



PROVIDER NEWSLETTER

March 2022

INSIDE THIS ISSUE

- Announcements 1
- Contact Information 1
- Let's talk about diabetes — Every Visit, Every Time 2
- Diabetes Care — Coding Tips and Tricks. 3
- Risk Adjustment Corner: The "With" Guideline 4
- Compassion and Optimism: Increasing Positive Health Outcomes . . . 4
- References 4

ANNOUNCEMENTS

Previously, Utah Medicaid required Place of Service (POS) code 02 on all Behavioral Health claims conducted via telehealth. For dates of service on or after April 1, 2022, Utah Medicaid has updated this requirement for Behavioral Health Services provided via telehealth. These services must be identified as follows:

- 02 - Telehealth provided other than in patient's home
- 10 - Telehealth provided in patient's home

This change is pertinent to services including, but not limited to:

- Psychiatric Diagnostic Evaluation
- Mental Health Assessment by a Non-Mental Health Therapist
Psychological Testing
- Psychotherapy with Patient
- Family psychotherapy with Patient Present and Family Psychotherapy without Patient Present
- Group Psychotherapy and Multiple Family Group Psychotherapy

- Psychotherapy for Crisis
- Psychotherapy with Evaluation and Management (E/M) Services
- E/M Services (e.g. Pharmacologic Management)
- Therapeutic Behavioral Services
- Psychosocial Rehabilitative Services
- Peer Support Services
- Substance Use Disorders (SUD) Services in Licensed SUD Residential Treatment Programs
- Assertive Community Treatment (ACT) and Assertive Community Outreach Treatment (ACOT)
- Mobile Crisis Outreach Teams (MCOT)
- Clinically Managed Residential Withdrawal Management
- Mental Health Services in Licensed Mental Health Residential Treatment Programs
- Behavioral Health Receiving Centers

Paper claims submission for reimbursement has increased. While we will accept paper claims, submitting your claims electronically allows for more accurate and timely turnaround and a more prompt resolution on necessary adjustments. If you have any questions or concerns about submitting claims electronically, you can contact your provider representative at providers@healthchoiceutah.com or submit a question directly to our EDI team at EDI@healthchoiceutah.com.

Home Health Providers:

There has been an increase in requests received with incomplete information. Please remember to include all necessary documentation when submitting a request for services. This includes the CMS-485 Plan of Care, OASIS, physician orders, and supporting clinical documentation. These requests will be processed faster when complete data is submitted.

CONTACT INFORMATION

GENERAL INFORMATION

Health Choice Utah – Medicaid
Member Services: [\(877\) 358-8797](tel:877-358-8797)
Prior Authorizations Fax: [\(877\) 358-8793](tel:877-358-8793)

www.healthchoiceutah.com

PAYER ID: 45399
Health Choice Generations D-SNP – Medicare
Member Services: [\(844\) 457-8943](tel: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:
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RXPCN: RRXHCU
RXGRP*: N/A

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QUALITY / RISK ADJUSTMENT

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LET'S TALK ABOUT DIABETES — EVERY VISIT, EVERY TIME

It is imperative that PCPs and their staff have a process in place to review and order any overdue testing for Type 2 diabetic patients every time they are seen, regardless of the reason for the visit.

Utilizing the American Diabetes Association checklist below will help ensure diabetic patients receive necessary testing in a timely manner.

A1C Testing

Hemoglobin A1C Control for Patients with Diabetes (HBD)

Diabetic patients with A1Cs of 7% or lower should be retested at least every six months.

For diabetic patients with an A1C of 8% or higher, they should be tested at least every three months until they are at the target of 7% or lower.

Kidney Disease Testing Kidney Health Evaluation for Patients with Diabetes (KED)

At least once per year, diabetic patients should be tested to assess urinary albumin, creatinine and eGFR.

