HEALTH | CHOICE
UTAH

HEALTH | CHOICE
GENERATIONS

# PROVIDER NEWSLETTER

April 2022

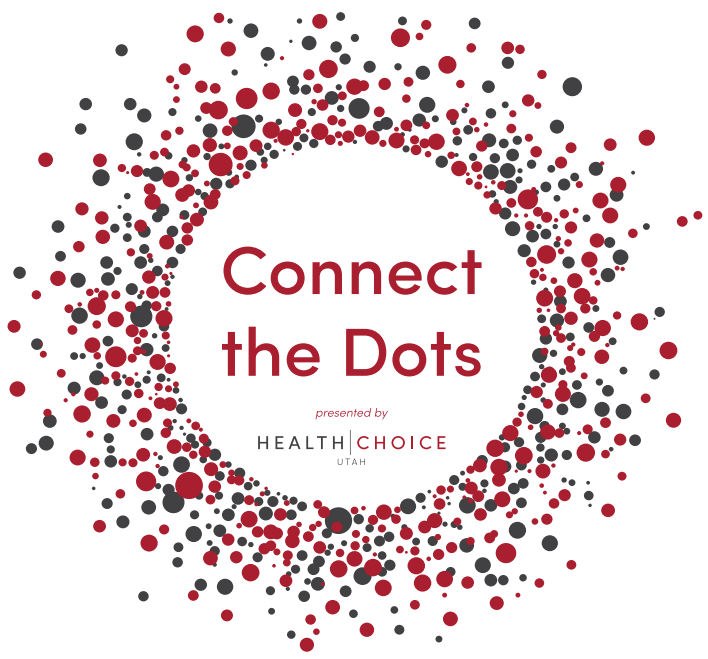
## INSIDE THIS ISSUE



## CONNECT THE DOTS

Health Choice Utah's Outreach team holds community network meetings called Connect the Dots. These meetings are held throughout the year, virtually and in-person. Education on a variety of topics impacting community wellness are presented. The goal of Connect the Dots is to promote organizations within the community to build a strong network of partnerships & resources.

For more information, or to RSVP, please email: **outreach@healthchoiceutah.com**




| MEETING DATES (10AM - 11AM) | MEETING AGENDA |
|---|---|
| May 12 | Medicaid Applicatin Process (DWS) & Enrollment, Benefits (UDOH)<br>(Open Enrollment: mid-May through mid-June effect date of July 1) |
| August 18 | Community Clinics: Affordable Health/Dental Services |
| September 15 | Diabetic Care and Resources |
| October 13 | Annual in-person (in-person TBD based on public safety) |
| November 3 | Medicaid Training: Age & Disability and Dual Special Needs Plan (DSNP) |
| December 8 | Mental Health: Holiday (A Difficult Season), Substance Use Disorder (SUD), Supporting Community (Neighbor Check-in) |

## CONTACT INFORMATION

### GENERAL INFORMATION

Health Choice Utah – Medicaid
Member Services: **(877) 358-8797**
Prior Authorizations Fax: **(877) 358-8793**

**www.healthchoiceutah.com**

PAYER ID: 45399
Health Choice Generations D-SNP – Medicare
Member Services: **(844) 457-8943**
Prior Authorizations Fax: (844) 457-8942
**www.healthchoicegenerations.com**
PAYER ID: 45399

Case Management has an email address now!
**CaseManagement@healthchoiceutah.com**

### CLAIMS ADDRESS

Health Choice Utah (or)
Health Choice Generations

PO Box 45900
Salt Lake City, UT 84145

HEALTH CHOICE UTAH - PBM

RealRx Pharmacy Help Desk:
**(855) 864-4046**
RXBIN: 610830
RXPCN: RRXHCU
RXGRP*: N/A

### PROVIDER PORTAL HELP

**Provider.Portal@healthchoiceutah.com**

### PROVIDER SERVICES

Steve Baker – Network Director: **(801) 646-7272**
Chase Montgomery - Representative: **(801) 646-7294**
Nicole Gilliam - Representative: **(801) 646-7276**
Troy Fuller - Representative: **(801) 646-7275**
Kayanne Malin - Representative: **(801) 646-7277**

