessity forms

To hasten the medical review process for certain requests, Truli gives you Certificate of Medical Necessity (CMN) forms. We have matched each CMN form with one of our MCGs. Instead of sending required documentation to us, you can attest to information within the member's medical documentation.

### Finding MCGs with CMNs

When an MCG has an associated CMN form, the Position Statement will provide instructions to locate the specific form needed.

### Virtual visits

Virtual visits give members convenient access to care. If you are an in-network PCP or behavioral health specialist that offers virtual visits through two-way interactive video conferencing, you can bill services that we have defined on a pre-approved list of covered virtual codes. Providers must give these services through a mobile device, tablet, or computer and/or telephone. A virtual visit may include:

- Providing care, treatment, or services to a patient virtually instead of in person.
- Establishing initial and providing ongoing, clinical medical or behavioral health services.
- Giving online assessment and management services for an established patient.

Virtual visits must be reported with the appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) code(s) that describes the virtual visit. Modifier -95 or -GT must be appended, indicating the use of interactive audio and video telecommunications technology. The service should also be reported using place of service code 02 or 10 to indicate the location where the member received the services through a telecommunication system. If more than one virtual visit is performed on the same date of service, the visits should be combined into a single evaluation and management (E/M) code. If a face-to-face visit is performed on the same day as a virtual visit, the visits should be combined into a single E/M code. If multiple E/M codes are reported by the same practitioner on the day for the same patient, only one E/M code will be allowed.

Truli covers only the following virtual visit codes:

| Code | Description | Effective Date | Primary Care | Mental Health/Substance Abuse |
|------|-------------|----------------|--------------|-------------------------------|
| 90785 | Psytx complex interactive | 7/1/2020 | X | |
| 90791 | Psych diagnostic evaluation | 7/1/2020 | | X |
| 90792 | Psych diag eval w/med srvcs | 7/1/2020 | | X |
| 90832 | Psytx pt&/family 30 minutes | 7/1/2020 | | X |
| 90833 | Psytx pt&/fam w/e&m 30 min | 7/1/2020 | | X |
| 90834 | Psytx pt&/family 45 minutes | 7/1/2020 | | X |
| 90836 | Psytx pt&/fam w/e&m 45 min | 7/1/2020 | | X |
| 90837 | Psytx pt&/family 60 minutes | 7/1/2020 | | X |
| 90838 | Psytx pt&/fam w/e&m 60 min | 7/1/2020 | | X |
| 90839 | Psytx crisis initial 60 min | 7/1/2020 | | X |
| 90840 | Psytx crisis ea addl 30 min | 7/1/2020 | | X |
| 90845 | Psychoanalysis | 7/1/2020 | | X |
| 90846 | Family psytx w/o patient | 7/1/2020 | | X |
| 90847 | Family psytx w/patient | 7/1/2020 | | X |
| 96116 | Neurobehavioral status exam | 7/1/2020 | X | X |
| 96160 | Pt-focused hlth risk assmt | 7/1/2020 | X | X |
| 96161 | Caregiver health risk assmt | 7/1/2020 | X | X |
| 97802 | Medical nutrition indiv in | 7/1/2020 | X | |
| 97803 | Med nutrition indiv subseq | 7/1/2020 | X | |
| 97804 | Medical nutrition group | 7/1/2020 | X | |
| 99202 | Office/outpatient visit new | 7/1/2020 | X | X |
| 99203 | Office/outpatient visit new | 7/1/2020 | X | X |
| 99204 | Office/outpatient visit new | 7/1/2020 | X | X |
| 99205 | Office/outpatient visit new | 7/1/2020 | X | X |
| 99211 | Office/outpatient visit est | 7/1/2020 | X | X |
| 99212 | Office/outpatient visit est | 7/1/2020 | X | X |
| 99213 | Office/outpatient visit est | 7/1/2020 | X | X |
| 99214 | Office/outpatient visit est | 7/1/2020 | X | X |
| 99215 | Office/outpatient visit est | 7/1/2020 | X | X |
| 99354 | Prolonged service office | 7/1/2020 | | X |
| 99355 | Prolonged service office | 7/1/2020 | | X |
| 99402 | Lactation consultant (initial visit) | 7/1/2020 | X | |
| 99404 | Lactation Consultation (follow-up visit) | 7/1/2020 | X | |
| 99406 | Behav chng smoking 3-10 min | 7/1/2020 | X | |
| 99407 | Behav chng smoking > 10 min | 7/1/2020 | X | |
| 99441 | Telephone eval and mgmt. 5-10 min | 7/1/2020 | X | |
| 99442 | Telephone eval and mgmt. 11-20 min | 7/1/2020 | X | |
| 99443 | Telephone eval and mgmt. 21-30 min | 7/1/2020 | X | |
| 99495 | Trans care mgmt 14-day disch | 7/1/2020 | X | |
| 99496 | Trans care mgmt 7-day disch | 7/1/2020 | X | |

| Code | Description | Effective Date | Primary Care | Mental Health/Substance Abuse |
|------|-------------|----------------|--------------|-------------------------------|
| 99497 | Advncd care plan 30 min | 7/1/2020 | X | |
| 99498 | Advncd are plan addl 30 min | 7/1/2020 | X | |
| G0108 | Diab manage trn  per indiv | 7/1/2020 | X | |
| G0109 | Diab manage trn ind/group | 7/1/2020 | X | |
| G0270 | Mnt subs tx for change dx | 7/1/2020 | X | |
| G0296 | Visit to determ ldct elig | 7/1/2020 | X | |
| G0396 | Alcohol/subs interv 15-30mn | 7/1/2020 | X | |
| G0397 | Alcohol/subs interv >30 min | 7/1/2020 | X | |
| G0442 | Annual alcohol screen 15 min | 7/1/2020 | X | |
| G0443 | Brief alcohol misuse counsel | 7/1/2020 | X | |
| G0444 | Depression screen annual | 7/1/2020 | X | |
| G0445 | High inten beh couns std 30m | 7/1/2020 | X | X |
| G0446 | Intens behave ther cardio dx | 7/1/2020 | X | |
| G0447 | Behavior counsel obesity 15m | 7/1/2020 | X | |
| G0459 | Telehealth inpt pharm mgmt. | 7/1/2020 | X | |
| G0506 | Comp asses care plan ccm svc | 7/1/2020 | X | |
| 90951 | Esrd serv 4 visits p mo <2yr | 1/1/2021 | X | |
| 90952 | Esrd serv 2-3 vsts p mo <2yr | 1/1/2021 | X | |
| 90954 | Esrd serv 4 vsts p mo 2-11 | 1/1/2021 | X | |
| 90955 | Esrd srv 2-3 vsts p mo 2-11 | 1/1/2021 | X | |
| 90957 | Esrd srv 4 vsts p mo 12-19 | 1/1/2021 | X | |
| 90958 | Esrd srv 2-3 vsts p mo 12-19 | 1/1/2021 | X | |
| 90960 | Esrd srv 4 visits p mo 20+ | 1/1/2021 | X | |
| 90961 | Esrd srv 2-3 vsts p mo 20+ | 1/1/2021 | X | |
| 90963 | Esrd home pt serv p mo <2yrs | 1/1/2021 | X | |
| 90964 | Esrd home pt serv p mo 2-11 | 1/1/2021 | X | |
| 90965 | Esrd home pt serv p mo 12-19 | 1/1/2021 | X | |
| 90966 | Esrd home pt serv p mo 20+ | 1/1/2021 | X | |
| 90967 | Esrd home pt serv p day <2 | 1/1/2021 | X | |
| 90968 | Esrd home pt serv p day 2-11 | 1/1/2021 | X | |
| 90969 | Esrd home pt serv p day 12-19 | 1/1/2021 | X | |
| 90970 | Esrd home pt serv p day 20+ | 1/1/2021 | X | |
| 99231 | Subsequent hospital care | 1/1/2021 | X | |
| 99232 | Subsequent hospital care | 1/1/2021 | X | |
| 99233 | Subsequent hospital care | 1/1/2021 | X | |
| 99307 | Nursing fac care subseq | 1/1/2021 | X | |
| 99308 | Nursing fac care subseq | 1/1/2021 | X | |
| 99309 | Nursing fac care subseq | 1/1/2021 | X | |
| 99310 | Nursing fac care subseq | 1/1/2021 | X | |
| 99356 | Prolonged service inpatient | 1/1/2021 | X | |
| 99357 | Prolonged service inpatient | 1/1/2021 | X | |
| 99446 | Interprofessional Internet Consultation | 1/1/2021 | X | |

