HEALTH | CHOICE UTAH

HEALTH | CHOICE GENERATIONS

PROVIDER NEWSLETTER

February - March 2023

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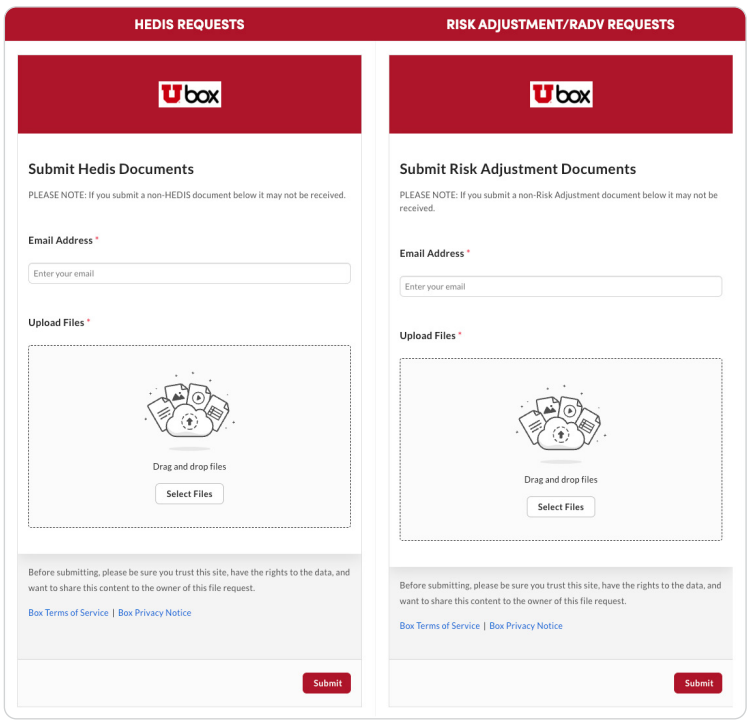

Connect the Dots summit presented by HEALTH | CHOICE UTAH

MARCH 9, 2023

ANNOUNCEMENTS

HEDIS season has officially started. Health Choice Utah now has an upload link to make it easier for your clinic staff to submit medical records securely online. You can upload multiple records at once to save time!

NOW LIVE Upload records securely for HEDIS and Risk Adjustment
https://healthchoiceutah.com/providers/upload-documents/

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
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CASE MANAGEMENT

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PO Box 45900
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HEALTH CHOICE UTAH - PBM

