2022 Member Benefits Services

Provider Frequently Asked Questions

Benefit Services Covered - Table of Contents:

1. Medicare Part B Prescription Drugs ..... Page 2
2. Home Infusion Therapy ..... Page 3
3. Diagnostic Test, Lab, Radiology and X-rays ..... Page 3
4. Physical, Occupational & Speech Therapy ..... Page 3
5. Hearing Services ..... Page 4
6. Vision Care ..... Page 4
7. Durable Medical Equipment ..... Page 5
8. Diabetes ..... Page 5
9. Hospice Care ..... Page 6

This document is to service as a guide. Providers/Vendors are responsible to check member eligibility, as well as reference the member specific plan Evidence of Coverage and Benefit Grid for coverage:

- **<u>The Member's Evidence of Coverage (EOC)</u> - *Chapter 4 Medical Benefits Chart***

- **<u>Benefit Grid by Year under Member's Specific Plan</u> (i.e., Balance, Classic, Connections, Embrace)**

1. What drugs covered under Medicare Part B Prescription Drugs benefits?

Medicare Part B Prescription Drugs include:	Member Cost-Share	Claims Processing Tips
• Drugs that usually are not self-administered by the member and Injected/infused while getting physician, hospital outpatient, or ambulatory surgical center services • Drugs member takes using Durable Medical Equipment (DME)that authorized by the plan • Clotting factors member gives themselves if they have hemophilia • Immunosuppressive drugs if member enrolled in Medicare Part A at time of organ transplant • Antigens • Injectable osteoporosis drugs • Certain oral anti-cancer and anti-nausea drugs • Certain drugs for home dialysis, including heparin • Intravenous Immune Globulin • Some vaccines (pneumonia, influenza, hepatis B, and Covid19) under Part B & Part D prescription drug benefit. For more information go to: Part D Vaccines (scanhealthplan.com). Generally, drugs and biologicals are covered **only if ALL** the following requirements are met: • They meet the definition of drugs or biologicals, • They are of the type that are not usually self-administered, • They meet all the general requirements for coverage of items as incident to a physician's services, • They are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered according to accepted standards of medical practice, • They are not excluded as non-covered immunizations, and • They have not been determined by FDA to be less than effective.	Refer to Member's EOC "***Medicare Part B Prescription Drugs"*** in the Benefits Chart under Member's Specific Plan for complete list and the Member Benefit Grid "***Part B Drugs"***.	Ensure NDC on claim. Chemo Drug claim submissions: Review the DOFR before submitting claims to ensure receipt to proper processor. Immunizations are Part B covered if a medical diagnosis is present on the claim. Travel immunizations are not covered by Part B. ***Note***: Part B or D Prescription Drug coverage is based on the location where drugs administered.

2. What does Home Infusion Therapy include?

Home Infusion Therapy Covered Services include: *Prior auth rules apply*	Member Cost-Share	Claims Processing Tips
• Professional services including training and education and monitoring services per visit • DME (equipment and supplies) needed to perform home infusion therapy are covered under the DME benefit • Infusion drugs used with DME	Refer to EOC "***Home Infusion therapy***" Refer to EOC ***"DME & Related Supplies"*** Refer to EOC ***"Medicare Part B Prescription Drugs"***	Contracted Provider: bill appropriate codes within your contract. Non-Contracted provider: bill with Medicare covered codes.

3. What do Diagnostic Tests, Lab, Radiology, and X-rays include?

Diagnostic Test, Lab, Rad & X-rays Services include: *Prior auth rules apply*	Member Cost-Share	Claims Processing Tips
• **Diagnostic Radiological Procedures** (CT, SPECT, MRI, MRA, Myelogram, Cystogram, ultrasound, & diagnostic nuclear scans) • **Diagnostic Procedures/Tests - Non-radiological:** EKG, pulmonary function tests, sleep studies and treadmill stress tests) • **Laboratory Services** • **Outpatient X-rays** • **Therapeutic Radiological Procedures** (Radiation Therapy, Gamma Knife, and Cyber Knife procedures)	Refer to "***Diagnostic Tests, lab, Radiology, X-rays***" in the Benefit Grid under Member's Specific Plan Refer to the EOC "***Outpatient Diagnostic Tests and Therapeutic Services & Supplies***"	Ensure proper billing of diagnosis for claims meeting preventative CMS guidelines, and LCD NCD rules are met.

4. Where do Physical, Occupational, & Speech Therapy benefits fall under?

Physical, Occupational & Speech Therapy benefits:	Member Cost-Share	Claims Processing Tips
Dependent on where services were rendered or by whom. **Refer to the following services in the EOC, Medical Benefits Ch 4.** • Home Health Agency Care • Inpatient Stay: Covered services received in a hospital or SNF during a non-covered inpatient stay • Outpatient Rehabilitation Services • Skilled Nursing Facility (SNF) Care • Outpatient Rehabilitation ***(refer to Member Benefit Grid)***	Refer to EOC relevant services in the Benefit Chart under Member's Specific Plan	Ensure appropriate *modifiers are billed.*

5. What are the Hearing benefits?

Hearing Services covered include:	Member Cost-Share	Claims Processing Tips
• **Medicare Covered:** *Prior auth rules may apply* **Diagnostic hearing and balance evaluations furnished by a physician, audiologist, or other qualified provider.** • **Routine/Non-Medicare Covered: Supplemental benefits provided by TruHearing contracted providers include:** ▪ Routine hearing test ▪ Hearing aids ▪ Hearing aid fitting/evaluation	Refer to EOC "***Hearing Services (Medicare Covered)"*** --- Refer to EOC "**Hearing Services (Routine/Non-Medicare-Covered)** Refer to Member Plan Benefit Grid "**Hearing Services**"	Claims should not be submitted to SCAN for processing.