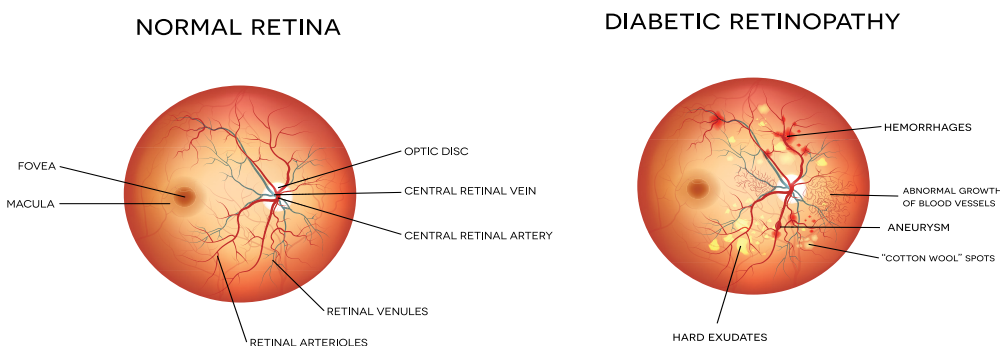
Clinical practice guidelines recommend screening diabetic patients for kidney disease every year using estimated Glomerular Filtration Rate (eGFR) and urine Albumin-to-Creatinine Ratio (uACR). Contrary to clinical guidance, evidence shows less than half of the diabetic population receive annual kidney monitoring that includes both an eGFR and uACR, even though these levels fluctuate frequently.

Retinopathy Testing Eye Exam for Patients with Diabetes (EED)

Diabetic patients should have an annual comprehensive dilated eye exam by an ophthalmologist or optometrist. If retinopathy is not detected and glycemia is in control, this exam can be done every two years going forward.

Some eye diseases can be difficult to spot early on, especially since most eye diseases can take several years before any signs or symptoms arise. High blood sugar levels can cause damage to blood vessels in the retina, causing blurred, fluctuating, dark or empty areas of vision or a sudden shower of floaters (black or grey specks of strings).

Retinopathy is the leading cause of preventable blindness that affects more than 8 million Americans. Early in the disease process, patients may be asymptomatic. It is essential all diabetic patients undergo an annual comprehensive eye exam.



Blood Pressure Testing Blood Pressure Control for Patients with Diabetes (BPD)

Blood pressure readings should be taken at every office visit regardless of a hypertension diagnosis. Patients with an elevated blood pressure (above 140/90) who do not have a history of hypertension should have their blood pressure rechecked during the appointment. If the reading is still elevated, the patient should be scheduled for a blood pressure follow up appointment in 7-14 days or less.

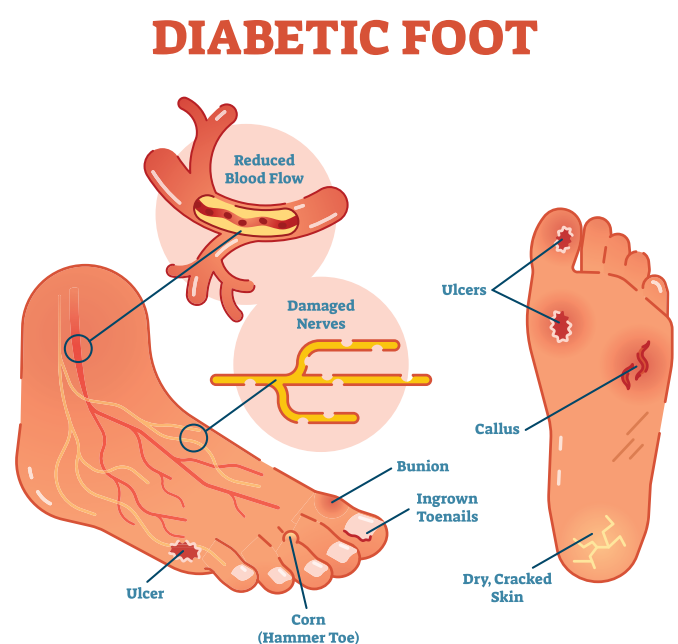
DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote blood Pressure Monitoring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

Foot Care

A comprehensive foot exam should be performed at least once per year to identify risk factors for ulcers, amputations, neuropathy, and infection.