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

PROVIDER PORTAL HELP

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PROVIDER SERVICES

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QUALITY / RISK ADJUSTMENT

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BLOOD PRESSURE CONTROL

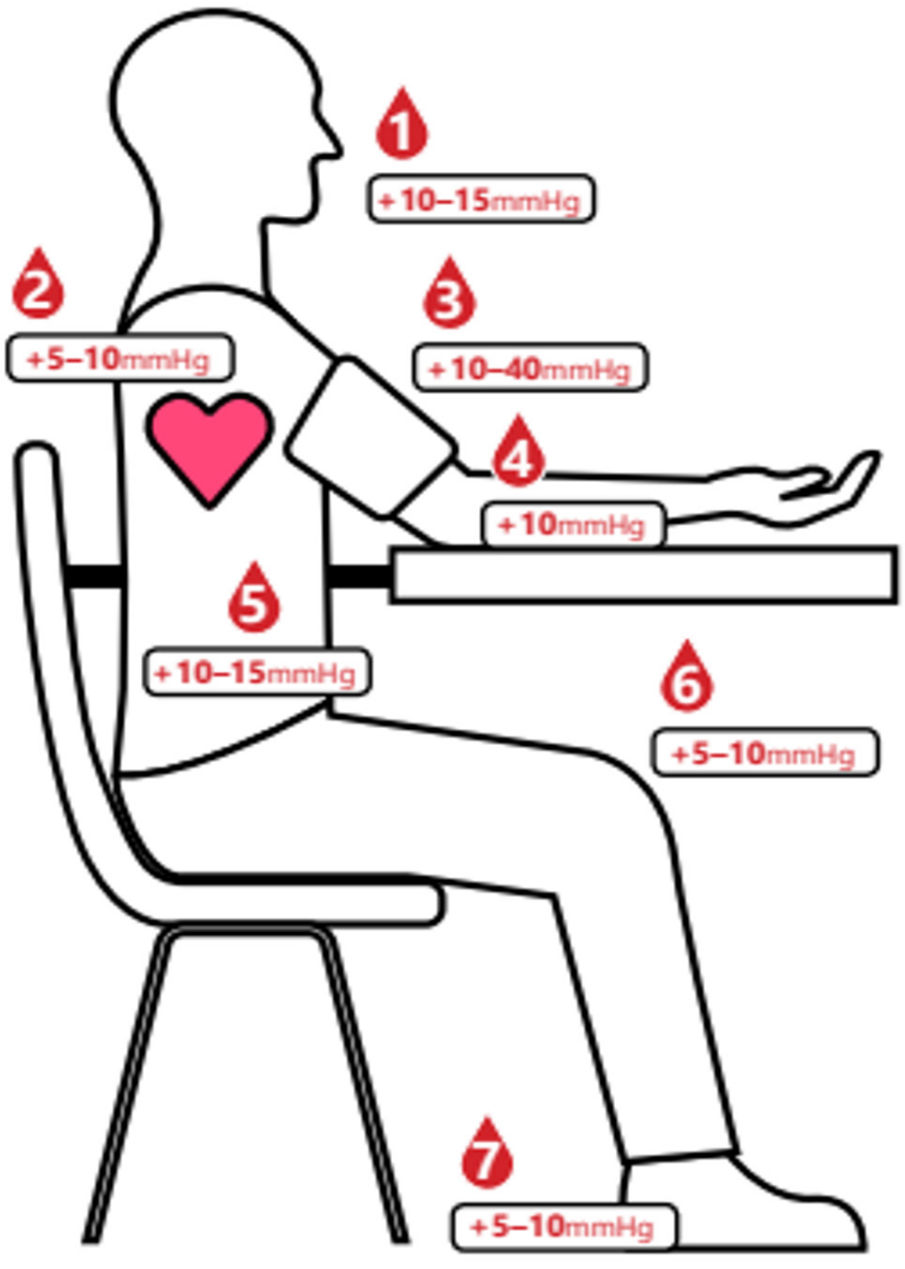
TECHNIQUES FOR TAKING ACCURATE MEASUREMENTS

DID YOU KNOW?

Measuring blood pressure is one of the most common procedures performed at a medical office. Yet, studies have shown that nurses, medical assistants and even doctors make numerous mistakes when taking readings. Failing to support a patient's back, for example, or engaging in conversation with the person while trying to measure blood pressure can throw off a reading by as much as 25 mm Hg.

This is a big deal. Many patients have blood pressure that is borderline for having hypertension, and these small errors can sway the diagnosis and treatment potentially with a medication that may or may not be needed.

BLOOD PRESSURE CATEGORY	SYSTOLIC MM HG (UPPER NUMBER)	AND / OR	DIASTOLIC MM HG (LOWER NUMBER)
Normal	Less than 120	and	Less Than 80
Elevated	120-129	and	Less Than 80
High Blood Pressure (Hypertension) Stage 1	130-139	or	80-89
High Blood Pressure (Hypertension) Stage 2	140 or Higher	or	90 or Higher
Hypertensive crisis (consult your doctor immediately)	Higher than 180	and / or	Higher than 120



Following these 7 simple tips may help you get an accurate blood pressure reading.

