

New Provider Manual Effective 7/1/17 is Available

Please review the updated Provider Manual, effective July 1, 2017, posted on the Alliance provider website at www.ccah-alliance.org/provider-manual-toc.html. For your convenience, you can download PDFs of individual chapters as well as the entire manual.

Material changes to the 7/1/17 Provider Manual are outlined below.

- * To encourage safe and proper use of opiate medications, the Alliance's opioid policies and benefits have been edited to include a ceiling of 90 morphine equivalent dose (MED) for patients with chronic-non-cancer-pain, new prior authorization requirements for high potency opioids (morphine sulfate extended-release, methadone, and hydromorphone), a 90% refill-too-soon policy, and a reduction in quantity limits for Norco (hydrocodone-acetaminophen) and Percocet (oxycodone-acetaminophen). For more information, please see *Section 16: Pharmacy Services*.
- * The description of the Enhanced Primary Care Pain Management Program has been updated to more clearly outline requirements where physician assistants (PAs) and nurse practitioners (NPs) provide services under the program. PAs and NPs must be credentialed by the Alliance and have X-licensure in addition to being supervised by an Alliance-credentialed physician that also has DEA X-licensure. Claims for services under the program rendered by PAs and NPs must be authorized and billed under the supervising physician. For more information, please see *Section 3: The Role of the Primary Care Provider*.
- * Medicare has the ability to alter its allowed amount, often times due to penalties this program may impose on a provider. For Medicare/Medi-Cal crossover claims, the Alliance may coordinate payment based upon the amount the provider is eligible to receive from Medicare after these reductions are imposed. Please see details in Policy 600-1041 Medicare and Coordination of Benefits Reimbursement in *Section 9: Coordination of Benefits*.
- * In *Section 10: Claims*, Policy 600-1040 - Unbundled ENT CPT Codes has been revised to include detailed guidelines for how providers and provider groups with a specialty type 04 (Otology Laryngology Rhinology) may bill certain codes along with Current Procedural Terminology (CPT) codes 69210 and 92567.
- * Contractual responsibilities that exist for providers when ownership changes occur are reiterated in *Section 2: Credentialing, Contracting, and Compliance*. A Notice of Change in Ownership form is also included for providers to use to notify the Alliance of such changes.