| Code | Description | Effective Date | Primary Care | Mental Health/Substance Abuse |
|---|---|---|---|---|
| 99447 | Interprofessional Internet Consultation | 1/1/2021 | X | |
| 99448 | Interprofessional Internet Consultation | 1/1/2021 | X | |
| 99449 | Interprofessional Internet Consultation | 1/1/2021 | X | |
| 99451 | Interprofessional Internet Consultation | 1/1/2021 | X | |
| 99452 | Interprofessional Internet Consultation | 1/1/2021 | X | |
| G0406 | Inpt/tele follow up 15 | 1/1/2021 | X | |
| G0407 | Inpt/tele follow up 25 | 1/1/2021 | X | |
| G0408 | Inpt/tele follow up 35 | 1/1/2021 | X | |
| G0420 | Ed svc ckd ind per session | 1/1/2021 | X | |
| G0421 | Ed svc ckd grp per session | 1/1/2021 | X | |
| G0425 | Inpt/ed teleconsult30 | 1/1/2021 | X | |
| G0426 | Inpt/ed teleconsult50 | 1/1/2021 | X | |
| G0427 | Inpt/ed teleconsult70 | 1/1/2021 | X | |
| G0438 | Ppps, initial visit | 1/1/2021 | X | |
| G0439 | Ppps, subseq visit | 1/1/2021 | X | |
| G0508 | Crit care telehea consult 60 | 1/1/2021 | X | |
| G0509 | Crit care telehea consult 50 | 1/1/2021 | X | |
| G0513 | Prolong prev svcs, first 30m | 1/1/2021 | X | |
| G0514 | Prolong prev svcs, addl 30m | 1/1/2021 | X | |
| G2010 | Remote Eval of Pre-Recorded Patient Info | 1/1/2021 | X | |
| G2012 | Brief Comm Tech-Based Srvc/Virtual Check-Ins | 1/1/2021 | X | |
| G2086 | Off base opioid tx first m | 1/1/2021 | X | x |
| G2087 | Off base opioid tx, sub m | 1/1/2021 | X | X |
| G2088 | Off opioid tx month add 30 | 1/1/2021 | X | X |
| 96121 | Psychological and Neuropsychol | 3/31/2021 | | X |
| 99334 | Domiciliary, Rest Home, or Custodial Care services, Established patients | 3/31/2021 | X | |
| 99335 | Domiciliary, Rest Home, or Custodial Care services, Established patients | 3/31/2021 | X | |
| 99347 | Home Visits, Established Patient | 3/31/2021 | X | |
| 99348 | Home Visits, Established Patient | 3/31/2021 | X | |
| 99483 | Cognitive Assessment and Care Planning Services | 3/31/2021 | X | |
| G2211 | Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M) | 3/31/2021 | X | |
| G2212 | Prolonged Services | 3/31/2021 | X | |
| 99336 | Domiciliary, Rest Home, or Custodial Care services, Established patients | 3/31/2021 | X | |
| 99337 | Domiciliary, Rest Home, or Custodial Care services, Established patients | 3/31/2021 | X | |

| Code | Description | Effective Date | Primary Care | Mental Health/Substance Abuse |
|---|---|---|---|---|
| 99349 | Home Visits, Established Patient | 3/31/2021 | X | |
| 99350 | Home Visits, Established Patient | 3/31/2021 | X | |
| 99281 | Emergency Department Visits, Levels 1-5 | 3/31/2021 | X | |
| 99282 | Emergency Department Visits, Levels 1-5 | 3/31/2021 | X | |
| 99283 | Emergency Department Visits, Levels 1-5 | 3/31/2021 | X | |
| 99284 | Emergency Department Visits, Levels 1-5 | 3/31/2021 | X | |
| 99285 | Emergency Department Visits, Levels 1-5 | 3/31/2021 | X | |
| 99315 | Nursing facilities discharge day management | 3/31/2021 | X | |
| 99316 | Nursing facilities discharge day management | 3/31/2021 | X | |
| 96130 | Psychological and Neuropsychological Testing | 3/31/2021 | X | X |
| 96131 | Psychological and Neuropsychological Testing | 3/31/2021 | X | X |
| 96132 | Psychological and Neuropsychological Testing | 3/31/2021 | X | X |
| 96133 | Psychological and Neuropsychological Testing | 3/31/2021 | X | X |
| 96136 | Psychological and Neuropsychological Testing | 3/31/2021 | X | X |
| 96137 | Psychological and Neuropsychological Testing | 3/31/2021 | X | X |
| 96138 | Psychological and Neuropsychological Testing | 3/31/2021 | X | X |
| 96139 | Psychological and Neuropsychological Testing | 3/31/2021 | X | X |
| 97161 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97162 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97163 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97164 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97165 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97166 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97167 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |

| Code | Description | Effective Date | Primary Care | Mental Health/Substance Abuse |
|------|-------------|----------------|--------------|-------------------------------|
| 97168 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97110 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97112 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97116 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97535 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97750 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97755 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97760 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 97761 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 92521 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 92522 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 92523 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 92507 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 92524 | Therapy Services, Physical and Occupational Therapy, All levels | 3/31/2021 | X | |
| 99238 | Hospital discharge day management | 3/31/2021 | X | X |
| 99239 | Hospital discharge day management | 3/31/2021 | X | X |
| 99469 | Inpatient Neonatal and Pediatric Critical Care, Subsequent | 3/31/2021 | X | |
| 99472 | Inpatient Neonatal and Pediatric Critical Care, Subsequent | 3/31/2021 | X | |
| 99476 | Inpatient Neonatal and Pediatric Critical Care, Subsequent | 3/31/2021 | X | |
| 99478 | Continuing Neonatal Intensive Care Services | 3/31/2021 | X | |
| 99479 | Continuing Neonatal Intensive Care Services | 3/31/2021 | X | |
| 99480 | Continuing Neonatal Intensive Care Services | 3/31/2021 | X | |
| 99291 | Critical Care Services | 3/31/2021 | X | |
| 99292 | Critical Care Services | 3/31/2021 | X | |