**Providers@healthchoiceutah.com**

### QUALITY / RISK ADJUSTMENT

Rachel Vasquez – Quality Manager: **(801) 646-7285**
Jessica Hocker - Risk Coding Auditor: **(801) 646-7283**
DeAnn Andreason - QI Specialist: **(801) 646-7280**
Polly Davidson - QI Specialist: **(801) 646-7281**
Monique Hall - QI Specialist: **(801) 646-7282**
Vickie Jenkins - QI Specialist: **(801) 646-7284**

# A SIMPLE WAY TO SAVE LIVES: FLU VACCINATIONS

The Utah Department of Health's Bureau of Epidemiology is continuously researching well-known contagious respiratory illnesses such as Influenza. Since a virus that infects the nose, throat and sometimes the lungs causes Influenza, it is known to cause mild to severe illness that at times can lead to death. Through years of research, several different strand of influenza have been discovered, such as Influenza A (H1N1) virus, and Influenza A (H3N2) virus, Influenza B, and Influenza C.

In addition to encouraging flu vaccinations for those 6 months of age and older, physicians should pay particular attention to those at increased risk of complications:

- Pregnant women
- Children, especially those younger than 2 years old
- People 50 years of age and older
- People of any age with chronic comorbidities, including asthma, diabetes and chronic lung disease
- People of any age who have immunosuppression
- People living in nursing homes and other long-term-care facilities
- People living with or caring for those at high risk for flu complications

To facilitate correct billing and payment, administration and vaccine codes are required for each vaccination claim.

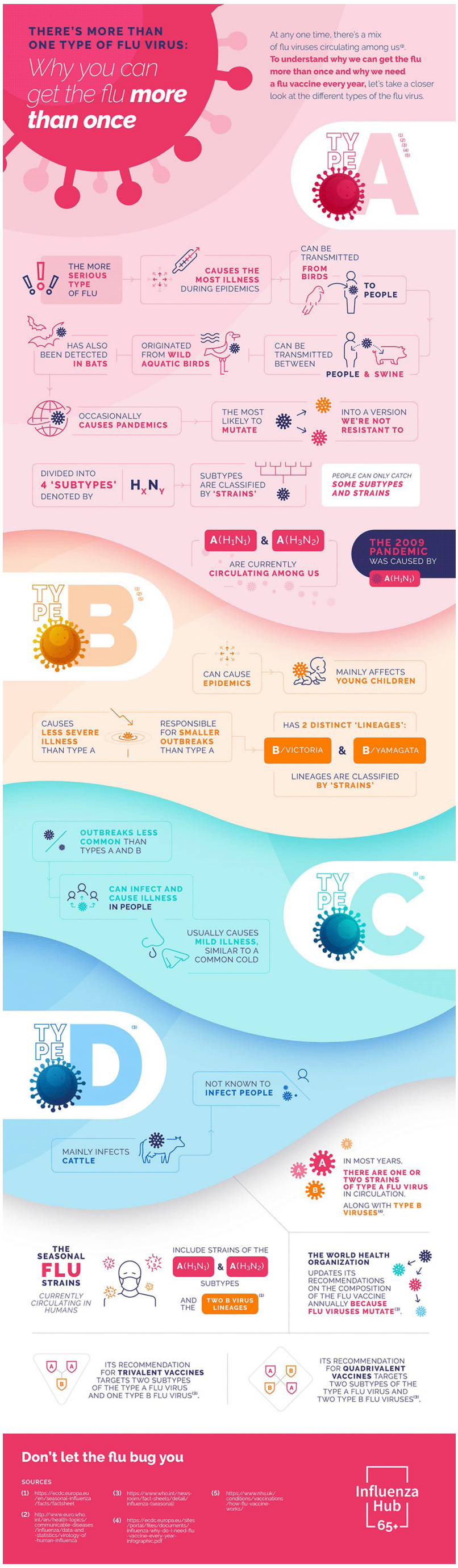
- Administrative Codes for Influenza vaccinations are 90471, 90472, 90473, and 90474. Medicare codes are G0008 and G8482.