1. **Don't Have a Conversation**
   Talking adds 10–15mmHg
2. **Support Back**
   Unsupported back adds 5–10mmHg
3. **Put Cuff on Bare Arm**
   Cuff over clothing adds 10–40mmHg
4. **Support Arm at Heart Level**
   Unsupported arm adds 10mmHg
5. **Empty Bladder**
   Full bladder adds 10–15mmHg
6. **Keep Legs Uncrossed**
   Crossing legs adds 5–10mmHg
7. **Support Feet**
   Unsupported feet add 5–10mmHg

DID YOU KNOW? Medicaid WILL pay for a home Blood Pressure monitor.

- ✓ Enter a DME Miscellaneous order for Home BP Cuff **HCPC A4663**
- ✓ Patients can take the order to any DME company that carries BP monitors (Alpine Home Medical/Red Rock Medical)
- ✓ Some Local Libraries offer Blood Pressure Monitors available for "checkout" ***For Information, call 801-943-4636***

CODING TIPS AND TRICKS

DIABETES AND HYPERTENSION

DID YOU KNOW?

- Sliding scale insulin and long-acting sulfonylureas (such as glyburide) are considered high-risk medications due to the increased risk of hypoglycemia in the elderly.
- In ICD-10, a lack of diabetic control is treated as a complication from a risk adjustment perspective – it is reimbursed at a higher rate than unspecified diabetes.

QUALITY REPORTING

Close HEDIS gaps in care by submitting these CPT codes when appropriate (not an exhaustive list):

Screening for diabetic nephropathy (include date test was performed, and result):

- 3060F Positive Microalbuminuria test result documented and reviewed
- 3061F Negative Microalbuminuria test result documented and reviewed

Screening for diabetic retinopathy (include date, result of screening, and name of eye care professional):

- 2022F Dilated retinal exam with interpretation by an Ophthalmologist or Optometrist, documented and reviewed
- 3072F Low risk for Retinopathy (no evidence of retinopathy in the prior year)

HbA1c (include result, and date test was performed):

- 3044F Most recent hemoglobin A1c level less than 7%
- 3045F Most recent hemoglobin A1c level 7% - 9%
- 3046F Most recent hemoglobin A1c greater than 9%

LDL (include result, and date test was performed)

- 3048F Most recent LDL-C less than 100 mg/dL
- 3049F Most recent LDL-C 100-129 mg/dL
- 3050F Most recent LDL-C greater than or equal

DOCUMENTATION EXAMPLE:

Uncontrolled type 2 diabetes complicated by stage 4 chronic kidney disease. Insulin dosage needs adjustment due to frequent hypoglycemic events.

Appropriate ICD-10 codes are:

- E11.649, Type 2 diabetes mellitus with hypoglycemia without coma
- E11.22, Type 2 diabetes mellitus with diabetic chronic kidney disease
- N18.4, Chronic kidney disease, stage 4 (severe)
- Z79.4, Long-term (current) use of insulin

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring Codes	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

DIABETES CHECKLIST:

EVERY VISIT REVIEW CARE GAPS DUE

QUALITY MEASURE	TEST/EXAM	GOAL	HOW OFTEN
HBD	**A1C** The A1C test measures your average blood sugar level over the past two to three months.	**7% or Less**	**Every 3-6 months**
BPD	**Blood Pressure** High blood pressure can increase the risk of heart disease, stroke, eye, kidney and nerve complications.	**Less than 140/90**	**Every Visit**
SPD	**Cholesterol** Obtain a lipid profile at the time of diagnosis. Moderate-intensity statin and lifestyle modifications are recommended for all diabetic patients aged 40–75 without contraindication to statin therapy	**LDL < 100 mg/dl** **HDL > 40 mg/dl** **Triglycerides < 150 mg/dl**	**Lipid Panel yearly**
EED	**Eye Exam** Annual comprehensive dilated eye exam by an ophthalmologist or optometrist to check for retinopathy. Diabetes is the main cause of blindness in adults aged 20 to 74.	**Prevent eye disease and blindness**	**Every year** if positive for retinopathy **Every two years** if last exam was normal
KED	**Kidney Health**	**uACR** < 30 mg/g **eGFR blood test** > 60	**Every Year**
	Foot Exam Decreased circulation and changes in the blood vessels of your feet and lower legs can cause damage. **TIP: Have patients take off socks and shoes during rooming process**	**Avoid complications/ stay healthy**	**Every Year Flu vaccine** **Hepatitis B vaccine: 2 or 3 dose series** **Zoster vaccine** **Pneumococcal vaccine:one-time dose over age 65,**
	Vaccines Even when well managed; diabetes makes it harder the immune system to fight infections. This puts diabetics at risk for more serious complications from illnesses than those who do not have diabetes	**Avoid complications/ stay healthy**	Every Year **Flu** vaccine **Hepatitis B vaccine:** 2 or 3 dose series **Zoster** vaccine **Pneumococcal vaccine:** one-time dose over age 65
	Weight Losing even 10 pounds can help lower blood sugar and blood pressure, and improve cholesterol levels. **Referring patients to Diabetic Education can help. Medicare and Medicaid pay for 10 hours per year with a diabetes educator.**	**BMI 25 or less**	**Every Visit**

CARE COORDINATION & CLOSING LOOPS

FOLLOW UP AFTER AN INPATIENT ADMISSION (TRC) TRANSITION OF CARE MEASURE

Comprehension of and compliance with discharge instructions can reduce a patients emergency department visits and re-hospitalizations. The patient and family understanding the discharge plan may improve post discharge health outcomes, and decrease future health care expenditures.

This measure evaluates the percentage of discharges for members 18 years of age and older who had each of the following:

1. Notification of Inpatient Admission
2. Receipt of Discharge information
3. Patient Engagement after discharge
   a. Ideally schedule within 30 days
4. Medication Reconciliation

BEST PRACTICES

- Develop a process for alerts when a patient is admitted or discharged from an inpatient facility
- Communication between inpatient providers and PCP thru ADT alert, shared EMR, Phone, Fax, Email
- Schedule PCP follow up appointment ***prior*** to discharge
- Create standard process for reconciling medications upon discharge

DID YOU KNOW?

The goal of care coordination is to facilitate the appropriate and efficient delivery of health care services both within and across systems.

Referrals: When you refer a patient to a specialist how does your clinic receive the consultation report or eye exam report?

TRANSITION OF CARE (TRC) TIPS

DESCRIPTION	CODES
Outpatient Visits	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99341- 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015
Online Assessments	**CPT:** 98969-98972, 99421-99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-G2063
Telephone Visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
Transitional Care Management Services	**CPT:** 99495, 99496
Medication Reconciliation	**CPT:** 99483, 99495, 99456 **CPT-CAT-II:** 1111F

KNOWING THE DIFFERENCE BETWEEN A ROUTINE PHYSICAL EXAM, MEDICARE INITIAL PREVENTIVE PHYSICAL EXAMS (IPPE), AND ANNUAL WELLNESS VISITS (AWV)

ROUTINE PHYSICAL EXAM

A Routine Physical Exam is an exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury. Medicare does not cover the routine physical, but does cover some elements of a routine physical under the IPPE, AWV, or other Medicare benefits.

INITIAL PREVENTIVE PHYSICAL EXAM (IPPE)

The Initial Preventive Physical Exam (IPPE), also known as the "Welcome to Medicare" preventive visit promotes good health through the review of medical and social health history, disease prevention and detection and preventive services education. Medicare will pay for 1 IPPE per lifetime within the first 12 months of enrollment.