| Code | Description | Effective Date | Primary Care | Mental Health/Substance Abuse |
|------|-------------|----------------|--------------|-------------------------------|
| 90953 | End-Stage Renal Disease Monthly Capitation Payment codes | 3/31/2021 | X | |
| 90956 | End-Stage Renal Disease Monthly Capitation Payment codes | 3/31/2021 | X | |
| 90959 | End-Stage Renal Disease Monthly Capitation Payment codes | 3/31/2021 | X | |
| 90962 | End-Stage Renal Disease Monthly Capitation Payment codes | 3/31/2021 | X | |
| 99217 | Subsequent Observation and Observation Discharge Day Management | 3/31/2021 | X | X |
| 99224 | Subsequent Observation and Observation Discharge Day Management | 3/31/2021 | X | |
| 99225 | Subsequent Observation and Observation Discharge Day Management | 3/31/2021 | X | |
| 99226 | Subsequent Observation and Observation Discharge Day Management | 3/31/2021 | X | |
| 96164 | Hlth bhv ivntj grp 1st 30 | 3/31/2021 | | X |
| 96165 | Hlth bhv ivntj grp ea addl | 3/31/2021 | | X |
| 96167 | Hlth bhv ivntj fam 1st 30 | 3/31/2021 | | X |
| 96168 | Hlth bhv ivntj fam ea addl | 3/31/2021 | | X |
| 97151 | Bhv id assmt by phys/qhp | 3/31/2021 | X | X |
| 97152 | Bhv id suprt assmt by 1 tech | 3/31/2021 | | X |
| 97153 | Adaptive behavior tx by tech | 3/31/2021 | | X |
| 97154 | Grp adapt bhv tx by tech | 3/31/2021 | | X |
| 97155 | Adapt behavior tx phys/qhp | 3/31/2021 | X | X |
| 97156 | Fam adapt bhv tx gdn phy/qhp | 3/31/2021 | X | |
| 97157 | Mult fam adapt bhv tx gdn | 3/31/2021 | | X |
| 97158 | Grp adapt bhv tx by phy/qhp | 3/31/2021 | X | X |
| 96127 | Brief emotional/behav assmt | 3/31/2021 | X | X |
| 90853 | Group psychotherapy | 3/31/2021 | X | X |
| 96156 | Hlth bhv assmt/reassessment | 3/31/2021 | | X |
| 96158 | Hlth bhv ivntj indiv 1st 30 | 3/31/2021 | | X |
| 96159 | Hlth bhv ivntj indiv ea addl | 3/31/2021 | | X |

# Referral, Prior Authorization and Specialist Notification

The referral, specialist notification and prior authorization processes are separate of one another. All providers must follow referral, specialist notification and/or prior authorization requirements when providing a service that requires any of these.

If you do not follow these processes when required, it may result in a denial of your claim, and the service will not be billable to the member.

## PCP Referrals

As an open access plan, referrals are not required for members to see a specialist. However, a member's assigned PCP is expected to manage their care. If their PCP determines the member should see a specialist in the network who is not part of the member's current PCP group (i.e. different TIN), then the member's PCP should submit a referral to Truli.  Referrals are valid for the named specialist or any other providers billing under the same TIN.

### How to submit a referral

You can quickly add a referral, submit a referral inquiry and check a referral status through Availity.

- Referrals must be submitted electronically.
- Referrals are effective immediately.
- They are viewable online within 48 hours.
- We do not accept referrals by phone, fax or paper, unless state law requires us to.
- We can backdate them up to five calendar days from the date of submission.
- Web users must have access to the Referral Submission role on their user profile to submit and verify referrals.
- Only the member's PCP or another PCP practicing under the same TIN can submit referrals for the member to see a network specialist. A specialist cannot enter a referral.

## Specialist Notification Requirements

While Truli does not require a PCP referral for a specialist visit; specialists should verify if the member's assigned PCP has issued a referral. If a PCP referral is not on file, the specialist *must* submit a Specialist Notification to the plan at least two (2) business days prior to the scheduled visit (e.g., If the visit is scheduled for Thursday, notification must be submitted to the plan by the end of business the Monday prior.)

Truli will deny specialist claims that have no PCP referral on file and no prior Specialist Notification on file. Claims submitted for specialist visits will be denied and not billable to the member when submitted without a referral from the member's assigned PCP or a timely specialist notification on file.

Specialist Notifications are only required when a PCP referral is not on file for a specialist visit. You can quickly verify if a PCP referral was submitted through Availity®.

### How to submit a referral

You can quickly add a referral, submit a referral inquiry and check a referral status through Availity.

- Referrals must be submitted electronically.
- Referrals are effective immediately.
- They are viewable online within 48 hours.
- We do not accept referrals by phone, fax or paper, unless state law requires us to.
- We can backdate them up to five calendar days from the date of submission.
- Web users must have access to the Referral Submission role on their user profile to submit and verify referrals.

- Only the member's PCP or another PCP practicing under the same TIN can submit referrals for the member to see a network specialist. A specialist cannot enter a referral.

## Services that do not require a referral or notification

Referrals are not needed for the following services:

- Services from network physicians in the same TIN as the member's PCP
- Services rendered in any network urgent care center, network convenience care clinic or designated network online "virtual visits"
- Services billed as observation in the outpatient department of an acute care facility.
- Admitting physician services for emergency admissions
- Services from facility-based inpatient/outpatient network consulting physicians, network assisting surgeons, network co-surgeons, or network team surgeons in an acute or subacute care setting
- Services from a network pathologist, network radiologist or network anesthesia physician in an acute or subacute care setting

# Utilization Management

Utilization management (UM) programs focus on optimizing our members' health and well-being. They are a collaborative effort between providers and Truli to make sure we coordinate our members' medically necessary services efficiently and timely. This helps our members to access health care services they need and assures providers are delivering medically appropriate care.

## UM program activities

Registered nurses and clinicians perform retrospective, concurrent or prospective UM activities under medical director supervision.

## Medical prior authorization (prospective review)

Truli requires prior authorization for certain covered services before you render them. If we require prior authorization for a service and you do not obtain it before you render the service, we may reduce or deny coverage.

The patient and their treating provider make decisions about the patient's health care and treatment. Truli's decisions about requested treatment or services simply reflect our determination of coverage.

