PROVIDER UPDATE

MOUNT CARMEL Health Plan

MediGold

SEPTEMBER 2025

REMINDER: MediGold Provides New Ways to Receive Payments

As we mentioned last month, MediGold now provides new ways to receive payments. As a reminder, we have engaged **PNC Healthcare** to provide new electronic payment methods via their **Claim Payments & Remittances (CPR) service**, powered by ECHO Health. There are several ways to receive payments, including via **Electronic Funds Transfer (EFT)**, which can be set up by visiting the ECHO website. (You can also enroll in EFT with all of your vendors by visiting the site.) In addition to your banking account information, you will need to provide an ECHO payment draft number and payment amount as part of the enrollment authentication. You were sent a communication with an access code included.

Enroll and Receive payments via EFT

Also, if you are not currently registered to accept payments electronically, you will receive **Virtual Credit Card** payments with your Explanation of Payments (EOPs). If you have a HIPAA certified fax number on file, your office will receive fax notification; if not, your virtual card will be mailed. Each notification will contain a virtual card with a number unique to that payment transaction including an instruction page for processing.

The steps for processing these payments are similar to how you manually enter patient card payments today. Be sure to enter the full amount of the payment prior to the expiration date on the card. Normal transaction fees apply and are based on your merchant-acquirer relationship. No action is necessary to start receiving virtual card payments.

Another option for receiving payments, **Medical Payment Exchange (MPX)**, is available if you haven't enrolled in EFT or Virtual Card options. Enroll with MPX and receive payments via your MPX portal account. Or you can receive an MPX payment by Choice Card notification or Paper Check notification. The notification includes instructions for selecting your preferred payment option via the website. **Learn More**

Finally, payments by **Paper Check** is an option. To receive paper checks and paper explanation of payments, you must elect to opt out of Virtual Card Services or remove your EFT enrollment.

For questions about all the payment options available to you, please contact ECHO Health at **800-393-4140**.

1 Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county.

HealthRules Payer system: A – Z

Effective July 1, MediGold implemented the HealthRules Payer (HRP) core administrative processing system, which integrates all aspects of our business into one system – from claims processing to administrative, financial and clinical functionality. We're confident it will help us better serve our provider and member communities in an optimal way.

Since the implementation of our new core administrative processing system, we thought the following information would be beneficial to our providers.

A) Attachments:

Providers are now able to submit attachments electronically. Providers no longer need to drop their claims for paper to submit attachments. This is an enhancement from our previous system

B) DME billing and Medically Unlikely Edits (MUEs):

DME providers use Medically Unlikely Edits (MUEs) to check claims for maximum units of service, and modifiers to provide additional information or justify claims that exceed standard limits

How to Handle Claims Exceeding MUEs

- Use Appropriate Modifiers:

If your services are legitimate and exceed the MUE, you can use certain modifiers on separate lines to justify the extra units.

- Examples of Modifiers:
  - KX: Indicates that the patient's medical record contains the necessary documentation to support the medical necessity of the service, particularly when therapy caps are exceeded.
  - 59 (or XE, XP, XS, XU): These "Distinct Procedural Service" modifiers are used on separate lines to indicate that a service was performed at a different session, different site, different encounter, or is otherwise separate from the service that was expected.

Common DME Modifiers:

- RR: For the rental of equipment.
- NU: For the purchase of new equipment.
- UE: For the purchase of used equipment.
- KH: First rental month.
- KI: Second and third rental months.
- KJ: Fourth to thirteenth rental months.
- RA: For replacement of equipment due to loss, theft, or damage.
- RB: For a replacement part used in a repair.

C) Hospice Modifier:

Healthcare providers and billing professionals should carefully review the Medicare Hospice Guidelines and consult with medical billing experts to ensure they are using hospice modifiers appropriately.

GV Modifier: Services Related to Terminal Illness

- Purpose: To identify services provided to a hospice patient that are related to the terminal illness but are not paid for by the hospice provider.
- Who uses it: An attending physician (or other non-physician practitioner) not employed or paid under arrangement by the hospice.
- When to use it: When the service is connected to the patient's terminal condition.