IPPE Components include:

1. Review of the patient's medical and social history
2. PHQ-9 screening with a review of the patients potential depression risk factors, including current or past experiences with depression or other mood disorders
3. Functional ability and safety level status
4. Exam including height, weight, Body Mass Index (BMI), blood pressure, visual acuity screen, and other factors deemed appropriate based on medical and social history and current clinical standards
5. End of life planning including advanced care directive, health care proxy, etc.
6. Current opioid prescription review (if applicable)
7. Screen for potential Substance Use Disorders (SUDs)
8. Educate, counsel, and refer based on previous components
9. Educate, counsel, and refer for other preventive health services

ANNUAL WELLNESS VISIT (AWV)

The Annual Wellness Visit (AWV) includes a Health Risk Assessment (HRA) completed by the provider or the patient before or during the AWV. A HRA includes, at minimum:

- Demographic data
- Health status self-assessment
- Psychosocial risks including, but not limited to depression/life satisfaction, stress, anger, loneliness/social isolation, pain and fatigue
- Behavioral risks including, but not limited to tobacco use, physical activity, nutrition and oral health, alcohol consumption, sexual health, motor vehicle (for example, seat belt use), and home safety
- Activities of Daily Living (ADLs) including dressing, feeding, toileting, grooming, physical ambulation including balance/risk of falls and bathing
- Instrumental ADLs (IADLs) including using the phone, housekeeping, laundry, mode of transportation, shopping, managing medications, and handling finances

Additional AWV components include:

1. Patient's medical and family history
2. PHQ-9 screening with a review of the patients potential depression risk factors, including current or past experiences with depression or other mood disorders
3. Functional ability and safety level status
4. Measurements for height, weight, BMI, blood pressure, and other routine measurements deemed appropriate based on medical and family history
5. Provide Advance Care Planning (ACP) services at patient's discretion
6. Review current opioid prescriptions
7. Screen for potential Substance Use Disorders
8. List of current providers and suppliers
9. Cognitive function assessment
10. Establish an appropriate written screening schedule
11. Establish a list of patient risk factors and conditions
12. Provide personalized health advice and appropriate referrals to health education or preventive counseling services/programs

IPPE HCPCS CODES & DESCRIPTORS

G0402

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment

G0403

Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report

G0404

Electrocardiogram, routine ecg with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination

G0405

Electrocardiogram, routine ecg with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination

G0468*

Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv

* Get more information on how to bill HCPCS code G0468 in the Medicare Claims Processing Manual, Chapter 9, Section 60.2.

Diagnosis

You must report a diagnosis code when submitting an IPPE claim. Medicare doesn't require you to document a specific IPPE diagnosis code, so you may choose any diagnosis code consistent with the patient's exam.

AWV HCPCS CODES AND DESCRIPTORS

G0438

Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit

G0439

Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit

G0468*

See same information listed under the IPPE Codes & Descriptors.

Diagnosis

Report a diagnosis code when submitting an AWV claim. Since Medicare doesn't require you to document a specific AWV diagnosis code, you may choose any diagnosis code consistent with the patient's exam.

Billing Annual Wellness Visits

Medicare Part B covers an AWV if performed by a:

Physician (a Doctor of Medicine or Osteopathy)

Qualified Non-Physician Practitioner (NPP) (a Physician Assistant [PA], Nurse Practitioner [NP], or Certified Clinical Nurse Specialist [CCNS])

Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of medical professionals directly supervised by a physician

When you provide an AWV and a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service, Medicare may pay the additional service. Report the additional CPT code with modifier –25. That portion of the visit **must be** medically necessary and reasonable to treat the patient's illness or injury, or to improve the functioning of a malformed body part.