### Financial incentives are not a factor in coverage decisions

Truli for Health has a financial incentives policy in place that is designed to assist practitioners, providers, employees and supervisors involved in (or who supervise those involved in) making coverage and benefit utilization management or utilization review (UM/UR) decisions, where relevant. The policy states:

- UM/UR decision-making is based only on the factors set forth in Truli for Health's definition of medical necessity (for coverage and payment purposes) in accordance with Truli for Health's medical policy guidelines, then in effect, and the existence of coverage and benefits under a particular contract/policy/certificate of coverage. Truli for Health is solely responsible for determining whether expenses incurred, or to be incurred, or medical care are, or would be, covered or paid under a contract or policy. In fulfilling this responsibility, Truli for Health shall not be deemed to participate in or override the medical decisions of any Truli for Health member's practitioner or provider.
- Truli for Health payment policies are not designed to reward practitioners or other individuals conducting UM/UR for issuing denials of coverage or benefits.
- Financial incentives for UM/UR decision makers are not designed to encourage decisions that

result in underutilization. Rather, the intent is to minimize coverage and payment for unnecessary or inappropriate health care services, reduce waste in the application of medical resources, and to minimize inefficiencies that may lead to the artificial inflation of health care costs.

## Service categories that require prior authorization

Truli requires prior authorization for the following service categories:

| Service | How to Obtain Authorization |
|---------|------------------------------|
| **Behavioral Health Services**<br><br>Inpatient Admissions, Partial hospitalization, IOP and Substance Abuse Rehabilitation | Contact Lucet Behavioral Health<br>• https://lucethealth.com/providers/join-lucet/<br>• Call 855-888-5001 |
| **Cardiology Services**<br>(Non-Emergent) | Effective January 1, 2022 – Prior authorization not required |
| **Chemotherapy**<br><br>Physician Administered Drugs | Refer to Physician Administered Drug section of this guide.<br><br>If the drug is in the **PADP list**, submit the request to Magellan Rx Management.<br>• www.ihmagellanrx.com<br>• Call 800-424-4947<br>If the drug is not in the PADP list, submit request for authorization electronically through Availity.<br>• www.availity.com<br>• Call Truli for Health at 800-955-5692 |
| **Chiropractic** | Chiropractic providers participating in the American Specialty Health (ASH) network should call 800-972- 4226. |
| **Durable medical equipment** | Submit authorization requests to CareCentrix:<br>• www.carecentrixportal.com/ProviderPortal<br>• Call 877-725-6525 |
| **ECG, EEG, EKG, EMG, Electrophysiology** | Effective January 1, 2022 – Prior authorization not required |
| **End-Stage Renal Disease (ESRD) Dialysis Services**<br><br>Services for treating end-stage renal disease, including outpatient dialysis services | Submit authorization requests electronically through Availity |
| **Home Health / Home Infusion** | Submit authorization requests to CareCentrix:<br>• www.carecentrixportal.com/ProviderPortal<br>• Call 877-725-6525 |
| **Hospice** | Submit authorization requests electronically through Availity |
| **Hyperbaric Chamber Treatment**<br><br>Hyperbaric oxygen treatment (99183, A4575, C1300) requires authorization. | Submit authorization requests electronically through Availity |

| Service | How to Obtain Authorization |
|---|---|
| **Injectable Medications**<br><br>A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly | Refer to Physician Administered Drug section of this guide<br><br>If the drug is in the **PADP list**, submit request to Magellan Rx Management<br>• www.ihmagellanrx.com<br>• Call 800-424-4947<br><br>If drug is not in the **PADP list**, Submit authorization requests electronically through Availity<br>• www.availity.com<br>• Call Truli for Health at 800-955-5692 |
| **Insulin Pumps and Supplies** | Submit authorization requests to CareCentrix:<br>• www.carecentrixportal.com/ProviderPortal<br>• Call 877-725-6525 |
| **Intensity Modulated Radiation Therapy (IMRT)** | Submit authorization requests electronically through Availity |
| **Inpatient - Acute and Long-Term Acute Care** (LTAC)<br>Newborn admissions require separate authorization from the mother if the baby stays after mother is discharged, admission will be billed with DRG 789-793, or if mother is not insured through Truli. | Submit authorization requests electronically through Availity<br><br>In the event the newborn is not yet added to the policy, providers can submit requests:<br>• via fax at 1-866-441-1569<br>• via telephone at 1-877-219-9448 |
| **Licensed Nurse Midwife** | Submit authorization requests electronically through Availity |
| **Oral Maxillofacial** | Submit authorization requests electronically through Availity |
| **Orthotic / Prosthetic** | Submit authorization requests to CareCentrix<br>• www.carecentrixportal.com/ProviderPortal<br>• Call 877-725-6525 |
| **Outpatient Hospital Services**<br><br>(Includes 23-hour observations) | Submit authorization requests electronically through Availity<br><br>All outpatient psychiatric and substance abuse admissions should be coordinated through Lucet Behavioral Health<br>• www.ndbh.com/providers<br>• Call 855-888-5001 |
| **Pain Management** | Submit authorization requests electronically through Availity |
| **Pharmacy**<br>Provider Administered Drugs | Refer to Physician Administered Drug section of this guide<br>• If the drug is in the PADP list, call Magellan Rx Management at 800-424-4947<br>• If drug is not in the PADP list, call Truli for Health at 800-955-5692 |
| **Radiation Oncology** | Effective January 1, 2022 – Prior authorization not required |
| **Skilled Nursing Facility** | Submit authorization requests electronically through Availity |

| Service | How to Obtain Authorization |
|---|---|
| **Sleep Studies**<br><br>Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders | Submit authorization requests to CareCentrix:<br>• www.carecentrixportal.com/ProviderPortal<br>• Call 855-243-3326 |
| **Surgical Procedures**<br><br>Outpatient Facility | Submit authorization requests electronically through Availity |
| **Transplant**<br><br>Organ or tissue transplant or transplant related services before pre-treatment or evaluation | Submit authorization requests electronically through Availity |

For additional information or Current Procedural Terminology (CPT) Code level details, please access Availity > Select Payer Spaces > Truli for Health > Resources

## How to submit prior authorization requests

To start the prior authorization process, providers should follow these steps:

1. Review the Prior Authorization List to determine if we require a prior authorization for the requested service.
2. Once authenticated in Availity, select the **Authorization** section
3. Select Truli for Health as the Payer
4. Complete the **Request Information** section
5. Complete the **Provider Performing Service** section
6. Complete the **Facility** section
7. Submit the form

## Updating prior authorization requests

To check the status or update an authorization request, use the authorization section on Availity.

## Authorization review timeline

Within 15 business days from the date, we receive your request, we will review the clinical information you submitted and decide on the outcome. We will process any authorization review requests you make after hours, on weekends or on holidays the following business day.

## Provider Protocol Exemption Request

To prescribe a medication, medical procedure or course of treatment for a condition that is different from the step-therapy protocol developed by Florida Blue, complete the Provider Protocol Exemption Request Form. Additional information can be found in the Provider Protocol Exemption Instruction document.

## Concurrent inpatient review

Truli conducts concurrent inpatient reviews to ensure services a member receives:

- Are medically necessary
- Meet Truli evidence-based criteria
- Are provided in the appropriate care setting

This review also uncovers any continuity of care gaps before discharge.

Truli performs focused retrospective reviews when certain factors suggest a review is warranted.

## How we communicate UM decisions

Truli sends all UM decisions (approvals and denials) to the requesting provider in writing. When we deny a service, you will receive the decision in writing, including the clinical reasons for the decision and the supporting evidence-based criteria, including medical guidelines we used to determine medical necessity.