**High-Dose Vaccine:**

A high-dose vaccine is designed for those 65 years of age and older. It contains four times the amount of antigen as the regular flu shot and is associated with a stronger immune response (higher antibody production) following vaccination. A clinical trial of more than 30,000 participants showed that adults who received the high dose had 24 percent fewer influenza infections, compared with those receiving the standard dose. The high-dose vaccine has been approved for use in the U.S. since 2009.

Source: [https://www.cdc.gov/flu/about/disease/65over.htm](https://www.cdc.gov/flu/about/disease/65over.htm)

| DIFFERENCES BETWEEN INFLUENZA TYPES A, B, AND C VIRUSES | | | |
|---|---|---|---|
| Feature | Influenza A | Influenza B | Influenza C |
| Host Range | Humans, pigs, horses, birds, marine animals | Humans only | Humans and pigs |
| Epidemiology | Antigenic shift and drift | Antigenic drift only | Antigenic drift only |
| Clinical Features | May cause pandemics with significant mortalities in affected young people | Severe disease, generally confined to elderly or high-risk, pandemics not seen | Mild disease, common in children, witout seasonality |
| Genome | 8 gene segments | 8 gene segments | 7 gene segments |
| Structure | 10 viral proteins M2 unique | 11 viral proteins NB unique | 9 viral proteins HEV unique |



# CODING TIPS & TRICKS

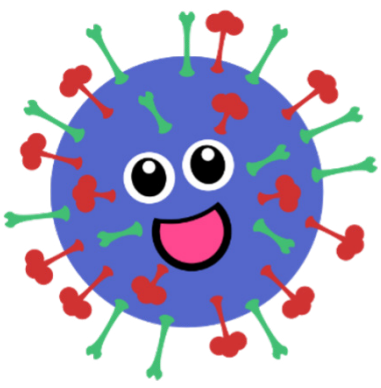
| CPT CODE | DESCRIPTION | CPT CODE | DESCRIPTION |
|---|---|---|---|
| 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use | 90674 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, intramuscular use |
| 90653 | Influenza virus vaccine, inactivated, subunit, adjuvant, for intramuscular use | 90682 | Influenza virus vaccine, quadrivalent (RIV4)derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, intramuscular use |
| 90654 | Influenza virus vaccine, split virus, preservative-free, for intradermal use, for adults ages 18-64 years old | 90685 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months old, intramuscular use |
| 90655 | Influenza virus vaccine, split virus, preservative-free, when administered to children 6-35 months of age, for intramuscular use | 90686 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years and older, intramuscular use |
| 90656 | Influenza virus vaccine, split virus, preservative-free, when administered to individuals 3 years old and older, for intramuscular use | 90687 | Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, intramuscular use |
| 90657 | Influenza virus vaccine, split virus, when administered to children 6-35 months old, for intramuscular use | 90688 | Influenza virus vaccine, quadrivalent (IIV4) split virus, when administered to individuals 3 years old and older, intramuscular use |
| 90658 | Influenza virus vaccine, split virus, for use in individuals 3 years of age and older, for intramuscular use | 90756 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, intramuscular use |
| 90661 | Influenza, inactivated cell culture vaccine, seasonal, trivalent, injectable, preservative free, for individuals older than 18 years of age, intramuscular use | **HCPC DESCRIPTION** | |
| 90662 | Influenza virus vaccine, split virus, preservative-free, enhanced immunogenicity via increased antigen content, for use in adults 65 years of age and older, intramuscular use | | |
| 90664 | Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use | Q2034 | Influenza virus vaccine, split virus, for intramuscular use (Agriflu) |
| 90666 | Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative-free, intramuscular use | Q2035 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria) |
| 90667 | Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvant, intramuscular use | Q2036 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval) |
| 90668 | Influenza virus vaccine (IIV), pandemic formulation, split virus, intramuscular use | Q2037 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin) |
| 90672 | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use | Q2038 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) |
| 90673 | Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, intramuscular use | Q2039 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified) |

# VIRUS VS. BACTERIA

**When to take antibiotics:**

Antibiotics are often prescribed for respiratory infections when they are not needed. Antibiotics are only needed for treating infections caused by **bacteria**. Some respiratory infections are **viral** illnesses.