The potential for limb loss is a reality that people living with diabetes must face. However, items such as therapeutic shoes, socks, or compression wear can help to reduce the risk of foot ulceration and prevent limb loss.

In a study following people with type 2 diabetes, research showed that the use of therapeutic footwear helped lower the risk of foot ulcers by 12% and the risk of limb loss by 18%. When comparing patients with foot ulcers to those without, research shows that foot care costs were 5.4 times higher in the first year and 2.8 times higher in the second year. According to the American Diabetes Association, by implementing a foot health program that actively prevents and monitors risk of foot complications, diabetic limb loss is decreased by 85%.



DIABETES CARE – CODING TIPS AND TRICKS

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.

Coding Tips:

Diabetes that is not under control is considered a (separate) complication; additional codes will be needed for each complication/manifestation.

In ICD-10-CM, a lack of diabetic control is a complication that must be documented with high specificity. Diabetes stated as “inadequately controlled,” “out of control” or “poorly controlled” all Index to diabetes, by type, with hyperglycemia (Example: E11.65 Type 2 DM with Hyperglycemia). Although “out of control” maps to “with hyperglycemia,” “uncontrolled” could mean either “with hyperglycemia,” or “without hyperglycemia.”

Code Z79.4, Long-term (current) use of insulin, should also be assigned to indicate that the patient uses insulin.

ICD-10: First three characters indicate code categories:

E08 = Diabetes mellitus due to underlying condition

E09 = Drug or chemical induced diabetes mellitus

E10 = Type 1 diabetes

E11 = Type 2 diabetes (default if not specified)

E13 = Other specified diabetes mellitus (secondary)

Fourth, fifth and sixth characters indicate complication. The fourth digit “9” is assigned for DM without complications.

DIAGNOSTIC STATEMENT	ICD-10-CM CODE(S)
DM Due to Cushing's Syndrome	E08.9, E24.9
Poorly Controlled Diabetes Type 1	E11.42
Type 2 DM with Diabetic Polyneuropathy	E11.42
Type 2 DM with Diabetic Peripheral Angiopathy	E11.51
Type 2 DM, Complicated by Nephropathy	E11.21
Post Pancreatectomy Diabetes	E13.9

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

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)

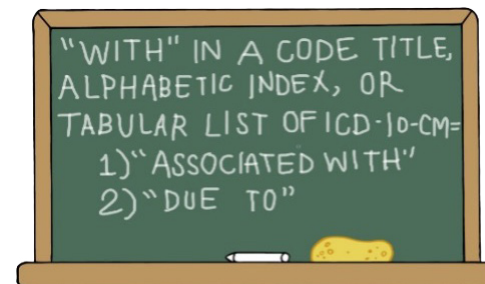
- 3048F Most recent LDL-C less than 100 mg/dL
- 3049F Most recent LDL-C 100-129 mg/dL
- 3050F Most recent LDL-C greater than or equal to 130 mg/dL



RISK ADJUSTMENT CORNER: THE "WITH" GUIDELINE

The “with” guideline in the ICD-10-CM Index indicates a causal relationship when a diagnosis appears alongside word “with.” This means conditions are presumed to be linked unless explicitly unlinked by a provider in encounter documentation.

The table below is a quick guide to common diabetes complications and presumed relationships. Additional information is required to determine the most complete and accurate code within the subcategories/subclassifications. Diabetes with no complications can be reported using E08.9, E09.9, E10.9, E11.9, depending on type of diabetes.