## Physicians can review criteria

Physicians who treat Truli for Health members have the opportunity to discuss any adverse determination based on medical appropriateness or necessity with the physician reviewer making the decision. An explanation of this procedure is included with each written adverse benefit determination notice. Providers may request and receive, free of charge, an explanation of the scientific or clinical criteria Truli for Health relied upon in making benefit determinations by contacting our UM department at 800-955-5692 and choose option 2.

# Standing Authorization

We have established various medical management (utilization management) programs for the review of service requests to determine benefit coverage provided under our policies. The medical management programs are a collaborative effort between Truli for Health, providers and physicians to provide members with information that will help them make more informed decisions about their health care and coverage.

Per your agreement with us, you are required to comply fully with medical management programs administered. Failure to obtain a prior authorization  may result in the member and/or provider being held financially responsible for the procedure.  There are however certain services that when performed in an office setting may not require a provider to obtain an authorization.

## Authorization Guidelines

**Note**: Members should be referred to a participating provider to maximize benefits and to avoid higher out-of-pocket expenses.

**Diagnostic Tests**

Participating providers have standing authorizations for approval of the diagnostic tests below when performed in an in-network provider office or outpatient facility, including a free-standing location of service. This list contains the most commonly billed tests and is not all-inclusive.


**Note:** When a diagnostic test is performed as part of a treatment/service that requires an authorization, an authorization for the main service needs to be obtained. If not authorized, the entire claim may be denied.

The Diagnostic Tests listed in the following section, when performed in an office setting, may not require an authorization. Claims will process according to the coverage terms, limitations and exclusions of the

member's benefit plan at the time services are rendered. Final coverage determination is based on procedures included in the claim filed.

**Note:** Always refer to the current CPT coding manuals and guidelines for full description of all codes.

| Diagnostic Tests | |
|---|---|
| **Codes** | **Description, Exception and/or Special Instruction** |
| **Allergy** | |
| 95004 | |
| 95017 - 95071 | |
| **Cardiokymography** | |
| Q0035 | |
| **Cardiovascular** | |
| 92978 | Endoluminal Intravascular Ultrasound OCT C 1st |
| 92979 | Endoluminal Intravascular Ultrasound OCT C Each |
| 93000 - 93024 | |
| 93224 - 93227 | |
| 93268 - 93272 | |
| 93303 - 93304 | Transthoracic Echocardiograph (TTE) |
| 93306 - 93308 | TTE w/Doppler Complete; TTE w/o Doppler Complete; TTE Follow-up or Limited |
| 93312 - 93317 | Echo, Transesophageal |
| 93320 - 93321 | Doppler Echo Exam, Heart |
| 93325 | Doppler Color Flow, Add-on |
| 93350 - 93352 | Echocardiography |
| 93354 - 93464 | Coronary Angiography |
| 93561 - 93568 | |
| 93569 - 93572 | |
| 93600 - 93642 | |
| 93662 | Intracardiac ECG (ICE) |
| 93724 | Analyze Pacemaker System |
| 93770 | Measure Venous Pressure |
| 93978 - 93979 | Vascular Study |
| 93880 | Extracranial Study, Complete, Bilateral |
| 93882 | Extracranial Study, Unilateral or Limited |
| 93922 - 93926 | Lower Extremity Study |
| 93930 - 93931 | Upper Extremity Study |
| **Gastroenterology** | |
| 43200 | |
| 91010 - 91013 | |
| 91037 - 91065 | |
| 91122 | |

| Male Genital System | |
|---|---|
| 54240 | |
| 54250 | |
| **Maternity** | |
| 59020 | |
| 59025 | |
| **Mobile Imaging** | |
| Q0092 | Portable X Ray |
| R0070 – R0076 | Transport of Portable X Ray |
| **Neurology and Neuromuscular** | |
| 95816 | |
| 95819 | |
| 95829 | |
| 95860 – 95875 | |
| 95907- 95913 | |
| 95921- 95937 | |
| 95954- 95962 | |
| **Non-Invasive Vascular** | |
| 93886 – 93895 | |
| 93950 – 93977 | |
| 93990 | |
| **Ophthalmology** | |
| 92060 | |
| 92081- 92083 | |
| 92136 | |
| 92235 – 92250 | |
| **Otorhinolaryngology** | |
| 92540 - 92546 | |
| 92562 | |
| 92564 - 92588 | |
| 92612 – 92617 | |
| **Pulmonary** | |
| 94010 | |
| 94772 | |
| 94060 - 94621 | |
| 94680 - | |
| 94770 | |
| **Radiological Guidance** | |
| 77011 – 77014 | Computed Tomography |
| 77021 & 77022 | Magnetic Resonance |
| 77065 - 77067 | Breast Mammography |
| 77071-77077 & 77080 | Bone/Joint Studies |
| 19081, 19281 & 19283 | Other |

| Radiology Diagnostic Imaging | |
|---|---|
| 70010 – 70332,70350 - | Head and Neck |
| 71010 – 71130 | Chest |
| 72020-72120, 72170, 72190,72200-72270 and 72285 - 72295 | Spine and Pelvis |
| 73000 - 73140 | Upper Extremities |
| 73501- 73660 | Lower Extremities |
| 74000 – 74022, 74190 | Abdomen |
| 74210 – 74363 | Gastrointestinal Tract |
| 74400 – 74485 | Urinary Tract |
| 74710, 74740, 74775 | Gynecological and Obstetrical |
| 75600-75630, 75705-75774, 36223- 36227, 36251-36254, 36901 – 36906, 93556 | Aorta and Arteries |
| 75801 – 75893 | Veins and Lymphatics |
| 75894-75989, 34701 – 34711,0254T | Transcatheter Procedures |
| 0234T–0238T | Transluminal Atherectomy |
| 37225 – 37229, 37231- | Endovascular Revascularization with or without stent |
| 76000 - 76140 | Other |
| Radiology Nuclear Medicine | |
| 78012-78075 | Endocrine |
| 78102-78195 | Hematopoietic, etc. |
| 78201-78291 | Gastrointestinal |
| 78300-78320, 78350, 78351 | Musculoskeletal |
| 78414-78445, 78456-78458 | Cardiovascular |
| 78579-78598 | Respiratory |
| 78600-78607, 78610-78645, 78650, 78660 | Nervous |
| 78700-78761 | Genitourinary |
| 78800-78807 | Other |

