

WTC HEALTH PROGRAM NATIONWIDE PROVIDER NETWORK

Health Evaluation Guidance

Thank you for supporting the World Trade Center (WTC) Health Program and its members by participating as a monitoring provider within the Nationwide Provider Network (NPN).

As a participating provider, you will receive an invitation to register for our online NPN provider portal which contains Program resources and member information. If you have additional questions or have not received an invite, please call the NPN Administrator, Managed Care Advisors (MCA)/Sedgwick Government Solutions, at 1-800-416-2898.

The WTC Health Program is a **limited federal health benefit plan** which provides medical monitoring (surveillance) and treatment services for members who are certified with a WTC-related health condition(s). In addition, influenza vaccination and breast, cervical, colorectal, and lung cancer screening are covered, in accordance with, United States Preventive Service Taskforce (USPSTF) guidelines. Learn more about the WTC Health Program at www.cdc.gov/wtc/aboutus.html.

Definitions:

- **WTC-Related Health Conditions** are illnesses or health conditions for which exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001 terrorist attacks.
 - o These covered conditions are predominately Upper/Lower Respiratory, Gastrointestinal, Mental Health, and Cancer. The Program may also cover health conditions medically associated with a WTC-Related Health Condition, which result from the treatment or progression of a certified WTC-Related Health Condition. To see more information about covered conditions as well as program policies and procedures, please visit the WTC Health Program website at <https://www.cdc.gov/wtc/policies.html>
- **WTC Health Program-affiliated providers** are contracted, credentialed providers authorized to provide medical monitoring, diagnostic, and treatment services within the Nationwide Provider Network. Referrals for further diagnostic services will be processed and scheduled by the **NPN** based upon the recommendations from the provider performing the monitoring exams.
- **Reimbursement** for healthcare services is federally mandated to be in accordance with the rates paid under Federal Employees' Compensation Act (FECA) or the Medicare fee schedule where FECA rates are not established (covered dental services are reimbursed according to the Office of Workers' Compensation Programs fee schedule). Claims are submitted to the **NPN** for payment. **You may not bill WTC Health Program members for any services or balances.**
- **WTC Health Program members** may be covered for exam elements noted within the monitoring exam and for recommendations of further testing, procedures, and treatment authorized by the Program. Providers should document recommendations on the exam form. The **NPN** will authorize, and schedule future appointments based upon the Program's policies and procedures.

INITIAL HEALTH EVALUATION (IHE) / ANNUAL MONITORING EXAM (AME) AKA SURVEILLANCE EXAMS

The Initial Health Evaluation (IHE) for responders and survivors identifies past and current health conditions that could potentially be related to 9/11 exposure to airborne toxins or any other 9/11 hazard. It is important to review the approved list of health conditions and to provide medical documentation if the symptoms are suspected to be related to 9/11 exposures, e.g. date of symptom onset and/or latency. This information is utilized BY the MCA/Sedgwick Medical Team to attest that the members' 9/11 exposure is **substantially likely to be a significant factor in aggravating, contributing to, or causing the illness or health condition.**

The Annual Monitoring Exam (AME) is a covered medical monitoring benefit for ALL responders and those survivors with a certified WTC-related health condition. This surveillance exam is performed annually (goal timeframe is every 10-18 months) to identify latent health conditions that could potentially be related to 9/11 exposures.

Submit IHE/AME results on the provided exam form to the NPN within two business days, including signed spirometry, EKG reports, and laboratory tests; note that spirometry and EKGs are optional for AMEs, recommended only if clinically indicated. EKGs may be performed only for members aged 40 years or older when clinically indicated. NPN medical directors will then review for completeness (quality assurance) and assess for WTC-related health conditions and/or health conditions that are medically associated with a WTC-related health condition that could qualify for certification by the WTC Health Program medical benefits manager (MBM).