6. What are the Vision benefits?

Vision Care Services covered include:	Member Cost-Share	Claims Processing Tips
• **Medicare Covered:** *Prior auth rules may apply* ▪ Glaucoma screening (high risk members) ▪ Diagnosis/Treatment for eye diseases/injuries ▪ Diabetic Retinopathy screening (diabetic members) ▪ Glasses/contact lenses after cataract surgery • **Routine/Non-Medicare Covered: Supplemental benefits provided by Eye Med Select optometry provider network/locations include:** ▪ Routine eye exams (1 every 12 months) ▪ Lenses (single vision, bifocal, or trifocal) ▪ Standard frames or eyeglasses (both lenses and frames) or contact lens in lieu of eyeglasses	Refer to EOC "***Vision Care (Medicare Covered)"*** Refer to Member Benefit Grid "***Diag/Treat Eye Disease"*** under "***Vision Services"*** --- Refer to EOC "***Vision Care (Routine/Non-Medicare-Covered)*** Refer to Member Plan Benefit Grid "***Vision Services***"	Ensure proper diagnosis is present for vision claims that are medical related and not routine. **Submit all routine vision claims directly to Eye Med**

7. What are Durable Medical Equipment (DME) benefits?

DME covered items include: *Prior auth rules apply*	Member Cost-Share	Claims Processing Tips
• Wheelchairs, crutches, powered mattress systems, diabetic supplies (such as continuous glucose monitors), hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers • We cover all medically necessary DME covered by Original Medicare • Repairs and replacements of DME are covered due to breakage, wear, or a significant change in member's physical condition, and be made when medically necessary and covered by Medicare • Medication used with DME • Continuous glucose monitors (CGM) and related supplies are considered DME	Refer to EOC "***Durable Medical Equipment and Related Supplies***" Refer to EOC "***Medicare Part B Prescription drugs***) Refer to EOC "***Diabetes Self-Management Training, Diabetic Services & Supplies***"	Use the SCAN contracted DME provider. Bill using the appropriate units and modifiers. Date span of months and calendar years are not allowed.

8. What is the Coverage for Diabetes?

Diabetes coverage includes: *Prior auth rules apply*	Member Cost-Share	Claims Processing Tips
• Supplies to monitor member's blood glucose levels: Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions for checking the accuracy of test strips and monitors ▪ Continuous glucose monitors and related supplies are considered DME. ▪ Blood glucose monitors, test strips, and control solutions are only available from one manufacturer (Abbott). Lancets are available from any manufacturer. • Diabetic therapeutic shoes and inserts for people with diabetes who have severe diabetic foot disease • Diabetes self-management training is covered under certain conditions • Diabetes screening	Refer to EOC "***Diabetes Self-Management Training, Diabetic Services & Supplies" and "Diabetes Screening***" Refer to EOC" ***Durable Med Equipment (DME) & Related Supplies"*** Refer to ***Member Benefit Grid for member cost share***	

9. How Does Hospice Work?

Hospice Care Covered Services include:	Member Cost-Share	Claims Processing Tips
• Member is eligible for hospice benefit when given terminal prognosis certifying they has 6 months of less to live. Hospice physician can be a network provider or out-of-network provider. • Services include: Drugs for symptom control and pain relief, short-term respite care, & home care. • If a member revokes Hospice, SCAN is not responsible for member's claim until the first date of the following month. (i.e., if member revokes coverage on 12/1/2022, SCAN will be cover beginning 1/1/2023). • For hospice services and services covered by Medicare Part A or B related to member's terminal prognosis, services are paid by Original Medicare, not SCAN. • For services covered by Medicare Part A or B, **not** related to member's terminal prognosis, SCAN will cover non-emergency, non-urgently needed services and member will pay their cost-sharing amount. If covered services from an… ▪ In-network provider, member only pays the plan cost sharing amount for in-network services ▪ Out-of-network provider, member pays the cost sharing under Fee-for-Service Medicare (Original Medicare) • For services covered by SCAN, but not covered by Medicare Part A or B, SCAN will continue to cover plan-covered services and member will pay their cost-sharing amount for these services.	*Refer to EOC "**Hospice Care"***	All claims with date of service during effective period of hospice should be sent to SCAN with the Medicare EOB attached. If member revokes hospice in middle of month SCAN will be effective first day of the following month. (Example: hospice effective 02/01/2022 to 02/12/2022, claim date of service 02/13/2022, submit claim to SCAN with hospice EOB).