| Radiology Ultrasound | |
|---|---|
| 76700-76776 | Abdomen and Retroperitoneum |
| 76641-76642 | Breast |
| 76818-76872 | Pelvis – OB, Non-OB, Genitalia |
| 76881-76886 | Extremities |
| 76930-76964 | Guidance Procedures |
| 76970-76998 | Other Procedures |
| 76506-76513, 76516-76536 | Head and Neck |
| 76604, 76641, 77065-77067, 51725-51798 | Chest |
| 19296 - 19298 | Placement of Radiotherapy |
| 20555 | Placement of Needles or Cath |
| 31643 | Bronchoscopy, Rigid or Flexible |
| 41019 | Placement of Needles, Catheters |
| 43499 | Esophagus Surgery Procedure |
| 47999 | Bile Tract Surgery Procedure |
| 55860 (55862, 55865, 55875, 76873, G0458) | Surgical Exposure, Prostate |
| 55899 | Genital Surgery Procedure |
| 55920 | Placement of Needles or Catheter |
| 57155 - 57156, 58346 | Insertion of Radiation Source for Clinical Brachytherapy |
| 61796 - 61799 | Stereotactic Radiosurgery; Cranial |
| 61800 | Application of Stereotactic Radiosurgery; Cranial |
| 63620 - 63621 | Stereotactic Radiosurgery (Spinal) Procedures on the Spine and Spinal Cord |
| 67218 | Destruction of Localized Retinal Lesion |
| 77261 - 77263 | Clinical Radiation Treatment Planning |
| 77280 | Clinical Radiation Treatment Planning; Set Radiation Therapy Field; Single Area |
| 77290 | Clinical Radiation Treatment Planning; Set Radiation Therapy Field; Complex, 3 or more areas |
| 77300 | Basic Radiation Dosimetry Calculation |
| 77301 | Intensity Modulated Radiotherapy (IMRT) |
| 77307 | Teletherapy Isodose Plan |
| 77316 - 77318 | Brachytherapy Isodose Plan |
| 77332 | Radiation Treatment Simple Devices and Special Services |
| 77334 | Radiation Treatment Complex Devices and Special Services |
| 77336 | Continuing Medical Radiation Physics Consultation |
| 77338 | Multi-Leaf Collimator (MLC) |
| 77370 | Special Medical Radiation Physics Consultation |
| 77371 - 77373 (G0339-G0340) | Radiation Treatment Delivery |
| 77385 - 77386 (G6015 - G6016) | Intensity Modulated Radiation |

| Radiology Ultrasound | |
|---|---|
| 77387 (G6001 - G6002, G6017, 77014) | Guidance for Localization of Target Volume |
| 77402 (G6003 - G6014, 77407, 77412, 77295) | Radiation Treatment Delivery |
| 77417 | Radiology Port Image(s) |
| 77427 | Radiation Treatment Management (5 Treatments) |
| 77432 | Stereotactic Radiation Treatment |
| 77435 (32701) | Stereotactic Body Radiation |
| 77470 | Special Radiation Treatment |
| 77520 (77522-77523, 77525) | Proton Treatment, Simple, Without Complications |
| 77761 (77762-77763, 76965, 77767-77768, 77771-77772, 77778, | Intracavity Radiation Source Application, Simple |
| 77790 | Supervision, Handling, Loading of Radiation Element |
| S8030 | Scleral Application of Tantalum Ring(s) |
| C1717 | Brachytherapy Source, Non-Standard, High Dose Rate Iridium – 192 Per Source |
| Q9958 | High Osmolar Contrast Material, $\leq$ 149 mg/ml Iodine Concentration, per 1 ml |

## Radiation Oncology Treatments

Participating providers have standing authorizations for  the radiation oncology treatments below when performed in a physician office, hospital outpatient or ambulatory surgical center. This list contains the most commonly billed treatments and is not all-inclusive.

Note: When a treatment is performed as part of a treatment/service that requires an authorization, an authorization for the main service needs to be obtained. If not authorized, the entire claim may be denied.

The Radiation Oncology treatments listed in the following section, when performed in an office setting, may not require an authorization.  Claims will process according to the coverage terms, limitations, and exclusions of the member's benefit plan at the time services are rendered. Final coverage determination is based on procedures included in the claim filed.

Note: Always refer to the current CPT coding manuals and guidelines for full description of all codes.

| Radiation Oncology | |
|---|---|
| Codes | Description, Exception and/or Special Instruction |
| 19296 - 19298 | Placement of Radiotherapy |
| 20555 | Placement of Needles or Cath |
| 31643 | Bronchoscopy, Rigid or Flexible |
| 41019 | Placement of Needles, Catheters |
| 43499 | Esophagus Surgery Procedure |
| 47999 | Bile Tract Surgery Procedure |
| 55860 (55862, 55865, 55875, 76873, G0458) | Surgical Exposure, Prostate |
| 55899 | Genital Surgery Procedure |

| Radiation Oncology | |
|---|---|
| **Codes** | **Description, Exception and/or Special Instruction** |
| 55920 | Placement of Needles or Catheter |
| 57155 - 57156, 58346 | Insertion of Radiation Source for Clinical Brachytherapy |
| 61796 - 61799 | Stereotactic Radiosurgery; Cranial |
| 61800 | Application of Stereotactic Radiosurgery; Cranial |
| 63620 - 63621 | Stereotactic Radiosurgery (Spinal) Procedures on the Spine and Spinal Cord |
| 67218 | Destruction of Localized Retinal Lesion |
| 77261 - 77263 | Clinical Radiation Treatment Planning |
| 77280 | Clinical Radiation Treatment Planning; Set Radiation Therapy Field; Single Area |
| 77290 | Clinical Radiation Treatment Planning; Set Radiation Therapy Field; Complex, 3 or more areas |
| 77300 | Basic Radiation Dosimetry Calculation |
| 77301 | Intensity Modulated Radiotherapy (IMRT) |
| 77307 | Teletherapy Isodose Plan |
| 77316 - 77318 | Brachytherapy Isodose Plan |
| 77332 | Radiation Treatment Simple Devices and Special Services |
| 77334 | Radiation Treatment Complex Devices and Special Services |
| 77336 | Continuing Medical Radiation Physics Consultation |
| 77338 | Multi-Leaf Collimator (MLC) |
| 77370 | Special Medical Radiation Physics Consultation |
| 77371 - 77373 (G0339-G0340) | Radiation Treatment Delivery |
| 77385 - 77386 (G6015 - G6016) | Intensity Modulated Radiation |
| 77387 (G6001 - G6002, G6017, 77014) | Guidance for Localization of Target Volume |
| 77402 (G6003 - G6014, 77407, 77412, 77295) | Radiation Treatment Delivery |
| 77417 | Radiology Port Image(s) |
| 77427 | Radiation Treatment Management (5 Treatments) |
| 77432 | Stereotactic Radiation Treatment |
| 77435 (32701) | Stereotactic Body Radiation |
| 77470 | Special Radiation Treatment |
| 77520 (77522-77523, 77525) | Proton Treatment, Simple, Without Complications |
| 77761 (77762-77763, 76965, 77767-77768, 77771-77772, 77778, | Intracavity Radiation Source Application, Simple |
| 77790 | Supervision, Handling, Loading of Radiation Element |
| S8030 | Scleral Application of Tantalum Ring(s) |
| C1717 | Brachytherapy Source, Non-Standard, High Dose Rate Iridium – 192 Per Source |
| Q9958 | High Osmolar Contrast Material, $\leq$ 149 mg/ml Iodine Concentration, per 1 ml |

# Pharmacy

## Drug Lists

Truli offers three different drug list options to our members. The member's digital card will show which drug list applies to the member's coverage.