**Viral illnesses** are **not** destroyed by antibiotics.



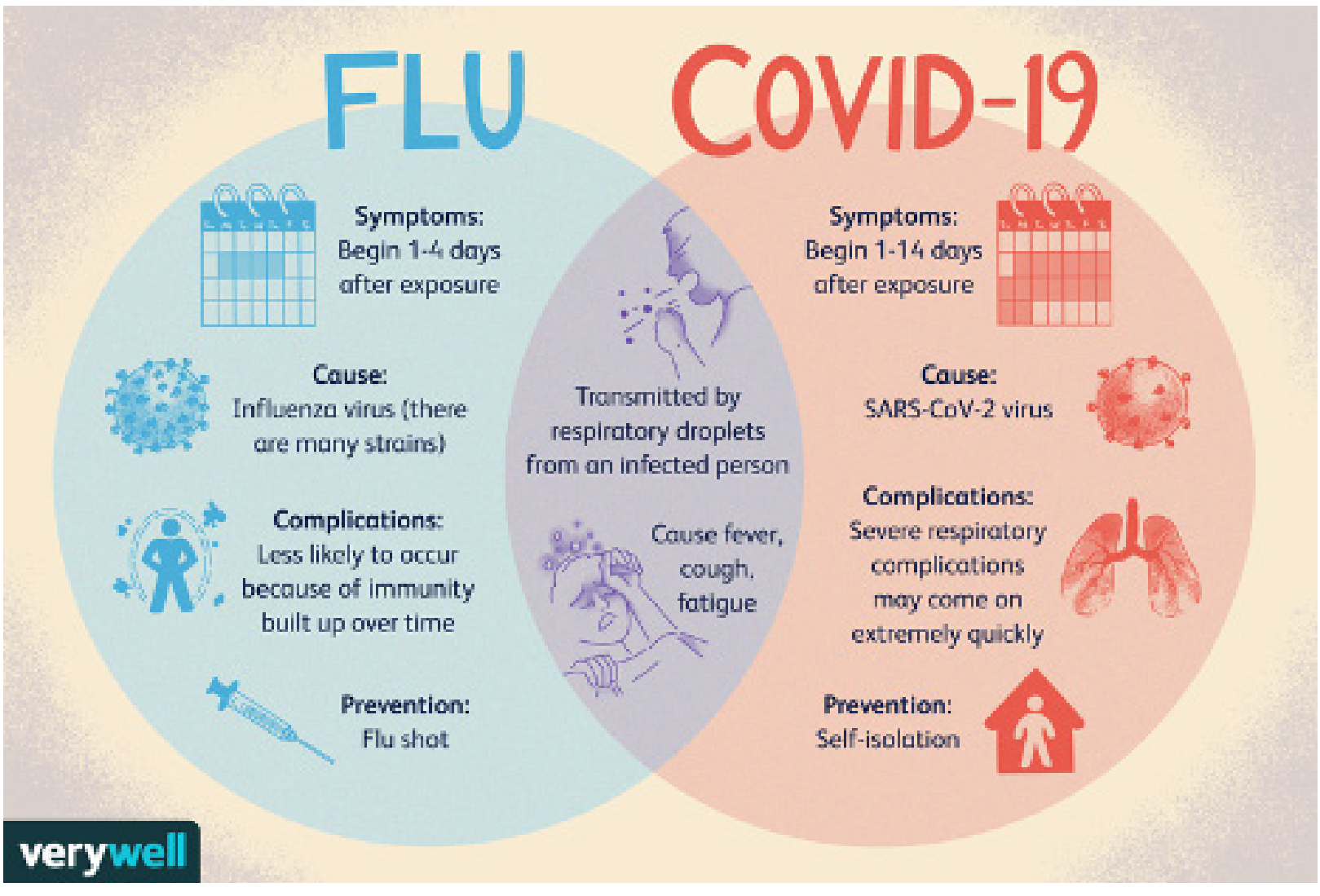
**What is the difference between Viruses and Bacteria**

| VIRUS |
|---|
| Not a living Organism |
| Grow and reproduce inside a host |
| Need a living host to reproduce |
| So tiny they cannot be seen by a microscope |
| Viruses infect host cells and multiply rapidly |
| Can be systemic or all over the body |
| Systemic diseases caused by viral infection: flu, measles, polio, AIDS, Covid 19 |
| 0.02 – 0.25 microns in size |

| BACTERIA |
|---|
| Are Living organisms |
| Consist of a single cell – generates its own food, movement, and reproduce by fusion |
| Bacteria are “giant” compared to viruses |
| Bacterial infections usually confined to one part of the body. |
| Diseases include Pneumonia, TB, Tetanus, food poisoning. |
| 0.4 microns in size |