DIABETES WITH COMPLICATIONS	ICD-10-CM CODES
Hyperosmolarity with or without coma	E08.00–E08.01, E09.00–E09.01, E11.00–E11.01, E13.00–E13.01
Ketoacidosis with or without coma	E08.10–E08.11, E09.10–E09.11, E10.10–E10.11, E11.10–E11.11, E13.10–E13.11
Intercapillary glomerulonephrosis or glomerulosclerosis, Kimmelsteil–Wilson disease, nephropathy, chronic kidney disease, renal tubular degeneration, or other kidney complications	E08.21–E08.29, E09.21–E09.29, E10.21–E10.29, E11.21–E11.29, E13.21–E13.29
Cataract, retinopathy with or without macular edema, resolved macular edema, or other ophthalmic complication	E08.311–E08.39, E09.311–E09.39, E10.311–E10.39, E11.311–E11.39, E13.311–E13.39
Autonomic (poly) neuropathy, gastroparesis, gastroparesis, loss of protective sensation (LOPS), neuropathy, mononeuropathy, polyneuropathy, neuralgia, amyotrophy, myasthenia, or other neurologic complication	E08.40–E08.49, E09.40–E09.49, E10.40–E10.49, E11.40–E11.49, E13.40–E13.49
Peripheral angiopathy with or without gangrene, or other circulatory complication	E08.51–E08.59, E09.51–E09.59, E10.51–E10.59, E11.51–E11.59, E13.51–E13.59
Arthropathy, neuropathic arthropathy, Charcot’s joints	E08.610–E08.618, E09.610–E09.618, E10.610–E10.618, E11.610–E11.618, E13.610–E13.618
Dermatitis, necrobiosis lipoidica, skin ulcer, foot ulcer, or other skin complication	E08.620–E08.628, E09.620–E09.628, E10.620–E10.628, E11.620–E11.628, E13.620–E13.628
Periodontal disease, other oral complication	E08.630–E08.638, E09.630–E09.638, E10.630–E10.638, E11.630–E11.638, E13.630–E13.638
Hypoglycemia with or without coma	E08.641–E08.649, E09.641–E09.649, E10.641–E10.649, E11.641–E11.649, E13.641–E13.649
Hyperglycemia	E08.65, E09.65, E10.65, E11.65, E13.65
Other specified diabetic complication (e.g. osteomyelitis)	E08.69, E09.69, E10.69, E11.69, E13.69
Unspecified diabetic complication	E08.8, E09.8, E10.8, E11.8, E13.8

COMPASSION AND OPTIMISM: INCREASING POSITIVE HEALTH OUTCOMES

Diabetes affects over 34.2 million people in the United States. Approximately 88 million people are at risk for developing type 2 diabetes.

According to studies completed by Freeman, Aron, Cola and Wang, certain provider attributes, such as compassion and optimism, have an influence on successful patient engagement and diabetes management.

Patients need to feel heard, respected, and understood. When a provider shows compassion, it allows greater patient-provider communication and improves engagement by allowing members to share their questions and concerns more freely.

Providers can demonstrate compassion and instill patient trust through:

- Attentive listening
- Productive conversation
- Acknowledging and validating concerns
- Encouraging optimistic outlooks

Providers who have an optimistic disposition give their patients hope. Patients experience increased positive emotions, connectivity and decreased psychological distress when interacting with providers who exhibit these characteristics.

As hope and optimism increase, patients are able to cope more effectively with their diabetes. They develop greater coping skills like problem solving, acceptance, seeking support, and looking for greater meaning. These individuals are more likely to engage in self-care and take on a greater role in decision-making.

Motivating patients through compassion and optimism allows them to take control of their diabetic care, improves overall health outcomes, and increases satisfaction with their care.

REFERENCES

1. Centers for Disease Control and Prevention (CDC). Chronic Kidney Disease in the United States, 2021. <https://www.cdc.gov/kidneydisease/publications-resources/ckd-national-facts.html>
2. 2022 National Standard for Diabetes Self-Management Education and Support–American Diabetes Association. www.cdc.gov/2Fdiabetes%2Fpdfs%2Fdata%2Fstatistics%2Fnational-diabetes-statistics-report.pdf&clen=786294&chunk=true <https://journals.sagepub.com/doi/full/10.1177/26350106211072203>
3. 2018 Standards of Medical Care in Diabetes– American Diabetes Association. https://professional.diabetes.org/sites/professional.diabetes.org/files/media/abridged_standards_of_medical_care_in_diabetes