- Truli Rx Choice
- Truli Rx Flex
- Truli Rx Basic

## Home Delivery for 90-Day Supply

Our convenient home delivery pharmacy service through Amazon Pharmacy can help members save time and money, increase adherence, and promote better health outcomes. Members can get up to a 90-day supply of their medication shipped to their preferred location when ordering through home delivery. Prescriptions can be easily sent to Amazon Pharmacy using your EMR systems by e-prescribing to Express Scripts Home Delivery.Amazon Pharmacy 001.

Submit new prescriptions to Amazon Pharmacy using the following information:

| Pharmacy Name | Address | Phone # / Fax # | ePrescribe Name |
|---|---|---|---|
| Amazon Pharmacy | 4500 S Pleasant Valley Rd. Suite 201 Austin, TX 78744 | Phone 855-206-3605 Fax 512-884-5981 | AMAZON PHARMACY 001 |
| Hours for Prescriber Line | 8 a.m. – 10 p.m. weekdays 10 a.m. – 8 p.m. weekends | | |

### Controlled Substances and Specialty Medications

Amazon Pharmacy does not dispense C-2 controlled substances or service specialty medications. Members should continue to use their local retail pharmacy for C-2 controlled substances and CVS/Caremark for their specialty medication needs.

## Specialty Drugs

Specialty drugs are injectable, oral, inhaled or infused therapies used to treat complex medical conditions. Local pharmacies and provider offices may not carry or stock these drugs because they:

1. Require more complex handling than traditional drugs
2. Are high cost
3. May need frequent dosage adjustments

### Specialty pharmacy network

Members must fill their specialty drugs at one of the following specialty pharmacies:

CVS/Caremark Specialty Pharmacy Services
All Products
Phone: 866-278-5108
Fax: 800-323-2445


CVS/Caremark Hemophilia Services
Hemophilia Products
Phone: 866-792-2731
Fax: 866-811-7450


Only the pharmacies listed above are in-network for specialty drugs. A pharmacy can be in-network for retail or home delivery drugs and still not be in-network for specialty drugs.

## Ordering provider-administered specialty drugs

Provider offices that administer covered provider-administered specialty drugs in their office can obtain them two ways:

| Options | Option Descriptions |
|---|---|
| Order the injectable drug from our Specialty Pharmacy Network | Specialty suppliers provide specialty medications for in-office administration using one of two service options:<br>• **Just-in-time service** – Order drugs one to two weeks before the service date to allow for eligibility and coverage review and shipping time.<br>• **Stock replacement service** – Order drugs within 30 days of the service date the provider administered the drug in-office.<br><br>The specialty supplier will contact the provider's office to confirm medication delivery.<br><br>**Billing**<br><br>The specialty pharmacy will bill Truli directly for the drug.<br><br>The provider should:<br>• Bill applicable office visit procedure codes, including drug administration codes, as is customary, and follow standard billing practices for the service.<br>• Collect the office visit cost share (copayment and deductible, as applicable) according to a member's benefit agreement. |
| Provide the drug from your own supply | The provider should<br>• File a drug reimbursement claim ("buy and bill") directly to Truli.<br>• Bill applicable office visit procedure codes, including drug administration codes, as customary, and follow standard billing practices for the service.<br>• Collect the office visit cost share (copayment and deductible, as applicable) according to a member's benefit agreement. |

## Retail Pharmacy Authorization Guidelines

Truli requires certain prescription and injectable drugs to meet specific clinical criteria before our pharmacy programs cover them.

Retail pharmacy drugs that are subject to prior authorization review can be found in the Prior Authorization Program Information guide. To request authorization for a retail drug, providers should complete and submit an electronic Prior Authorization (ePA) request through CoverMyMeds®.

CoverMyMeds Determination Logic Guide
CoverMyMeds Reference Guide

## Medical and Specialty Pharmacy Authorization Guidelines

Truli requires prior authorization through various utilization management programs for a wide range of drug services processed through the medical benefit. Prior authorization requests for medical and specialty pharmacy drugs are handled by different entities depending upon the circumstance.

Check the Medical Pharmacy Drugs Requiring PA list for help determining where an authorization request should be submitted and a current listing of drugs requiring prior authorization when processed through the member's medical benefit.

## Provider Administered Drug Program (PADP)

Magellan Rx Management® helps manage our PADP. This program uses clinically accepted standards to maximize patient care in the most appropriate and affordable manner.

A member's benefits determine which drugs we cover. Drugs we do not cover through PADP may still require prior authorization. Providers can obtain authorizations through Availity.

### PADP exclusions

PADP guidelines do not apply in the following scenarios:

- Drugs a patient receives in an emergency room
- Drugs a patient receives in an observation unit
- Drugs a patient receives during an inpatient stay
- Drugs a provider or patient orders through Truli's Specialty Pharmacy Program, such as "Just-in-Time" or "Drug Replacement"

### How to submit prior authorization requests for PADP

Review the **PADP list** to determine if Magellan Rx Management manages the drug.

If the drug is in the PADP list, submit requests electronically to Magellan Rx Management:
- www.ihmagellanrx.com
- Call Magellan Rx Management at 800-424-4947

If the drug is not in the PADP list, submit authorization requests electronically through Availity:
- www.availity.com
- Call Truli for Health at 800-955-5692

# Independent Clinical Laboratory

Providers should refer laboratory services to Quest Diagnostics[SM] and Dermpath Diagnostics®. The preferred lab for anatomical pathology services in Florida is AmeriPath®.

Only the laboratory services listed below are eligible for payment when a participating Truli physician performs them in the office. Truli will deny payment for any other laboratory services a physician performs in the office, and the physician must not bill the member for these services. Draw fees are only eligible for payment when providers send lab services to Quest Diagnostics and Dermpath Diagnostics or another participating laboratory.

| Codes | Descriptors |
|-------|-------------|
| 36415 | Collection of venous blood by venipuncture |
| 80076 | Hepatic function panel (7) |
| 80048 | Basic metabolic panel |
| 80051 | Electrolyte panel (CO2, Cl, K, Na) |
| 81000 | Urinalysis, by dip stick or tablet reagent, non-automated with microscopy |
| 81001 | Urinalysis, by dip stick or tablet reagent, automated with microscopy |
| 81002 | Urinalysis, by dip stick or tablet reagent, non-automated without microscopy |
| 81003 | Urinalysis, by dip stick or tablet reagent, automated without microscopy |
| 81005 | Urinalysis, qualitative or semi quantitative, except immunoassays<br>Add 24 hours for urine collection |
| 81015 | Urinalysis; microscopic only |
| 81025 | Urine pregnancy test, by visual color comparison methods |
| 82150 | Amylase |
| 82247 | Bilirubin; total |
| 82270 | Consecutive collected specimens with single determination, for colorectal neoplasm screening |
| 82272 | 1 to 3 simultaneous determinations, performed for other than colorectal neoplasm screening |
| 82565 | Creatinine; blood |
| 82803 | Gases, Blood, any combination of PH, PCO2, PO2, CO2, HCO3 (including calculated O2 saturation) |
| 82946 | Glucagon Tolerance Test |
| 82947 | Glucose; Quantitative, Blood (Except reagent strip) |