*CODING GUIDANCE**

G0402 - Initial preventive physical examination (IPPE); Face-to-Face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment

G0447 - Face-to-Face behavioral counseling for obesity, 15 minutes, can only be billed with the G0402-IPPE

G0438 - Annual wellness visit; includes a personalized prevention plan of service, initial visit

G0439 - Annual wellness visit; includes a personalized prevention plan of service, subsequent visit

G0444 - Annual depression screening, 15 minutes (can only be billed with G0439 subsequent AWV)

G0513 - Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for the preventive service)

G0514 - Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)

99497 - Advanced Care Planning (requires modifier-33 when billed with same-day G0439)

You can only bill G0438 or G0439 once in a 12-month period. G0438 is for the first AWV and G0439 is for subsequent AWVs. Remember, you must not bill G0438 or G0439 within 12 months of a previous G0402 (IPPE) billing for the same patient. Medicare denies these claims with messages of "Benefit maximum for this time period or occurrence has been reached" and "Consult plan benefit documents/guidelines for information about restrictions for this service."

Medicare telehealth uses HCPCS codes G0438 and G0439. Get more information on the List of Telehealth Services webpage.

99407 - Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

99406 - Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

1170F - Functional Status Assessment or ADLs (COA)

1125F - Pain present (COA)

1126F - No pain present (COA)

1157F - Advance care plan or similar legal document present in the medical record (ACP)

1158F - Advance care planning discussion documented in the medical record (ACP)

1111F - Medication Reconciliation 30 days post hospitalization (TRC)

1159F & 1160F - Medication Review: Need both codes billed on same claim same DOS (COA)

*Codes are subject to change; please refer to current coding manuals.

RISK ADJUSTMENT CORNER

Since ICD-10-CM diagnoses that map to a Hierarchal Condition Category (HCC) must be documented and substantiated at least once per year, Annual Wellness Visits are an excellent time to address chronic conditions. The following are some common errors associated with correctly capturing chronic conditions.

COMMONLY UNDER-DOCUMENTED AND MISSED HCCs:

- Acquired absences of organs or limbs
- Transplant status
- Artificial openings
- Chronic respiratory diseases
- Chronic ulcerations
- Heart failure
- Drug dependence
- Cancers, active or in remission
- Current BMI with obesity or malnutrition
- Rheumatoid arthritis
- Psoriasis or psoriatic arthritis
- Depression with severity and episode
- Old myocardial infarction
- Essential hypertension
- Migraines
- Osteoporosis
- Gastroesophageal reflux disease
- Lipoprotein metabolism disorders, lipedema's
- Thyroid disorders
- Diabetes with complications or manifestations
- Late effects of stroke

COMMONLY OVER-CODED AND MISDOCUMENTED HCCs:

- Surgically corrected conditions (e.g. abdominal aortic aneurysm)
- Old pathological fractures reported as current
- Unspecified pneumonia reported as pneumococcal
- Polyneuropathy reported as current when no treatment, evaluation, or monitoring is documented
- Historical cancers that have been eradicated, removed, excised, or have no further treatment directed to that site
- Acute strokes reported in an office setting
- Vascular diseases reported as current when no treatment, evaluation, or monitoring is documented

RESOURCE AVAILABLE FOR YOUR PATIENTS

FREE Evidenced Based Chronic Disease Management Workshops

- Originally developed at Stanford University. 30 years research, evaluated to show effectiveness
- Offered statewide: Virtual and In- Person workshops available
- Group meets once a week, 6 weeks in a row. Resource Book provided
- Refer Diabetics, Chronic Pain patients and any Chronic Health Conditions
- Participants learn tools in a group setting to self-manage their health condition/symptoms
- Caregivers welcome to attend

https://livingwell.utah.gov/

REFERENCES

Handler, Joel. "The Importance of Accurate Blood Pressure Measurement." The Permanente Journal 13.3 (2009): 51–54.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911816/

BP Monitors available for check out
https://www.slcolibrary.org/what-we-have/library-of-things

7 simple tips to get an accurate BP reading at home
https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/heart-health/blood-pressure-home-measure.pdf

Understanding BP readings AHA
https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings

https://diabetesjournals.org/care/article/46/Supplement_1/S158/148038/10-Cardiovascular-Disease-and-Risk-Management

SMRC CDSMP programs
https://selfmanagementresource.com/