GW Modifier: Services Unrelated to Terminal Illness

- Purpose: To signify that a service provided to a hospice patient is completely unrelated to their terminal illness.
- Who uses it: Any physician or healthcare professional.
- When to use it: When a patient is receiving hospice care, but seeks treatment for a condition that is not their terminal illness. For example, a heart patient receiving hospice care visits a dermatologist for treatment of eczema.

D) Melissa Data:

The new system utilizes Melissa data. Please ensure you are billing your address per the information on Melissa Data: https://lookups.melissa.com

E) Rural Health Clinic (RHC):

RHC should bill on a UB-04 Paper Claim or a 837I electronic claim.

An interim rate letter is used to determine reimbursement for services. Submit your new Centers for Medicare & Medicaid Services (CMS) interim rate letter (IRL) to ensure you're reimbursed at the correct per diem rate.

F) Taxonomy:

A taxonomy code is a unique 10-character code that designates your classification and specialization. Taxonomy codes are required when billing.

Vaccine Status Varies, Check With Your Local Pharmacies

Despite confusion within the federal government as to vaccine recommendations, this is the time of year for an increase in respiratory illnesses, so we advise you to encourage your patients to get an annual influenza shot. Also, consider advising your patients about other vaccines important to those age 60 and older -- the RSV and COVID-19 vaccines/boosters.

These vaccines will still be available to patients, although with some restrictions:

Influenza – Widely available at most pharmacies, many public health centers also offer flu shots at their walk-in clinics. Also there are certain instances of vaccines being offered to homebound residents.

COVID-19 – These vaccines are still available but with new eligibility rules; seniors 65 and older are fully eligible, but younger adults and children must have at least one high-risk health condition to qualify. Pharmacies may request a prescription in some states; please check with your local pharmacy about their policies.

RSV – Availability varies, but most pharmacies provide RSV vaccines to adults 50 and older.

September is Pain Awareness Month

Helping your patients learn how to manage their pain is one of the goals of Pain Awareness Month.

The U.S. Pain Foundation in collaboration with the National Institutes of Health, and others, has created a webinar and four-week virtual Pain Series social media campaign, accessed through #SolvePainTogether.

This initiative explores the full experience of chronic pain, from diagnosis to building a treatment plan, to helping the 51.6 million Americans living with chronic pain to learn how to advocate for themselves.

Learn more about the Pain Foundation's initiatives

Documentation and Coding Information: Morbid (severe) Obesity

Key Facts

- BMI is defined by the ratio of an individual's height to his or her weight. Normal BMI ranges from 20-25
- An individual is considered morbidly obese if he or she is 100 pounds over his/her ideal body weight, has a BMI of 40 or more, or 35 or more and experiencing obesity-related health conditions, such as high blood pressure or diabetes

CMS requires submission of risk-adjusting diagnosis codes within the reporting period of each calendar year based on diagnoses documented in the medical records.

Clinical documentation should be clear, reliable, valid, and legible. All conditions that coexist during the encounter/visit and require or affect patient care, treatment, and/or management should be documented.

ICD-10-CM	DESCRIPTION
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.813	Obesity, class 3
Z68.41	Body mass index [BMI]40.0-44.9, adult
Z68.42	Body mass index [BMI] 45.0-49.9, adult
Z68.43	Body mass index [BMI] 50.0-59.9, adult
Z68.44	Body mass index [BMI] 60.0-69.9, adult
Z68.45	Body mass index [BMI] 70 or greater, adult
Z68.56	Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age

Coding Tips:

- BMI alone does not risk adjust. A provider must document a clinical diagnosis of morbid/severe obesity
- It is not appropriate to assign E66.01, Morbid (severe) obesity due to excess calories, if the provider documents class three obesity, as the obesity has been documented as class three. Furthermore, when the provider documents both class three and morbid obesity, assign only E66.813, Obesity, class three
- If morbid obesity is documented and a BMI ≥ 40+ is documented, then it is appropriate to capture E66.01 (Morbid Obesity) and Z68.4X (BMI of 40 or greater).
- If BMI of 40 or greater is documented and there is no mention of a related diagnosis, such as morbid obesity, then it is NOT appropriate to code a BMI status code.

Do You Have Access to our Provider Portal?

Through the Provider Portal you can:

- Verify eligibility of members
- Verify member claims history
- View member payment status, and more!

GET ACCESS TODAY