| Codes | Descriptors |
|---|---|
| 82948 | Glucose; blood, reagent strip |
| 83036 | Hemoglobin; Glycosylated (A1C) |
| 83861 | Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity |
| 84703 | Gonadotropin, chorionic (HCG); qualitative |
| 85013 | Blood count; spun microhematocrit |
| 85014 | Blood count; hematocrit (HCT) |
| 85018 | Hemoglobin (Hgb) |
| 85025 | Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count |
| 85060 | Blood smear, peripheral, interpretation by physician with written report |
| 85097 | Bone marrow, smear interpretation |
| 85610 | Prothrombin time partial thromboplastin time (PT), international normalized ratio (INR) |
| 86308 | Heterophile antibodies; screening |
| 86580 | Skin test, tuberculosis, intradermal |
| 87210 | Wet mount for infection agents (e.g., saline, India ink, KOH preps) |
| 87220 | Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies) |
| 87400 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method, Influenza A or B, each |
| 87420 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; respiratory syncytial virus |
| 87425 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; rotavirus |
| 87430 | Infectious agent antigen detection by enzyme immunoassay technique, Streptococcus, group A |
| 87631 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets |
| 87804 | Infectious agent detection by immunoassay with direct optical observation; influenza |

| Codes | Descriptors |
|---|---|
| 87807 | RSV assay w/ optic |
| 87809 | Infectious agent detection by immunoassay with direct optical observation; adenovirus |
| 87880 | Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A |
| 88172 | Cytopathology. Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s). |
| 88177 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis. |
| 89051 | Cell count, miscellaneous body fluids, except blood; with differential count |
| 89060 | Crystal identification by light microscopy with or without polarizing lens analysis, or body fluid (except urine) |
| 89190 | Nasal smear for eosinophils |
| 89300 | Semen analysis; presence and/or motility of sperm including Huhner test |

# Internal Dispute Resolution

## Provider Appeal Process

Providers may request reconsideration of how a claim processed, paid or denied. These requests are referred to as appeals. Truli will conduct a one-time appeal review. There are no second level appeal rights for a post-service provider appeal.

Truli has a defined provider appeal process for providers who are dissatisfied with how a claim processed, paid or denied.

Provider appeal categories:

- Clinical appeals
- Non-clinical appeals (coding appeals)
- Administrative appeals, appeal appropriateness

Providers may send an appeal if there is financial liability for the provider or the provider is sending the appeal on behalf of a member (patient). If the provider is sending a post-service appeal on behalf of a member, the Truli Appointment of Representation (AOR) form must be completed and accompany the appeal. The appeal will then process as a member appeal.

### Exception process

The provider may submit the appeal request without an AOR form when the following conditions are met:

1. The provider is unable to reach the member to complete the AOR form.
2. A member refuses to submit payment to a provider for services rendered and a claim has been denied.
3. If one or both these conditions are met, the provider can submit the appeal and must:
   a. Describe the contact attempts to the member with dates.
   b. Describe interaction with the member with dates about payments as indicated in number 2.

Please note:

1. Clinical appeals/non-clinical appeals: Providers must not appeal again for decisions Truli has already processed as an appeal. Providers are required to submit ALL documentation at the time of the appeal submission.
2. Administrative appeals: For reconsiderations of administrative appeals please follow the process noted in the Administrative Appeals process below.
3. Claim reprocessing is not an appeal.
4. A physician or physician group must submit all documentation needed within reason to decide an internal appeal to Truli for Health's Provider Appeal and Dispute Department.

Participating providers must submit appeals within one year of the date that appears on the respective remittance advice. Truli for Health will not overturn claim denials based on a provider's failure to comply with required procedures and time frames.

Providers may not balance bill members for covered services, including disputed amounts.

If an appeal is approved or denied, a letter will be sent informing you of the decision. If approved, the claim will be forwarded for adjustment and/or payment.

## Pre- and Post-service Appeals

Providers can request appeals for both pre-service and post-service adverse determinations by following the same rules as the general appeals process.

## Clinical Appeals:

Clinical appeals encompass claims that require clinical review. Clinical appeal options (as referenced on the Provider Clinical Appeal Form) are:

- Utilization management appeals
- Adverse determination appeals (medical necessity or experimental / investigational appeal) non-clinical appeals

Providers have a right to appeal adverse determinations (denials) by submitting a request for reconsideration. Denials may be issued for several reasons that most commonly include:

### Adverse determination appeals

A provider may file a written request for reconsideration when we have denied payment because a proposed or actual health care service or supply was:

- Not medically necessary.
- Experimental or investigational.
- Supportive of an experimental or investigational service.
- Supportive of a not medically necessary procedure (adverse determination appeal).

To request an adverse determination appeal for pre-service or post-service claims, the appeal must be in writing and a claim status request or telephone inquiry questioning how we applied benefits or allowed amounts.

### Utilization management appeals

A utilization management (UM) appeal is a written request to review a claim that required an authorization, pre-service review or precertification.

UM appeals are not:

- Provider pre-service determination appeals (unless ERISA requires).
- Claims status requests, telephone inquiries or post-service claim reviews of how we applied benefits or allowed amounts.

Providers must file UM appeals within the lesser of the time frame contained in the provider's agreement or one year (365 days) from payment date. Truli will not overturn claim denials if the provider does not follow required procedures and timeframes.

## How to request clinical appeals

Providers can request a clinical appeal two ways: electronically through Availity's automated appeals system or by mailing it to us.

## Electronic Appeal submission (preferred method)

When a provider submits an appeal electronically, Availity includes all forms the provider must complete.

1. Go to Florida Blue Payer Space on Availity.
2. Complete all required forms.
3. Upload any supporting documentation, as necessary.
4. Submit the appeal to us through Availity.

## Written appeal (alternate method)

When sending an appeal by mail, include the following:

- A completed Provider Appeals form.
  **Note**: Download and print the form from the Florida Blue Payer space on Availity.
- A copy of the EOP with the claim in question.
- A written explanation of the reconsideration.
- All supporting documentation.
- A completed <Truli for Health Appointment of Representation (AOR) form> if the provider is sending a post-service appeal on behalf of our member. We will process the appeal as a member appeal.

Send the appeal packet to the following address:

Truli for Health
Attn: Provider Disputes Department
P.O. Box 45014
Jacksonville, FL 32232

# Questions? We are here to help.

## How we communicate updates

This manual is not a complete compilation of provider polices or procedures. We will share vital information and updates about policies and programs we do not include in this manual on our website or in special publications, such as letters, bulletins, or newsletters. If we change a website's location, a benefit plan name, our branding or the customer identification card identifier, we will also share that information with you.

## Contact us

You can find a helpful list of current phone numbers, email addresses, operating hours, and more at truliforhealth.com *and select* **Contact**.

Email Network Contract Support:                networkcontracting@guidewell.com

Truli for Health Behavioral Health Network Manager:    networkcontracting@guidewell.com

Call the Provider Contact Center:               833-238-8144

Hours of Operation:                             Monday – Thursday, 8 a.m. to 6 p.m.
                                                Friday, 9 a.m. to 12 p.m.
                                                IVR Self-service Options 24/7/365