EXAMINATION INCLUDES:

- a) Medical History Questionnaire (MHQ) summary will be provided by NPN in advance and needs to be reviewed prior to the exam appointment.
- b) Identifying patient/member is eligible for USPSTF-recommended Cancer Screening (if needed, based on history, age, and gender). [The Program coverage is limited to USPSTF category A/B recommendations for Colorectal, Lung, Breast, and Cervical Cancer screening. It does not cover other cancer screenings (e.g. prostate). However, if there are signs or symptoms of a possible cancer-related condition, diagnostic benefits would be covered; the provider should address these conditions on the exam form with a medically necessary referral for the documented abnormal finding.
- c) EKG (age \geq 40 years and clinically indicated/if not clinically indicated does not need to be completed)
- d) Spirometry (initial to include bronchodilator, if needed) (If the spirometer report provides a test quality grade (A-F), please indicate the test score on the examination form)
- e) Labs (CBC, CMP, Lipids (non-fasting or fasting is acceptable), UA)
- f) CXR (Every two years if clinically indicated. If not clinically indicated, a CXR does not need to be completed.)
- g) Vital Signs
- h) Complete Physical Exam with attached form, that specifically screens for potential WTC-related conditions and/or health conditions that are medically associated with a WTC-related health condition.
- i) Seasonal influenza vaccine is a covered benefit. Currently, other vaccines are not covered, unless the member already has a certified health condition where it is part of the treatment benefit. Please do not routinely administer any other vaccine(s) as part of the Program. (Seasonal influenza vaccine can be administered if the member is due for this vaccination and the member agrees to receive it.)



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Further diagnostic and treatment medical benefits will be determined based upon approved WTC Health Program medical benefits through coordination between the Program-affiliated provider, Clinical Center of Excellence or NPN, and WTC Health Program Administration based upon Program policies. If you have any questions or need assistance with recommended referrals, please contact us at (800) 416-2898.

Note that there are also relevant time intervals for WTC-related acute traumatic injuries (ATI), musculoskeletal disorders (MSDs), and aerodigestive conditions. For these conditions, evidence must be provided that the medical treatment received by the member first occurred between September 11, 2001 and September 11, 2003. For ATI, the injury had to occur immediately after a one-time 9/11-related exposure to energy (e.g., heat, electricity, or impact from a crash or fall). For WTC-related MSDs, only WTC responders to the New York City disaster area are eligible for certification.

INSTRUCTIONS FOR PROVIDER:

Enclosed, you will find the necessary form to document and submit your IHE/AME results to the NPN. Your responsibility is to perform the examination, and the NPN will handle the processing. Please ensure the completed form is returned within two business days for seamless processing. For any inquiries or assistance, contact us at (800) 416-2898, Monday - Friday, 8 AM - 8 PM ET.

MEMBER INFORMATION			
Member First Name:		Provider name (first, last):	
Member Last Name:		Exam Location:	
Vital Signs		Date of Exam:	
Blood Pressure:	____/____	Member ID Information	
Pulse / SpO2:	____/____ %	Member Birthdate:	
If irregular, describe:		Member 9/11 Number:	
Respirations:	_____	Has the examining providing been able to review the MHQ Summary?	
Height:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight:	_____		
BMI:	_____		

Are there any current concerns mentioned by the member during this examination?

General Appearance (<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal)
HEENT (<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal) <small><u>Including neck and thyroid.</u></small>
Chest / Lungs (<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal)
Cardiovascular (<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal)
Abdomen (<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal)
Skin (<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal) <small><u>Please comment on any suspicious lesions for cancer.</u></small>
Musculoskeletal (<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal)
Neurological (<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal)

Testing Results		
Labs (CBC, BMP/CMP, non-fasting or fasting lipids, and UA)		
Test Name	Results	Abnormal?
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
EKG (*NOT REQUIRED* - Only if member is > 40yo and clinically indicated.)		
Spirometry (Spirometry quality test grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F)		
Chest x-ray (*NOT REQUIRED* - Can be performed when clinically indicated and/or once every two years.)		
Potential <u>NON-CANCER</u> WTC-related health conditions		
ICD Code	Description	
Symptom(s)	Date of Onset (MM/YY)	Recommended Referral(s)
Additional information; Symptom management; Treatment summary		
Potential <u>CANCER</u> WTC-related health conditions		
ICD Code	Description	
Recommended Referral(s)		
Additional information; Symptom management; Treatment summary		
Flu Vaccine		
Date of last influenza vaccine		<input type="checkbox"/> Administered <input type="checkbox"/> Refused <input type="checkbox"/> Recommended

USPSTF Recommended Cancer Screening(s)

Lung Cancer (*The program covers current smokers and former smokers with a 20-year pack history who quit less than 15 years ago, aged 50-80.)			
Screening Indicated?	<input type="checkbox"/> Screening Indicated <input type="checkbox"/> Screening not indicated <input type="checkbox"/> Member declined	If indicated, would you like this screening provided through your primary care provider or the WTCHP?	<input type="checkbox"/> Program <input type="checkbox"/> Primary Care
Date of last screening (MM/YY)			
Referral Type	<input type="checkbox"/> Radiology (for low dose CT) <input type="checkbox"/> Other (please specify):		
Additional Comments			