## *DID YOU KNOW?*

**“While some viruses can be vaccinated against, most, such as HIV and the viruses which cause the common cold, are incurable, even if their symptoms can be treated, meaning the living host must have a strong enough immune system to survive the infection.“**



# IMPROVE OUTPATIENT ANTIBIOTIC USE

**72%**
**of antibiotic prescriptions are likely necessary.**
(Still need to improve drug selection, dose, and duration).

**at least 28%**
**of antibiotic prescriptions are unecessary.**
In U.S. Doctor's Offices and EDs

BE ANTIBIOTICS AWARE
SMART USE, BEST CARE

**www.cdc.gov/antibiotic-use**

CDC

CS321025-A

One way to improve antibiotic use is to focus on shortening antibiotic therapy durations that are longer than necessary. In residents who have a timely clinical response, guidelines suggest the following durations for uncomplicated infections:

- Community-acquired pneumonia: 5 days1
- Hospital-acquired pneumonia: 7 days2
- Non-purulent cellulitis: 5 days3

Duration of therapy for urinary tract infections (UTI) can vary based on the drug used, and whether the resident has a catheter or a complicated UTI.

# THE COPD FAMILY

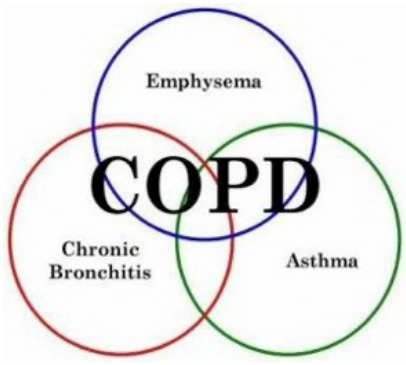

**What is COPD?**

Chronic Obstructive pulmonary disease is a group of diseases that cause airflow blockage and Breathing-related problems. Diseases like Emphysema and chronic bronchitis.

COPD is the result of damage to the lungs from smoking cigarettes or by breathing in second-hand smoke or other lung irritants—such as air pollution, chemical fumes, or dusts. COPD has no cure yet, and doctors do not know how to reverse the damage to the lungs. However, treatments and lifestyle changes can help you feel better, stay more active, and slow the progress of the disease.

**Signs/Symptoms**

- The airways and air sacs lose their elastic quality.
- Walls between many of the air sacs are destroyed.
- The walls of the airways become thick and inflamed.
- The airways make more mucus than usual and can become "clogged".
- Wheezing with prolonged respiratory time
- Use of accessory muscles for respiration




**Tests for COPD or Lung Issues**

PFT and Spirometry PFTs; confirm obstruction when:

- FEV1/FVC <0.7 &
- FEV1 <80% Predicted

Arterial Blood Gasses (ABG)

Sputum Exam; gross, microscopic and/or cultures

Spirometry is the main test for COPD by detecting symptoms before they develop.

**Treatments for COPD:**

Often doctors will prescribe inhalers that contain medication to help open and relax your airways. These medications are bronchodilators and inhaled steroids.

Your doctor may also send you to pulmonary rehabilitation to help you manage your disease with physical activity and counseling. They will design exercises and activities to help your strength in arm, legs, and your breathing, that will help strengthen the muscles that help you breathe.

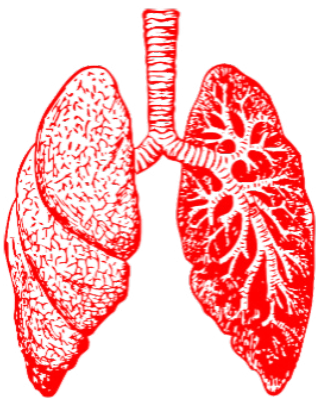
Your doctor may also prescribe oxygen to help with your shortness of breath.

In severe cases, providers may suggest surgery to improve your breathing.


**Living with COPD**

COPD has no cure yet. However, you can take steps to manage your symptoms and slow the progression of the disease.

- Avoid lung irritants – air pollution, chemical fumes, second hand smoke, or smoking yourself
- Get ongoing care – See your doctor regularly
- Manage the disease and its symptoms – use your inhalers and follow your doctors instructions
- Prepare for emergencies



# CORRECTLY CODING THE OVERLAPPING OBSTRUCTIVE LUNG DISEASES IN ICD-10

| | | | |
|---|---|---|---|
| J41.0 | Simple Chronic Bronchitis | J43.0 | Unilateral Pulmonary Emphysema |
| J41.1 | Mucopurulent Chronic Bronchitis | J43.1 | Panlobular Emphysema |
| J41.8 | Mixed Simple & Mucopurulent Chronic Bronchitis | J43.2 | Centilobular Emphysema |
| J42 | Unspecified Chronic Bronchitis | J43.9 | Emphysema, Unspecified |
| Note: Cannot code any condition from J41.-, J42, or J43.- with a code from J44.- including the conditions with obstruction | | | |
| J44.9 | Chronic Obstructive Pulmonary Disease, Unspecified* | J44.0 | COPD w/ Acute Lower Respiratory Infection* |
| | Asthma w/ COPD | | Use additional code to identify the infection |
| | Chronic Asthmatic Bronchitis | | Any Diagnosis Listed at Right w/ Acute Lower Respiratory Infection |
| | Chronic Bronchitis w/ Emphysema | J44.1 | COPD w/ (acute) exacerbation* |
| | Chronic Emphysematous Bronchitis | | Any Diagnosis Listed at Right w/ Exacerbation |
| | Chronic Obstructive Asthma | | Decompensated COPD |
| | Chronic Obstructive Bronchitis | | Decompensated COPD w/ (acute) Exacerbation |
| **Also code the type of asthma, if applicable (J45.-)** | | | |

**Simple Chronic Bronchitis (J41.0)**

Sometimes known as **smoker's cough**, and

**Unspecified Chronic Bronchitis (J42)**

Are defined as persistent cough with sputum production occurring on most days for at least three months of the year and for at least two years at a time.

**With Chronic Mucopurulent Bronchitis (J41.1)**

Mucos becomes thick and discolored (Containing pus).

**Chronic Obstructive Bronchitis (J44.9)**

Occurs when irreversible changes in the airways develop which cause significant airway obstruction.

**Pulmonary Function Tests (PFTs)**

Should be used to confirm obstructive forms of lung diseases; however, they are not necessary to diagnose simple/ chronic bronchitis.

**Emphysema (J43.9)**

Refers to **Pulmonary Emphysema**, an abnormal irreversible enlargement of the air spaces distal to the terminal bronchiole accompanied by destruction of the alveolar surface necessary for gas exchange.

**Obstructive Emphysema (J43.9)**

while emphysema can exist in patients without obstruction, it is more common in patients with moderate to severe obstruction.

**Asthma**

is the narrowing of the airways due to increased responsiveness of the trachea and bronchi to various stimuli. It is reversible, changing in severity either spontaneously or as a result of treatment.

**Chronic Obstructive Asthma and Chronic Asthmatic Bronchitis (J44.-)**

identifies obstructive forms of asthma (in obstructive Lung Disease) where there is continuous obstruction to airflow on expiration.

## *CODING PERILS AND PEARLS*

- For any conditions listed to the right, an additional code can/ should be used to identify any environmental exposure to tobacco smoke (Z77.22), tobacco dependence (F17.-), tobacco use (Z72.0), or history of tobacco use (Z87.891)
  *Non risk adjustable diagnoses
- Simple and mucopurulent bronchitis can occur together and is classified as "mixed" chronic bronchitis (J41.8)
- COPD (J44.-) in ICD-10 now includes chronic obstructive bronchitis and chronic obstructive asthma
- If asthma is documented, the type of asthma (J45.-) is coded separately
  - Asthma codes are now based on severity and if uncomplicated, with exacerbation, or with status asthmaticus
  - Extrinsic and Intrinsic forms are now included in all of the asthma codes.
- COPD should be coded in addition to any acute and/or chronic respiratory failure (J96.-)