Breast Cancer (*The program covers mammograms every other year for women, aged 40-74.)			
Screening Indicated?	<input type="checkbox"/> Screening Indicated <input type="checkbox"/> Screening not indicated <input type="checkbox"/> Member declined	If indicated, would you like this screening provided through your primary care provider or the WTCHP?	<input type="checkbox"/> Program <input type="checkbox"/> Primary Care
Date of last screening (MM/YY)			
Referral Type	<input type="checkbox"/> Mammogram <input type="checkbox"/> Other (please specify):		
Additional Comments			

Cervical Cancer (Program covers screening of women members aged 21 to 65 years.)			
Screening Indicated?	<input type="checkbox"/> Screening Indicated <input type="checkbox"/> Screening not indicated <input type="checkbox"/> Member declined	If indicated, would you like this screening provided through your primary care provider or the WTCHP?	<input type="checkbox"/> Program <input type="checkbox"/> Primary Care
Date of last screening (MM/YY)			
Referral Type	<input type="checkbox"/> Age 21-29, cytology/PAP smear every three years <input type="checkbox"/> Age 30-65, cytology/PAP smear every three years <input type="checkbox"/> Age 30-65, high-risk HPV testing every five years <input type="checkbox"/> Age 30-65, cytology/PAP smear and high-risk HPV testing every five years <input type="checkbox"/> Other:		
Additional Comments			

Colorectal Cancer (The program covers screening for members 45-75 years of age.)			
Screening Indicated?	<input type="checkbox"/> Screening Indicated <input type="checkbox"/> Screening not indicated <input type="checkbox"/> Member declined	If indicated, would you like this screening provided through your primary care provider or the WTCHP?	<input type="checkbox"/> Program <input type="checkbox"/> Primary Care
Date of last screening (MM/YY)			
Referral Type	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> High-Sensitivity Guaiac FOBT or FIT annually <input type="checkbox"/> sDNA-FIT every 1-3 years <input type="checkbox"/> Other:		
Additional Comments			

Provider Signature	
Provider Signature	
Provider name and credentials (please print)	
Date (MM/DD/YY)	



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Billing and Coding Instruction and Reference

Instructions / Reference

Instructions:

Completed Exam Forms and Ancillary Testing should be returned within 48 hours via secure fax or a direct upload to the Provider Portal:

- Fax Number: 866.728.7860 / 614.408.2836
- Provider Portal: www.sedgwickwtc.com
- WTC Health Program NPN (MCA-Sedgwick), PO Box 8021, Dublin OH, 43016

We also accept electronic claim submission through Office Ally

Payer ID LV371 – To enroll for electronic submission visit <https://cms.officeally.com>

To see the latest OWCP Fee Schedule, along with recent updates visit <https://www.dol.gov/agencies/owcp/regs/feeschedule/fee/feeJuly092023/download>.

Office Visit Codes

If billing Office Visit alongside ancillary testing and procedure codes, please include a modifier.

- 99205 - 60+ minute new patient
- Annual Monitoring Exams – claims should be submitted with ICD code Z04.9 as the primary diagnosis for both Survivors and Responders
- 99215 - 40+ minute established patient (AME)

Examination Follow-Up Codes

- CPT 99441: 5-10 min. telephone/telehealth follow-up for labs, test results, referrals
- CPT 99442: 11-20 min. telephone/telehealth follow-up for labs, test results, referrals
- CPT 99443: 21-30 min. telephone/telehealth follow-up for labs, test results, referrals
- CPT 99213: 20-29 min. in-office follow-up for lab, test results, referrals
- CPT 99214: 30-39 min. in-office follow-up for lab, test results, referrals
- CPT 99215: 40+ min. in-office follow-up for lab, test results, referrals

Ancillary / Procedure Codes

If billing for diagnostic procedures, such as 36415 Blood draw/venipuncture, or any other diagnostic test, please add DX Z03.89. Remember to apply diagnosis pointer to each line item that it applies to.

- CPT 81003 – Urinalysis
- CPT 93000: EKG with interpretation (attach signed report)
- CPT 94010: Spirometry with interpretation (attach signed report)
- CPT 94060: Spirometry with Bronchodilation with interpretation (attach signed report)
- CPT 71046: Radiology, chest two views
- CPT 36415: Lab draw, handling, sent to lab
- CPT 90471, G0008: Influenza vaccine